

SCHOOLS AT THE HUB

Community Partnerships in the Boston Public Schools

The Full-service Schools Roundtable

in partnership with

Boston Public Schools

by

Abby R. Weiss

Anthony J. Siddall

Julia Gittleman, *Survey Consultant*

Mendelsohn, Gittleman & Associates, LLC



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FULL-SERVICE SCHOOLS ROUNDTABLE

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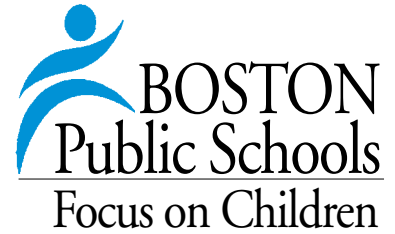
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Office of the Superintendent

Carol R. Johnson, Ed.D.
Superintendent



Dear Colleague:

The City of Boston is so fortunate to have a wealth of community organizations that partner with the Boston Public Schools or stand ready to work with our children and families. This presents us with an enormous range of opportunities.

In the Acceleration Agenda, Boston Public Schools' five-year reform plan, we prioritize deepening partnerships with parents, students, and the community as one of the core strategies to help us transform our schools. Having a more complete understanding of who our partners are, the schools where they are already connected, the opportunities for strengthening those bonds as well as identifying gaps are necessary steps to accomplishing our goals. And that is the purpose of this report.

This report highlights the broad landscape of community partners and the ways they are supporting our children each and every day. It also shines a light on the gaps in our services and offers some thoughts about how we might integrate and align our partnerships in order to maximize their potential. Our goal is to provide all of Boston's children with the supports they need to have the very best chance of succeeding in school and in life; we need our partners to help make this goal a reality.

We are grateful to the Full-service Schools Roundtable for its leadership and collaboration on these critical issues. We hope you will take the time to study this report, and we look forward to engaging in conversation with you about it. We thank you for partnering with us to serve our children and for your commitment to the Boston Public Schools.

Sincerely,

A handwritten signature in black ink that reads "Carol R. Johnson". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Carol R. Johnson
Superintendent, Boston Public Schools

ACKNOWLEDGEMENTS

The authors of this report are grateful, first and foremost, to the 126 Boston Public School principals who either completed this survey themselves or designated a knowledgeable staff person to complete it for them. The extraordinary response rate made it possible for us to collect an enormous amount of data that shed light on the true extent of partnership work in the district.

Thank you also to the many report reviewers, including Andria Amador, Catherine Chiu, Michele Brooks, Jon Sproul, Marta Gredler, and Jill Carter. We also thank Kamal Chavda, John Verre, and Rachel Skerritt who were all instrumental in making the survey happen.

Special thanks to Julia Gittleman for extraordinary survey skills, to Matt Wall for his superb editing and patience, and to Kathleen Traphagen and Chris Horan for helping to guide the project to completion.

Last, but certainly not least, we are enormously appreciative of the support and encouragement of Superintendent Carol Johnson and her office in cooperating with the Roundtable on this research project. Dr. Johnson generously agreed to review our draft and has offered helpful commentary. Tim Nicolette, BPS Chief of Staff, has played a key role in helping to facilitate the release of our final product, ensuring that this report finds its way to key administrators, teachers, partners, and other stakeholders.



Abby R. Weiss

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EXECUTIVE SUMMARY

The Full-service Schools Roundtable's mission is to advance the healthy development and academic success of students through integrated school-community partnerships. The Roundtable believes that comprehensive physical, emotional, social, and academic supports are critical for many children from high-poverty environments to achieve academic excellence. Schools are a logical hub for the provision of these supports, which can be effectively delivered through the formation and nurturing of partnerships with outside organizations. Such partnerships should be strategic, integrated with district and school goals, and coordinated to ensure optimal benefit to students and schools. Toward those ends, the Roundtable conducted a survey in May 2010 of Boston Public School principals to map existing student support services in BPS and to establish a baseline for partnership work in the district.

With 93 percent of schools responding, the survey shows that schools in BPS are engaging with a broad array of partners in order to provide their students with needed services.

Overall Findings

With 93 percent of schools responding, the survey shows that schools in BPS are engaging with a broad array of partners in order to provide their students with needed services. An analysis of ten specific support services offered by BPS schools: mentoring, tutoring, on-site mental health services, adult education, referral of families to community agencies, before- and after-school programs, the existence of a school-based health clinic, staff with specific responsibilities for coordinating partnerships, and university partners, indicates that:

- 66 percent of all schools offer a range of five to seven different supports out of a possible ten;
- 15 percent offer more than seven supports;
- 17 percent had fewer than five supports;
- no schools offered zero supports, and one offered all ten.

Middle schools lagged behind other school levels in the areas of mentoring, tutoring, prevention programming, after-school programs, and on-site mental health services. Turnaround Schools reported more student support services than did Pilot Schools or Circle of Promise Schools. Forty-seven percent of all schools and 60 percent of high schools report having a university partner that provides student support services. Less than a third of schools reported including community partners in their strategies to serve English language learners and/or students with disabilities.

For our analysis, we grouped the student support services into three broad categories: health and wellness, expanded learning opportunities, and family engagement. We also looked in detail at how schools approached the task of partnership coordination.

Health and Wellness

The survey focused health and wellness inquiries on three main areas: 1) prevention; 2) social emotional behavioral support/mental health; and 3) the availability of school-based health centers.

Prevention

A substantial majority of BPS schools offer services promoting emotional and mental health, fitness, and good nutrition, as well as prevention of violence and chronic disease. Prevention efforts in schools are directed at both physical and mental health and address the wide range of risk factors to which students are exposed. Partner organizations are significant providers of prevention services, notably in the areas of mental health and chronic disease prevention. Prevention services to protect against substance and alcohol abuse, tobacco use, teen pregnancy, sexually transmitted diseases (STDs), HIV, and suicide are prevalent but not universal in high schools, and are conspicuously lacking in middle schools. Two-thirds of middle schools do not offer prevention services for STDs, HIV, tobacco use or pregnancy. More than 75 percent of middle schools do not offer services in substance and alcohol abuse or suicide prevention.

Social Emotional Behavioral Support/ Mental Health

Untreated mental illness is associated with serious consequences for children, families and communities, including high school dropout and suicide. Some mental health services (also called social emotional behavioral support) are available onsite at 86 percent of schools, but few schools offer a broad spectrum of mental health services. The mental health services offered with the highest frequency in BPS schools are individual and small group counseling and consultations to teachers. Crisis intervention, classroom-based prevention work, assessment and referral, and family therapy and support services are offered by half of the schools responding—although the need for such services is rated a high priority at the majority of schools.

School-Based Health Centers

There are school-based health clinics in 15 BPS buildings. Among the many schools that do not have health centers, a majority of respondents indicated that such services are needed, and of those, more than a third rated onsite health clinics a high or highest priority. Nineteen percent rated health clinics a medium priority; none of the schools responding rated school-based health clinics a low priority.

Expanded Learning Opportunities

Because participation in high-quality out-of-school time programs can help children and youth develop social and academic skills and provide important developmental experiences, the survey inquired about the availability of school-based before- and after-school programs. Eighty-three percent of schools report that they have onsite after-school programs and 43 percent have before-school programs. Ninety-four percent of schools without an after-school program say that having one is a high or highest priority. Only half of middle schools offer after-school programs. Tutoring and mentoring, which are often part of out-of-school time programming, are offered by 89 percent of schools, often in collaboration with outside partners.

Family Engagement

Research shows that students whose families are involved in their education perform better academically, have higher attendance, are better behaved, and are more likely to attend college than their peers. The substantial majority of Boston schools have family engagement programming in place. Three-quarters of schools surveyed pursue at least five of eight family engagement activities as a means to communicate with and involve families in the education and support of their children. More than half of BPS schools pursue six or more such activities, which include family newsletters and bulletin boards, designated rooms for families to meet, and home-school compacts. Relatively few schools offer adult education, but broader, citywide BPS strategies such as Parent University support families' learning.

Coordination of Student Support Partnerships

Managing partnerships is time-consuming and not always seen as a high priority in schools with scarce staff resources. However, coordination of partnerships is essential to their effectiveness: they must be properly designed and vetted, they must reflect schools' priority needs, and be aligned with the district's strategic goals. Three-quarters of survey respondents indicated that someone at their school has responsibility for coordinating student support services partnerships. Very few schools have a full-time individual dedicated to this work. In most cases, one or more staff have responsibility to coordinate partnerships in addition to other duties.

Recommendations

Response data from our survey suggest that Boston school leaders recognize that children and youth need an array of supports to do their best work, succeed in the classroom, and grow into successful, productive citizens. Toward that end, these school leaders are tapping into a deep reservoir of partnership resources across at least 200 Boston institutions and community-based organizations. Boston schools and these outside partners are together providing BPS students with services and supports that schools cannot deliver on their own.

To have maximum positive impact on students however, these partnerships must be strategic, aligned with student needs, integrated with district and school goals, equitably distributed across the student population, and coordinated effectively. With the recent creation of the BPS Office of Innovation, Partnerships, and Development, we believe realizing the vision of having a school system that strategically addresses students' needs through integrated partnerships is not beyond our grasp.

Based on the survey results, we have identified two broad areas for attention to ensure that BPS' student support partnerships are having maximum impact on students' health, wellness, academic success and positive development. The areas are:

Addressing Unmet Student Needs

The survey revealed specific gaps in supports that BPS and its partners should investigate and address. They include prevention services, mental health, school-based health centers, after-school programming, family engagement, English language learners, students with disabilities, and partnerships with institutions of higher education.

Creating and Implementing a District Strategy for Student Support Partnerships

Nearly 200 external organizations are providing services to BPS students—but are students yielding maximum benefit? Our goal is for partners to provide services that:

- **meet identified student needs;**
- **align** with the district's overall goals;
- are **integrated** with other partners and the core educational mission of the school;
- conform to **quality standards and assessments relevant to their discipline;**
- are **equitably distributed** across schools and student groups;
- are available at **sufficient scale** to meet student need; and
- are supported by sufficient and stable resources to achieve **sustainability.**

The Office of Innovation, Partnerships and Development holds great promise for leading the way forward to achieve this goal. Key focus areas should include:

1. Expanding supports in the middle schools.
2. Helping schools better determine student needs.
3. Ensuring the district's strategy is driven by up-to-date data on the partnership landscape.
4. Supporting principals and headmasters as the key to effective school-based partnerships.
5. Improving the effectiveness and impact of partnership coordinators by helping to match schools and partners at the district level and sharing effective outreach, coordination, and partnership management strategies.

We look forward to working with our dedicated colleagues within BPS, across Boston and the Commonwealth to ensure that all children have the opportunities they need to thrive.

As Superintendent Johnson, district and school leaders, faculty and staff continue to implement reforms to raise academic performance, school-community partnerships that deliver comprehensive, strategic and intentional supports to students will play an increasingly critical role in ensuring Boston students succeed. As Governor Deval Patrick said in his Education Summit speech in November 2011:

“all children need a healthy start – and when they can’t get it at home, we must find a way to provide it for them. Poverty begets a whole host of out-of-school problems that affect the readiness of a child to learn in the classroom. Mental health issues, family violence, housing instability and inadequate nutrition—all are real and present obstacles to student attendance, attentiveness and success. Teachers know it and they, along with school nurses, do their very best to help; but they can’t be expected single-handedly to solve such complex problems in the lives of their students.”²

The Roundtable intends to continue developing and disseminating resources, convening stakeholders, catalyzing systems change and advancing a policy agenda that supports meeting comprehensive student needs through school-community partnerships. We look forward to working with our dedicated colleagues within BPS, across Boston and the Commonwealth to ensure that all children have the opportunities they need to thrive.

INTRODUCTION

Founded in 2000, the **Full-service Schools Roundtable** is a coalition of more than 150 organizations that share the common vision that schools are an appropriate and logical place to connect children and youth to the support services they need, through coordinated and integrated school-community partnerships.

Full-service schools (also known as community schools) “purposefully integrate academic, health, and social services; youth and community development; and community engagement—drawing in school partners with resources to improve student and adult learning, strengthen families, and promote healthy communities.”³

Advocates for full-service schools believe that:

- schools must have a core instructional program with qualified teachers, a challenging curriculum, and high standards and expectations for students;
- children and youth must have their emotional, physical, psychological, and family needs met in order to learn effectively;
- schools should be conduits for comprehensive student supports including physical and mental health, social services, academic support, family engagement, and out-of-school time programming; and
- schools alone cannot provide students with a full range of supports. To respond effectively to student needs, schools must establish integrated partnerships with community organizations and institutions and an array of service providers.

Impact of Full-service Schools

Full-service schools result in thriving students, families and communities. Children show gains not just on academic measures, but on many other important benchmarks for development into successful adults. According to research compiled by the national Coalition for Community Schools: “Community school students show significant gains in academic achievement and in essential areas of nonacademic development. Families of community school students show increased family stability, communication with teachers, school involvement, and a greater sense of responsibility for their children’s learning.

Community schools enjoy stronger parent-teacher relationships, increased teacher satisfaction, a more positive school environment, and greater community support. The community school model promotes more efficient use of school buildings and, as a result, neighborhoods enjoy increased security, heightened community pride, and better rapport among students and residents.”⁴

Full-service schools are a particularly apt strategy for Boston, where nearly 75 percent of Boston Public School students come from low-income homes. The poverty rate at many individual schools in the district is 80 percent or higher. When eight out of every ten students in a school are living in poverty, it is unlikely they or the school will achieve academic success without the school addressing the multiple negative effects of poverty on students’ ability to learn. Children from low-income families may not have stable and safe housing and may lack access to adequate physical and mental health care. Their families frequently face overwhelming challenges—including limited English skills and education—while coping with the day-to-day stress of meeting basic needs. All too often, low-income families struggle to provide their children with the supports they need to be successful learners in school. Ensuring that students have access to these supports is essential so that all children—regardless of life circumstances—have the opportunity to achieve to their full potential.

Among Boston Public Schools and numerous community partners, there are many exemplary models of thriving full-service schools and multi-school student support initiatives. The Gardner Pilot Academy has been recognized by the Wallace Foundation as a pioneer in assembling a full range of supports for students. Other initiatives include City Connects, which began in Allston-Brighton as a partnership among Boston College, BPS, and the YMCA to identify students' needs and connect them with services; and the Children's Hospital Neighborhood Partnership, which provides school-based mental health counseling and other supports to 3,500 BPS students in 15 schools. In 2010, BPS was chosen as one of 11 new grantees nationwide by the U.S. Department of Education's Full Service Community Schools program to receive a grant supporting community partnerships in the Burke High School, Young Achievers Science and Math Pilot K-8, and the Higginson/Lewis K-8 School.

In the Roundtable's early years, its focus was on providing technical assistance to principals, school staff, and community organizations about how to work collaboratively to identify student needs and provide appropriate services. Workshops and meetings focused on the nuts and bolts of partnerships: how to develop, maintain, and sustain them in order to address a school community's particular needs.

In 2007, the Roundtable shifted focus to place a primary emphasis on systems-level change and on advancing a policy agenda that supports the development of school-community partnerships—thereby increasing the number of schools that provide comprehensive, strategic and intentional services to their students. This work, although primarily focused on Boston, extends to state-level policies as well.

Toward these ends, the Roundtable is committed to a multi-faceted strategy that includes:

- developing and disseminating resources to support stakeholders interested in full-service schools;
- convening school-based personnel, community agencies, and policy makers to build alliances and share successful strategies;

- disseminating information about how to support increased delivery of services to children and families; and
- advocating at the local, state, and national levels for policies that support full-service school models.

How School-Community Partnerships Contribute to Academic Success

The BPS 5-Year Acceleration Agenda, approved by the School Committee in June 2010, provides the academic context for the importance of school-community partnerships. The Acceleration Agenda is a results-focused strategic plan focused on achieving high school graduation and college readiness for all. The Acceleration Agenda identifies a multi-year set of aggressive academic targets and four major strategies to guide the district:

1. strengthening teaching and school leadership;
2. replicating success and turning around low-performing schools;
3. deepening partnerships with parents, students, and the community; and
4. redesigning district services for effectiveness, efficiency, and equity.

In choosing to highlight family and community partnerships as a key strategy for achieving the Acceleration Agenda's outcomes, the district underscored the importance of comprehensive supports to student success.

With the development and rollout of the Academic Achievement Framework (AAF), the district has provided schools with an important tool to link social-emotional-behavioral supports and academic achievement for every student. The AAF is designed to enable schools to consistently assess, identify and meet all students' needs in the areas of academic instruction, social-emotional-behavior supports, and English Language Development. Used throughout the district, AAF will also help schools identify gaps in services and then identify partners who can fill them.

Partnership Survey Methodology

Although BPS and community agencies throughout the city have a long history of partnering to meet student needs, there has never been a systemic effort to map the partnerships in each school.

In early 2010, with the support of BPS Superintendent Carol R. Johnson, the Roundtable convened interested agencies and institutions to develop a survey instrument that would capture information that could be of use to all partners and schools.

The survey was sent to all BPS principals electronically at the end of May 2010. The survey inquired about the extent of student support services provided by each school. Principals were also asked whether services were offered by the school and/or in partnership with an external organization.

The overall response rate was high, with 126 of 135 schools responding (93 percent). Survey response across school levels was distributed as follows: 54 elementary schools, 32 high schools, 22 K-8 schools, eight middle schools, six Early Learning Centers and Early Education Centers, and four “Special Schools.”⁵

This survey, the first of its kind, sets a baseline of school-based student support services and partnerships in support of these services in the Boston Public Schools.

In this report, we offer observations about the relationships that exist between schools and partners, suggest focus areas for additional research, and begin to explore how a systemic strategy might build on existing practice to meet the needs of a greater number of children and youth in the district.

As with any such study, ours has the limitation of being based entirely on self-reported survey data by schools at a single point in time. Even with a very high response rate, we were unable to include any data for the nine non-responding schools. There was also some confusion by respondents in answering certain questions in the survey. Due possibly to fatigue with a lengthy instrument, some schools did not complete open-ended questions late in the survey. Nor did this study delve into the quality and depth of services or partnerships, or systematically attempt to assess unmet needs. These dimensions remain to be probed in future studies.

The set of service areas covered in the following pages is not exhaustive. Rather, we encourage schools, the district and partners to use this report to think holistically and comprehensively about how they can help enable students to do their best work. It is our belief that when schools are able to integrate strategic partnerships and supports to meet students’ needs, school cultures can be transformed and children can thrive. We hope this report will be read through that lens.



CHAPTER ONE: OVERALL FINDINGS

In this chapter, we report on the distribution of ten specific supports designed to help BPS students succeed in school, including:

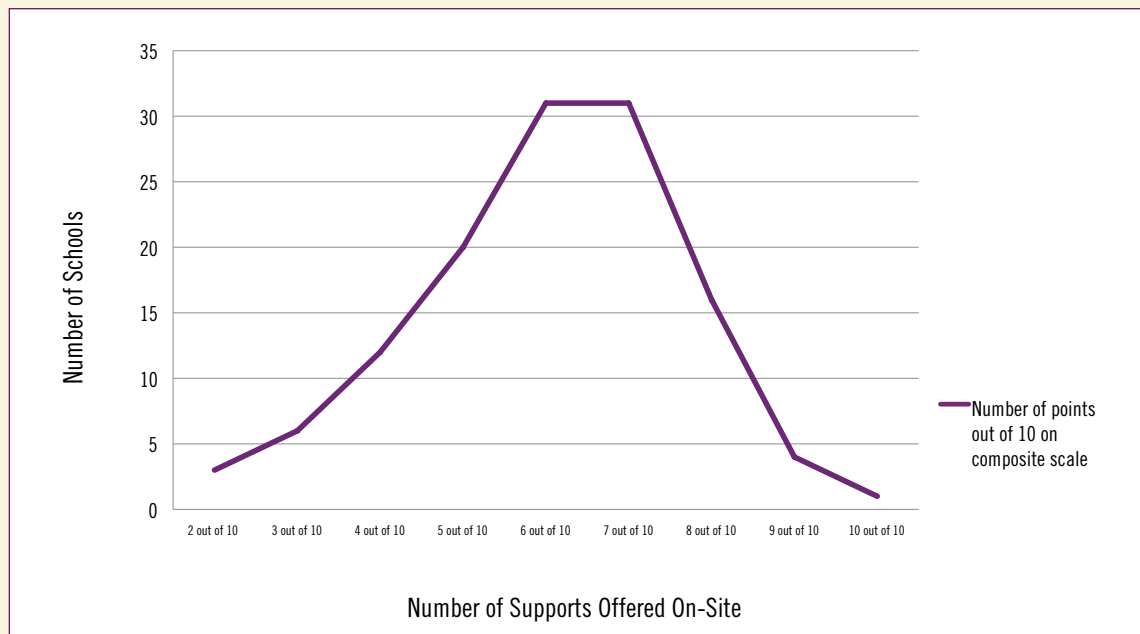
1. Mentoring services
2. Tutoring services
3. Mental health services
4. Adult education programs
5. Before-school programs
6. After-school programs
7. An on-site health clinic
8. School-based capacity to refer families to community agencies
9. School-based staff with full- or part-time responsibility for coordination of partnerships and student support services; and
10. A university partner that provides some type of student support services.

We also look at variation in available supports by type and level of school; the prevalence of partnerships with institutions of higher education, and the frequency with which schools are drawing on community partnerships to enhance the success of English language learners or students with disabilities.

Student Supports Across the District

Survey response data reveal a wide range of supports in schools across the district. All schools reported having some supports, with a bell-curve distribution of schools offering greater or fewer numbers of supports. Figure 1 shows a composite scale of these ten indicators across all 126 responding schools. Although this composite scale does not take into consideration the quality of services, taken together, the frequency of the ten supports across schools gives an indication of the overall level of support services.

FIGURE 1: Student Supports Across the District



- Most schools (66 percent) converged towards the middle—offering a range of five to seven different supports.
- Twenty-one schools (17 percent) had fewer than five supports; while no schools offered zero supports.
- Twenty schools (15 percent) offered more than seven supports.
- Just three schools had nine different supports, and one school had all 10.

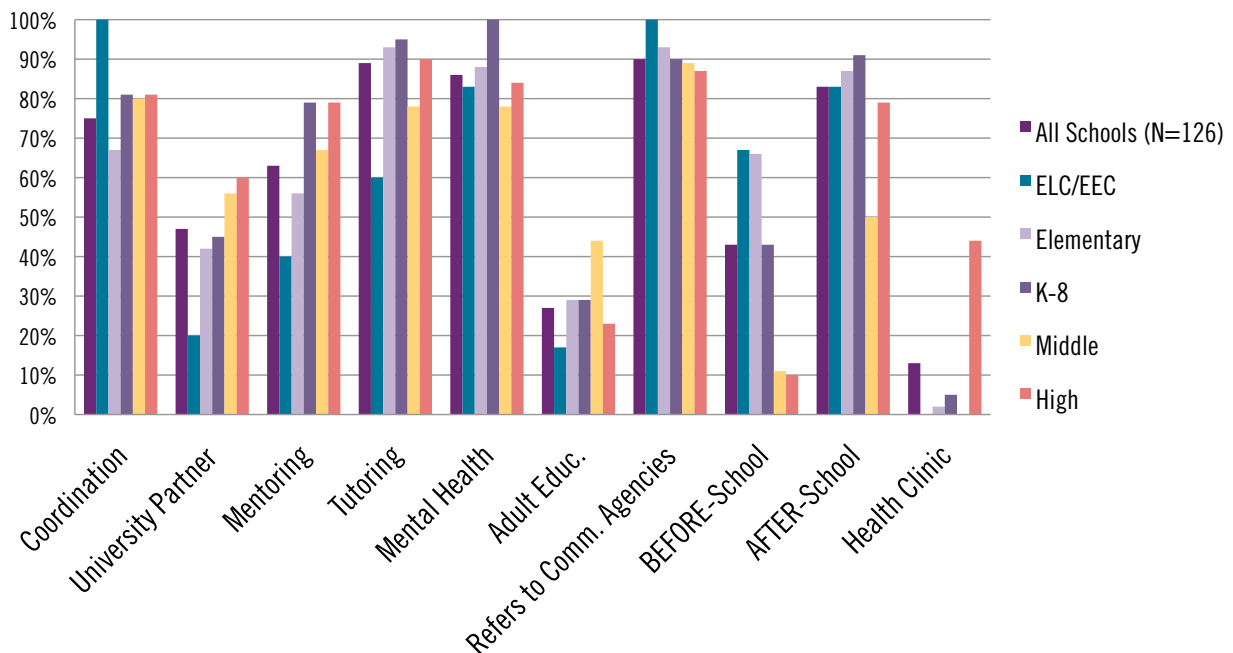
These data suggest that BPS schools are offering a range of supports to their students, especially those 51 schools reporting the availability of over seven supports on-site. It is of course difficult for a school to score a ten, as certain supports are only relevant at particular grade levels (e.g., Early Learning Centers would not be expected to offer tutoring). We recognize the limits of this rudimentary scoring system, but it does provide a useful overall snapshot of supports available throughout the district.

Student Supports by School Level

Looking across all of the support areas according to school level as shown in Figure 2, we note a few significant points:

- In general, middle schools are not providing the same level of supports as the other school levels. For example, middle schools lagged behind other school levels in providing tutoring, mental health services, prevention programming, after-school programming, and mentoring.
- Middle schools do provide more adult education services to their families (42 percent) than any other school level. They also have nearly as many university partners (56 percent) as high schools (60 percent).
- While all of the Early Learning Centers have an individual in place who is responsible for coordination of student support services and partnerships, ELCs lag substantially in having university partners that are focused on student support.

FIGURE 2: Student Supports by School Level



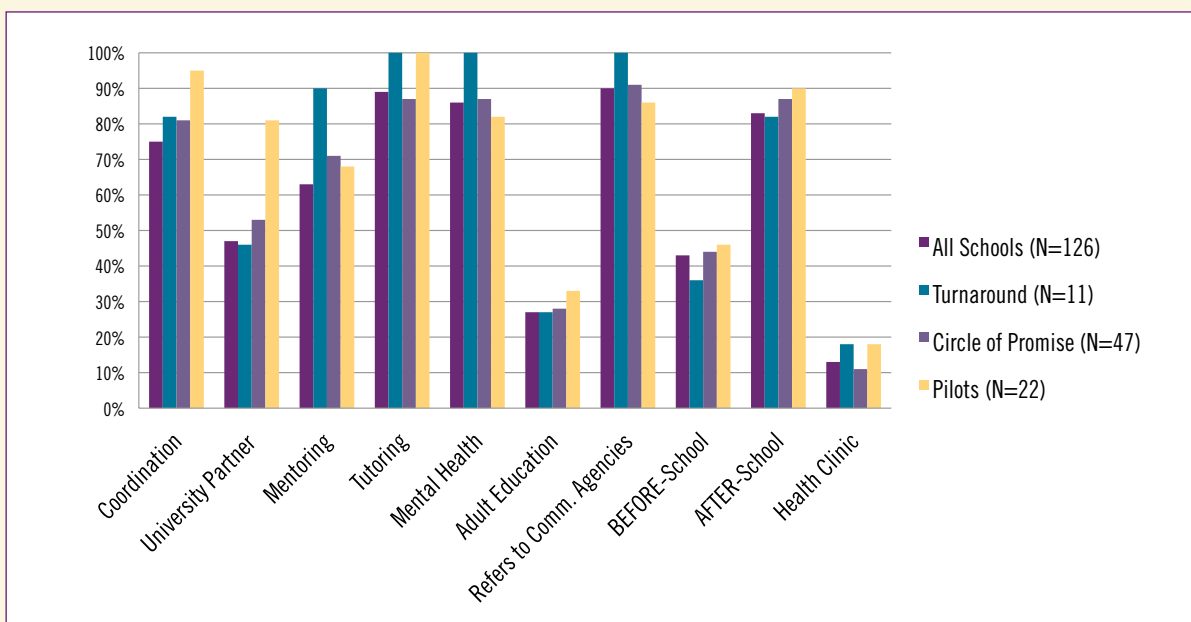
Student Supports by School Type

Survey response data were also analyzed to see if there were significant differences in the number of supports among different school types. We compared Pilot Schools, Circle of Promise Schools, and Turnaround Schools to the total survey population.

As shown in Figure 3, the different school types had comparable levels of student supports.

- Turnaround Schools are the 11 Boston schools categorized by the Department of Elementary and Secondary Education as “Level 4” schools, or those that have been significantly underperforming over several years. Although the survey data predates infusion of federal School Improvement Grant (SIG) funds into these schools, this group reported higher levels of mentoring, tutoring, on-site mental health services, and referral of families to community agencies than schools overall. Most (82 percent) turnaround schools reported that someone is responsible for coordinating partnerships. Overall, the group had a high level of partnerships aiding in the delivery of student supports.
- Pilot Schools are part of the district but have autonomy over budget, staffing, governance, curriculum/assessment, and the school calendar. Pilot schools serve approximately 9,000 students in 22 buildings across the district. All pilot schools that responded to the survey reported that they provide tutoring and virtually all had someone in a partnership coordination role, noticeably higher than other types of schools and the district at large. Substantially more pilots had a university partner, nearly twice as many as the district average.
- Circle of Promise schools are within the five mile area identified by Superintendent Carol Johnson and Mayor Thomas M. Menino as containing some of the city’s most challenged schools and lowest-income communities. The Circle of Promise is the focus of intensive district, City and philanthropic attention. Schools within the Circle of Promise have been targeted for specific academic interventions, as well as strategies to improve service delivery for children and families in order to remove barriers to academic success. Circle of Promise schools reported especially

FIGURE 3: Student Supports in Turnaround Schools, Circle of Promise Schools, and Pilot Schools



high levels of family referrals to community agencies (90 percent), and tutoring, mental health, and after-school partnerships (each more than 80 percent).

Partnerships with Institutions of Higher Education

Greater Boston is unparalleled among American cities in the richness and diversity of its institutions of higher education (IHEs). Many colleges and universities have long had dynamic partnerships with individual Boston public schools, contributing student tutors, providing teacher professional development, and other varied resources. Systemic efforts have included the Boston Higher Education Partnership, a consortium of 31 public and private IHEs and the Boston Public Schools, and successive Boston Compact agreements since 1982. In 2006, Mayor Menino launched StepUP, a partnership between five major IHEs and ten underperforming schools focused on closing achievement gaps.

Despite these long-time and more recent systemic efforts to connect IHEs with BPS, less than half (47 percent) of schools participating in the survey report having one or more university partners providing student support.

Those with IHE partners cited professional development, counseling interns, after-school programming, tutors, mentors, and other supports from their partner(s). The level of involvement of each IHE is difficult to gauge from the data, but it is clear that few IHEs offer comprehensive programming to schools. Most institutions offer a single program or provide an individual staff person. Data highlights include:

- 47 percent of schools report that they have a university partner that provides some type of student support.
- High schools represented the highest percentage (60 percent) of all of the school levels with university partners. Middle schools were not far behind with 56 percent. Forty-two percent of elementary and 45 percent of K-8 schools reported that they had a university partner. ELCs have the fewest, with only 20 percent reporting a partnership with a university.
- The most common university partners reported were: UMass-Boston (partners with 19 schools), Boston College (18 schools), Harvard University (16 schools), Boston University (14 schools), and Northeastern University (12 schools).



Greater Boston is unparalleled among American cities in the richness and diversity of its institutions of higher education.

Support for English Language Learners and Students with Disabilities

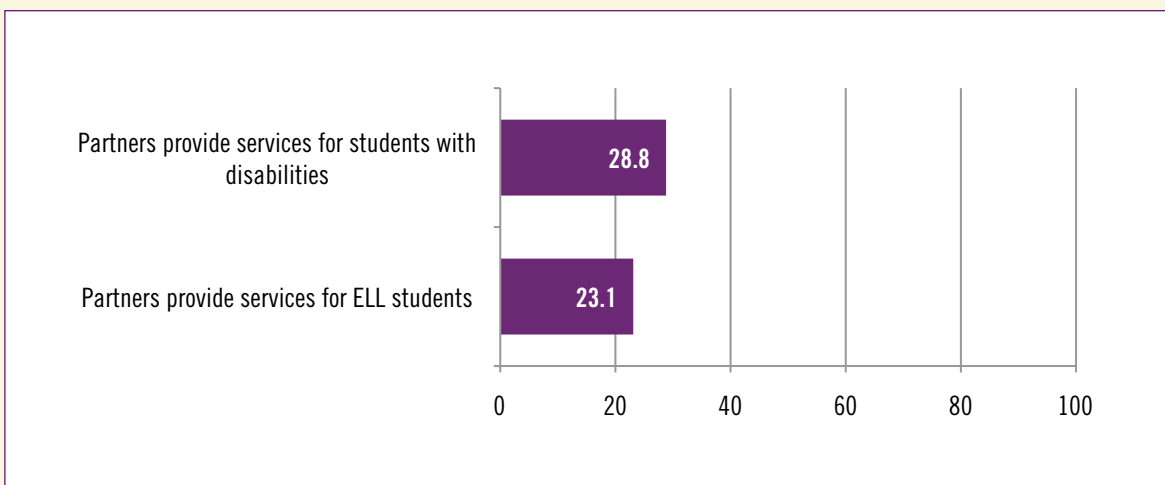
Nearly 17,000 students (30 percent) are classified as English language learners (ELLs), while 24,950 (45 percent) are native speakers of a language other than English. About 10,950 students (19 percent) are classified as having disabilities.⁶

Superintendent Johnson has focused intensively on transforming the Boston Public Schools' approach to meeting the needs of these two populations, both of which experience much higher dropout rates and much lower rates of academic proficiency than BPS students overall. Although the district's efforts have prioritized building internal capacity to serve both populations, the district has also worked with the Mayor's Office to increase after-school opportunities for students on the autism spectrum, and made significant investments in summer learning opportunities for English Language learners. Our survey attempted to assess the extent to which individual schools are drawing on partners to augment their capacity to meet the needs of students with disabilities and English language learners. External agencies working in collaboration with schools can provide a suite of learning supports that often far surpasses what a typical school can offer on its own.

Survey results reflected in Figure 4 show that only a small proportion of BPS schools include community partners in their strategies to serve ELL students and/or students with disabilities. More than two-thirds of schools reported no partnerships with external organizations to serve students with disabilities and more than 75 percent reported no partnerships to provide services to English language learners.



FIGURE 4: Percent of Schools with Partners Focused on English Language Learners and/or Students with Disabilities



CHAPTER TWO: HEALTH AND WELLNESS

Background

Optimal physical and mental health is necessary for children to do their best work at school and develop into successful adults. According to Charles Basch of Columbia University, “health-related problems play a major role in limiting the motivation and ability to learn of urban minority youth, and interventions to address those problems can improve education, as well as health outcomes.”⁷

In the early stages of implementing the Healthy Connections recommendations, BPS has taken a crucial first step by requiring schools to include health and wellness goals in their Whole School Improvement Plans.

Many Boston students experience challenges in one or more of the “educationally relevant health disparities” identified by Basch as particularly potent in causing academic problems for youth: (1) poor vision, (2) asthma, (3) teen pregnancy, (4) aggression and violence, (5) lack of physical activity, (6) skipping breakfast, and (7) inattention and hyperactivity. For example, 11 percent of BPS students have current asthma (vs. 10.3 percent statewide and 9.1 percent nationally)⁸ while five schools report asthma rates exceeding 24 percent.⁹ Only 27 percent of BPS high school students report they are physically active for 60 minutes per day five or more times per week (vs. 41 percent statewide); and 36 percent report being in a physical fight (vs. 28 percent statewide).¹⁰ Vision and hearing screenings on Boston students are completed at lower rates than they are for students statewide.¹¹

In September 2010, (five months after the principals completed this survey), the BPS Health and Wellness Task Force completed Healthy Connections, the district’s strategic plan to improve the health and wellness of students. The overarching, district-wide goal of Healthy Connections is to actively promote the health and wellness of all BPS students to advance both their healthy development and readiness to learn. In implementing the Healthy Connections plan, BPS is focused on the Coordinated School Health (CSH) approach. CSH is defined as a “planned, organized set of health-related programs, policies, and services coordinated at both the district and individual school levels to meet the health and safety needs of K-12 students.”¹² For example, through CSH, efforts to promote obesity prevention, health and nutrition education, and physical education within schools are coordinated so that they become mutually reinforcing.

BPS created the Health and Wellness Department in 2010 to coordinate the district’s cross-departmental implementation of CSH; lead physical education/activity and health education improvement throughout the district; and help build the capacity of schools to create healthier environments overall for students, families, and staff. Health and Wellness is joined by Behavioral Health Services, Medical Services, Food and Nutrition Services, Athletics, Family and Student Engagement, Safety Services, Facilities Management, the Office of Community Engagement and Circle of Promise, and the Department of Extended Learning Time, Afterschool, and Services (DELTA) in collaboration to reach the district’s goals for improved student health and wellness.



In the early stages of implementing the Healthy Connections recommendations, BPS has taken a crucial first step by requiring schools to include health and wellness goals in their Whole School Improvement Plans. Considering student health and wellness goals within the context of the academic mission catalyzes schools and their partners to find ways to meet all students' needs with effective, coordinated health and wellness services.

Over the past two years, BPS has focused on bringing more health education, physical education, and physical activity to schools; improving the quality of physical education, nutrition, school-based health care, and health education for students; and increasing equity of health and wellness resources across the district. The Health and Wellness Department is also in the process of completing a standards-based Comprehensive Health Education Curriculum. The eventual goal is to blend physical and health education into a seamless health and wellness education program for all students.

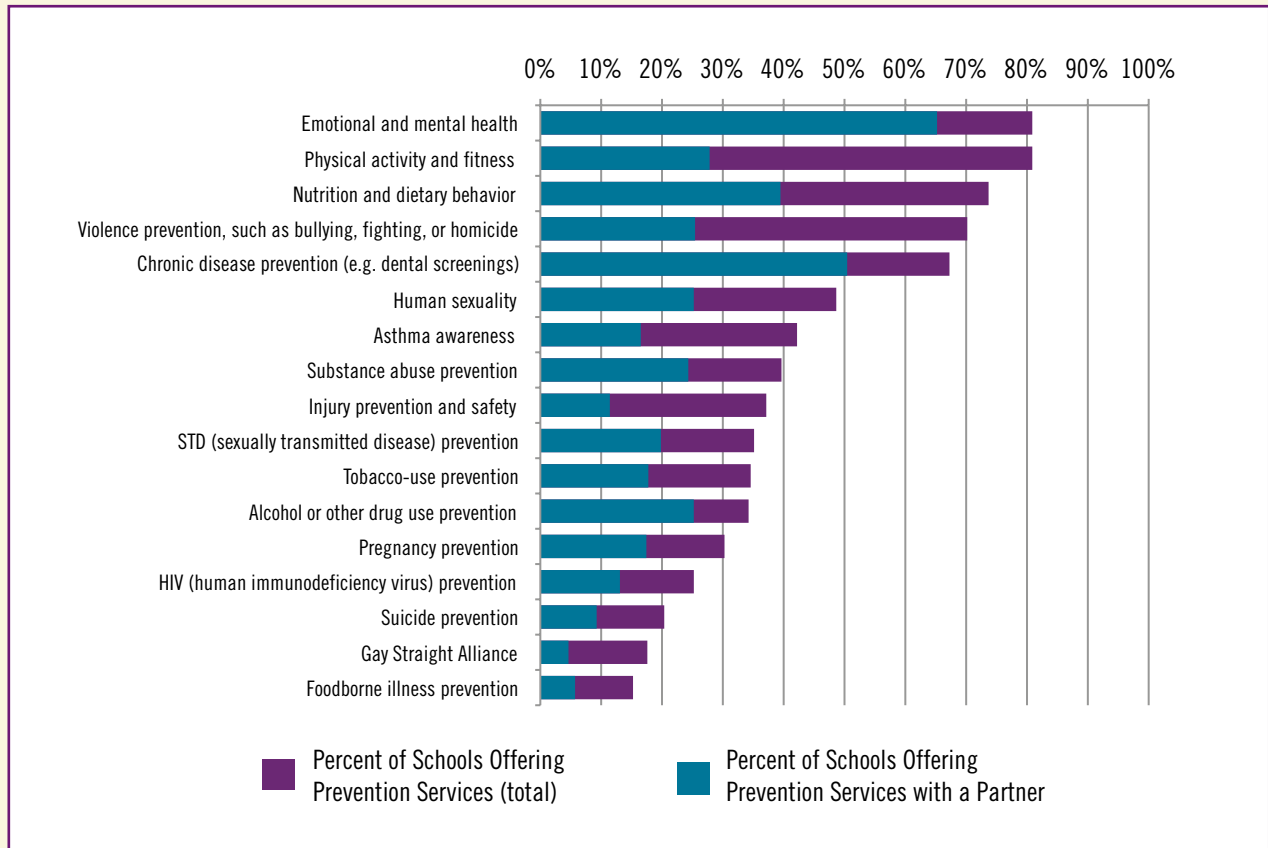
School nurses remain the backbone of BPS' school-based health care. They perform a wide range of vital services, including treatment, screening, training, health education and data collection. Across the district, nursing coverage ranges from as little as 20 percent of one full-time equivalent position in some buildings to as many as 2.5 FTE nurses in larger schools. While all schools have some nursing coverage, 48 schools had one FTE nurse or more during the 2009-2010 school year.

The fifteen schools that have school-based health clinics are also required to have a school nurse in the building. These clinics provide extended physical health services, including vision screening, taking throat cultures, prescribing and dispensing of medications, as well as mental health services in some cases.

Provision of mental health services to students is also a key area of focus for BPS. The Behavioral Health Services department employs 48 school psychologists, each of whom has responsibility for one to five buildings (most cover two or three buildings). School psychologists are responsible for psychological evaluations, crisis intervention, counseling, and consultations with parents and teachers. BPS also employs six Pupil Adjustment Counselors who conduct social assessments, counseling, and crisis intervention. In addition to school psychologists, many schools have student support coordinators and/or guidance counselors who combine prevention and one-on-one counseling for students and parents in academic and social emotional issues.

In an effort to ensure quality and consistency of partner-provided mental health services available on-site in the schools, Behavioral Health Services and the Boston Area Collaborative of School-Based Mental Health (a coalition of local mental health providers) are developing standards of practice, have created a district-wide Memorandum of Agreement and a mandatory training for all community mental health partners, and completed an inventory of existing mental health partnerships and services in BPS. The services and supports provided by community partners are part of the evolving Comprehensive Behavioral Health Services Model for BPS which includes a social/emotional, mental health and physical health assessment protocol, charted to the Academic Achievement Framework, to enable all schools to consistently assess and meet students' physical and mental health needs.

FIGURE 5: All Prevention Services with/without Partners



Survey Findings

The survey focused health and wellness inquiries on three main areas: 1) prevention; 2) social emotional behavioral support/mental health; and 3) the availability of school-based health centers.

Prevention

Investing in prevention—and the school structures that make it work—is a cost effective strategy to ensure that students are healthy and ready to learn. Implementing school-based screenings for poor vision, asthma, or dental issues has the potential to reduce or remove some important barriers to learning. The case of vision screening illustrates this point: evidence suggests that vision problems can adversely impact educational outcomes,¹³ and urban minority children are less likely to receive adequate vision care.¹⁴ Screening alone,

however, does not ensure that health problems are actually treated and resolved. Full-service schools can connect families with health providers, and help ensure that treatment plans are followed while the student is in school.

As shown in Figure 5, a substantial majority of responding schools offer prevention services in five categories: chronic disease prevention (medical screenings), emotional and mental health, physical activity and fitness, nutrition and dietary behavior, and violence prevention. Partner organizations are major providers of prevention services in many categories, as illustrated by the shaded portion of the horizontal bars. This is particularly true for areas such as emotional/mental health and chronic disease prevention, where the majority of services are provided by partners.

Prevention services focused on health issues such as alcohol and substance abuse, sexually transmitted diseases (STDs) and HIV, pregnancy, suicide, and tobacco use are offered at much higher rates at the high school level than at elementary schools. However, in several of these areas between 20 percent and 50 percent of high schools still do not offer services. Two-thirds of middle schools in the survey responded that they do not offer prevention services for STDs, HIV, or pregnancy, and more than 75 percent do not offer tobacco, alcohol, or substance abuse prevention services.

Social Emotional Behavioral Support/ Mental Health

Social emotional behavioral (SEB) support refers to interventions that address behaviors that are emotional in origin--such as depression, aggression, and social isolation--and that disrupt a student's ability to participate in learning. Students with these emotional challenges often exhibit disruptive behavior that affects their own and other students' ability to learn. SEB issues typically fall under the heading of "mental health," which is the phrasing used in our survey.

FIGURE 6: Schools Offering Prevention Services, by Grade Level

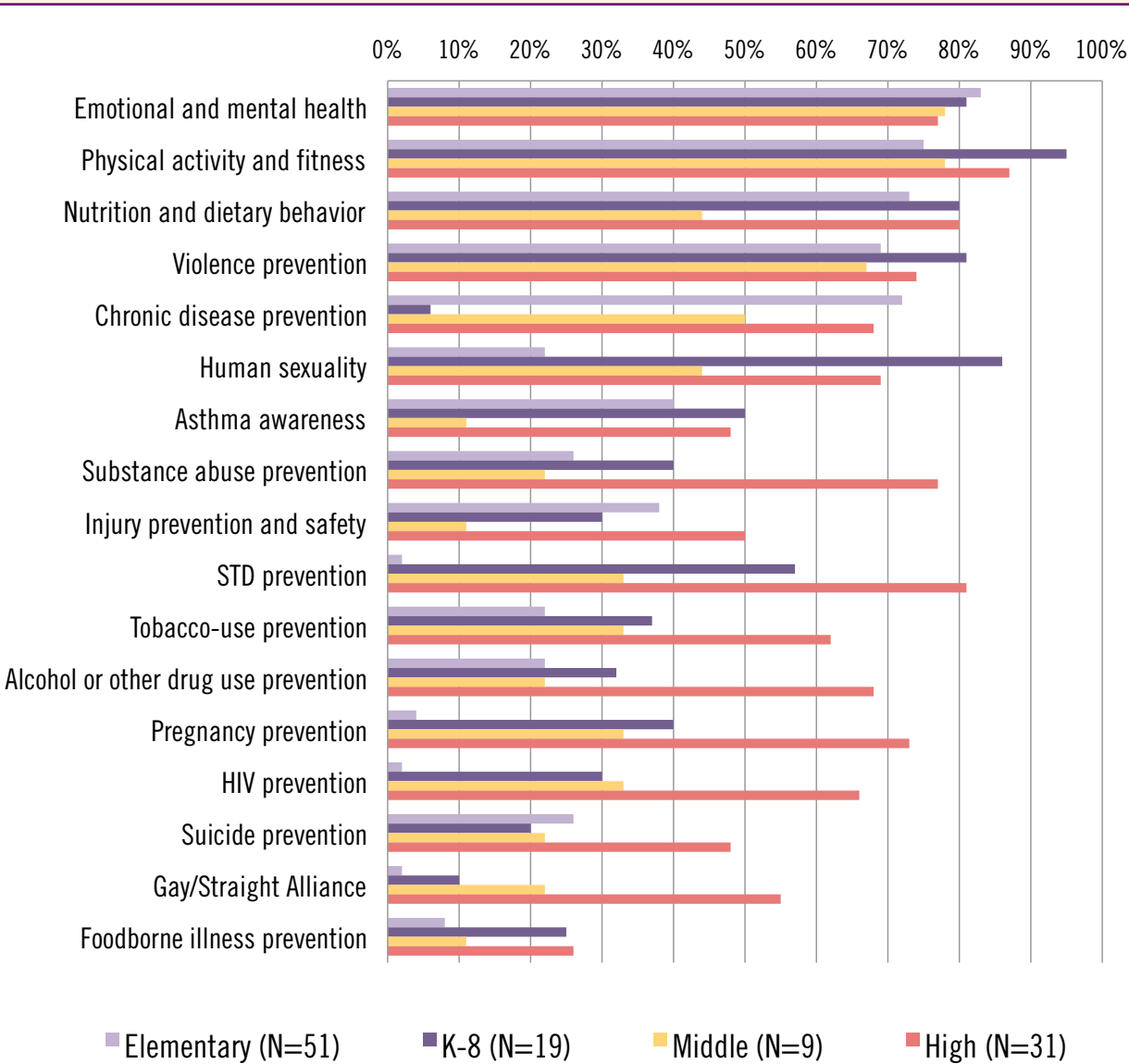
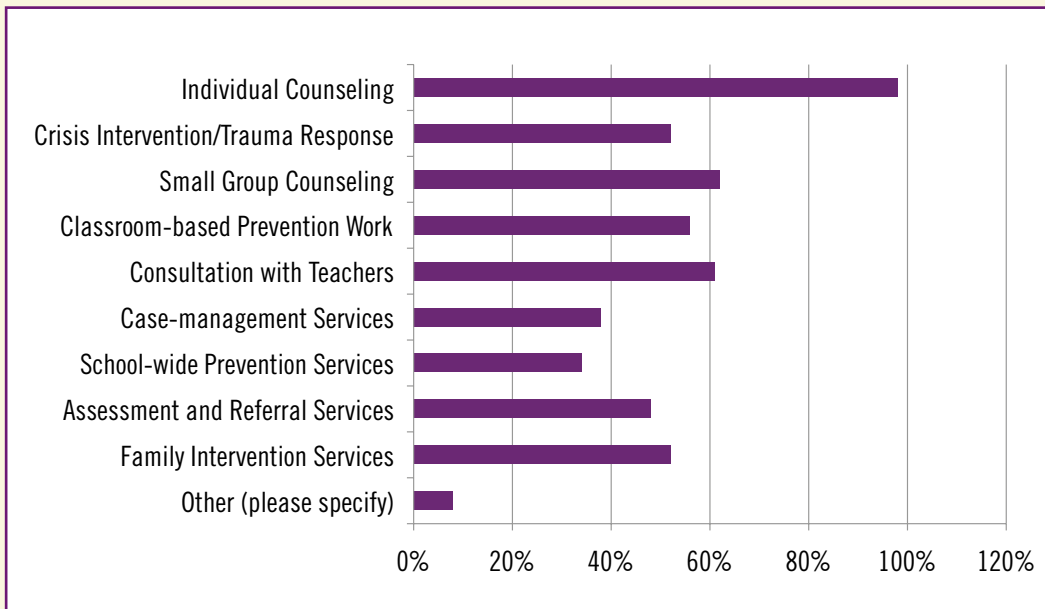


FIGURE 7: Percent of All Schools Offering Mental Health Services



According to the 2010 National Health and Nutrition Examination Survey, 13 percent of youth aged 8-15 live with mental illness severe enough to cause significant impairment in their day-to-day lives. This figure jumps to 21 percent in youth aged 13-18. Nationwide, only about 20 percent of youth with mental illness receive treatment, despite the fact that unidentified and untreated mental illness is associated with serious consequences for children, families and communities, including high school dropout and suicide.

The effects of mental health issues on learning are often complex and interconnected. For example, a student who is experiencing mental health issues may exhibit violent or aggressive behavior, miss instructional time because of suspension or even incarceration, disconnect from school and peers, and cause trauma to other students, leading them to have social and emotional difficulties.¹⁶

Eighty-six percent of schools reported that mental health services are available on-site. Just 14 percent of respondents reported that mental health services are not available on-site. Of those, 94 percent said that they felt those services were needed. Interestingly, 18

schools indicating they had mental health services on-site also said that mental health services were needed. This may be an indication that available services are not adequate in meeting the need.

Of all of the schools that completed the survey, 66 percent reported that providing these services was a high or highest priority. None of the schools reported that this area was a low priority.

In terms of the types of mental health services offered, as shown in Figure 7, those with the highest frequency were individual counseling (98 percent), small group counseling (62 percent), and consultation to teachers (61 percent). Crisis intervention, classroom-based prevention work, assessment and referral, and family therapy and support services are offered by half of the schools responding. The highest frequency services are ones that are at least partially reimbursable through Medicaid and health insurance, suggesting that schools and their partners have been accessing available financial resources to provide some needed services to students – although this still leaves a large unmet need for prevention, crisis intervention and other unreimbursable services.

As shown in Figure 7 (facing page), there is little differentiation among school levels, with a high of 100 percent of K-8 schools reporting on-site mental health services to a low of 78 percent at middle schools. Unfortunately, we do not have complete school-by-school data about the specific amount of staff time committed to mental health services (some survey respondents indicated this, while others did not).

The Boston Area Collaborative of School-Based Mental Health recently surveyed 17 mental health providers working in BPS to map each agency’s school partners and the number of clinicians and trainees each agency deploys for BPS mental health services. The Collaborative survey data, combined with our survey, paints a picture of inconsistency among schools: some have a part-time clinician who comes one day per week, some have graduate students who provide occasional services, and others rely on a school-based health clinic to provide mental health support. Only a handful of schools responding to our survey

have a full complement of providers. One school, for example, reported that it has an outside partner who provides a full-time counselor in the building as well as “at least four part-time fee-for-service clinicians.” That school also has a health clinic in the building, and through that partnership, has a part-time fee-for-service bilingual counselor. Other schools patch together a team through various funding sources and external partners.

School-based Health Centers

Research finds that schools having school-based health centers report increased attendance, decreased drop-out rates, and higher graduation rates.¹⁷ Typically staffed by a combination of doctors, nurse practitioners, physician’s assistants, and mental health practitioners, the centers provide extended physical health services, including vision screening, taking throat cultures, prescribing and dispensing of medications, as well as mental health services in some cases.

FIGURE 8: School-based Health Clinics, by Grade Level

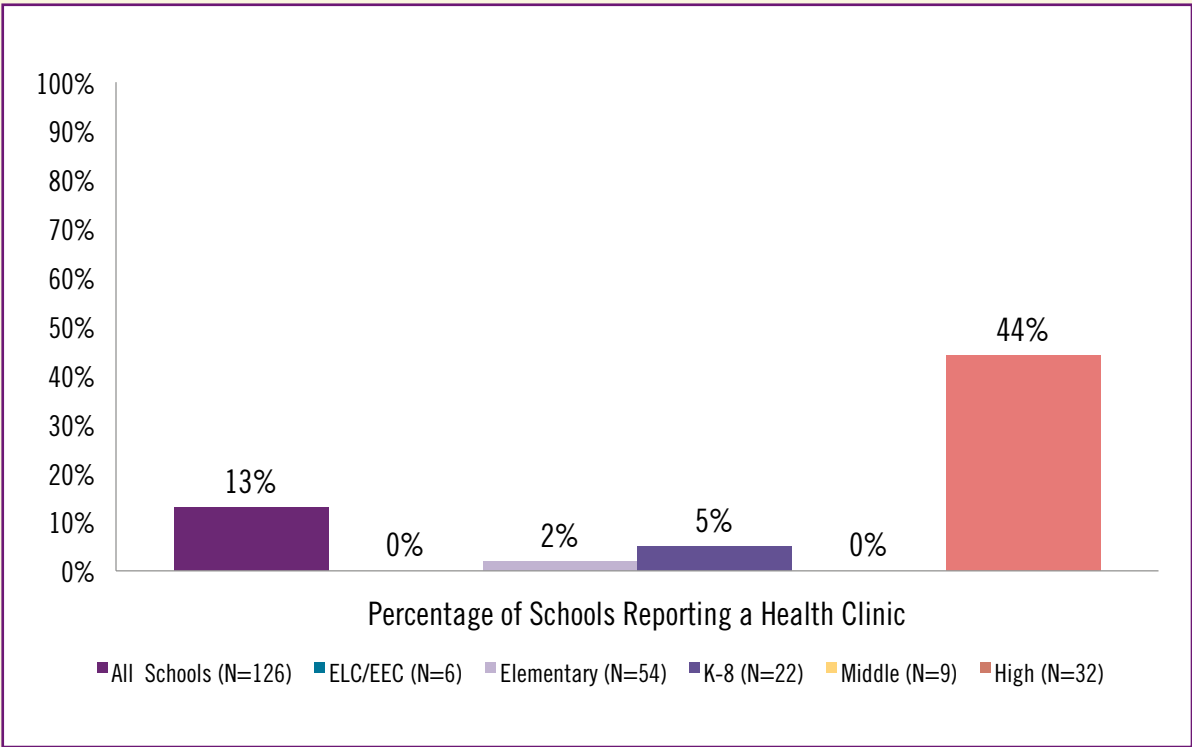
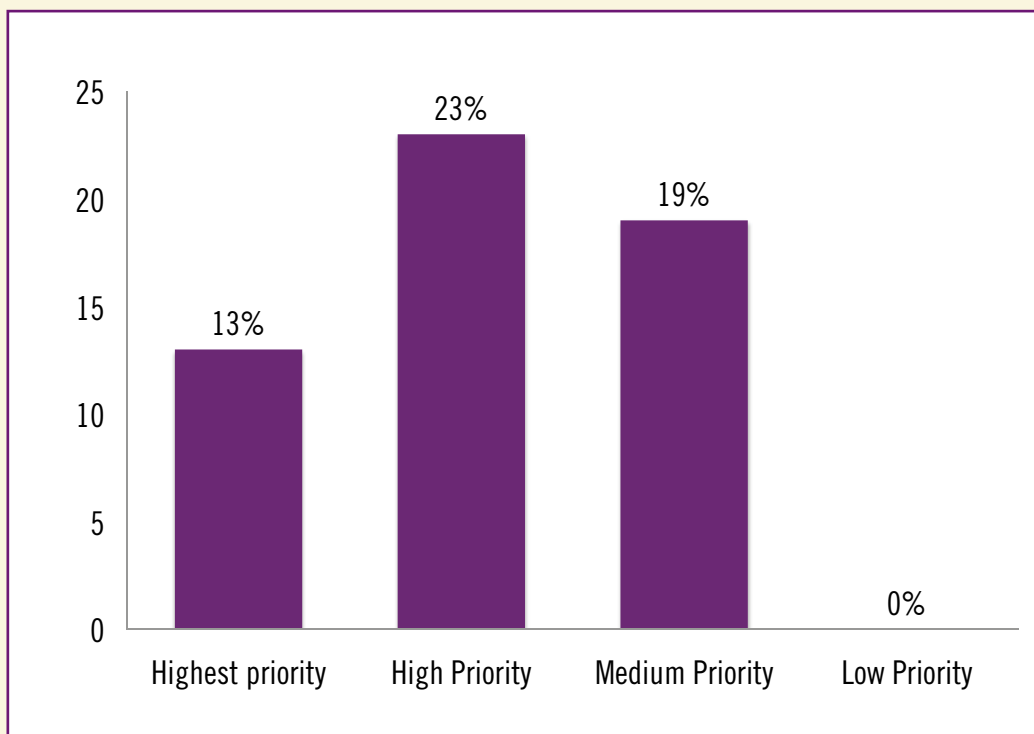


FIGURE 9: “If a school-based health clinic is needed, how high of a priority is it for your school?”



School-based health centers are funded by a combination of public and private funds, and are operated in partnership with a sponsoring agency.¹⁸ In Boston, the largest sponsor is the Boston Public Health Commission, which operates eight school-based health centers. Community health providers—such as the Codman Square Health Center, the Dorchester House Multi-Service Center, and the Joseph Smith Health Center—also sponsor school-based health centers. Because they can provide services at low or no cost to families, school-based health centers increase access to quality medical care. Their co-location with schools also increases access, as well as coordination and collaboration with school staff.

When asked if their school had a school-based health clinic, 30 schools (25 percent) reported that they had such a clinic, although data from the Massachusetts Association for School-Based Health Care (MASBHC) and the Boston Public Health Commission (BPHC) confirmed that there were only 15 health clinics in the

BPS in 2009-10. Principals who reported that they had a school-based health clinic likely equated their school nurse with a health clinic. We chose to discard schools' responses to this question and use the verified data from the MASBHC. As shown in Figure 8 (previous page), high schools have been the focus for health clinics in BPS.

Principals' responses to the follow-up questions on school-based health centers were revealing, as shown in Figure 9. When asked if such services were needed at their schools, 56 percent responded affirmatively. Of those, 13 percent reported that offering school-based health services was a highest priority for their school, and 23 percent reported it was a high priority. Nineteen percent rated it as a medium priority. None of the 70 principals responding to this question reported that school-based health clinics are a low priority. These responses strongly suggest a significant unmet need for health care beyond school-based nursing services.

CHAPTER THREE: EXPANDED LEARNING OPPORTUNITIES

Background

Expanded Learning Opportunities (ELOs) encompass those crucial efforts that “strive to support healthy learning and development by supporting and complementing in-school learning with positive out-of-school experiences.”¹⁹ ELOs include out-of-school time (OST) programming before- and after-school, weekend, and summer learning programs. Here, we focus on ELOs that occur through before- and after-school programming.

Full-service schools partner with families and community organizations to ensure that every child has access to rich, high quality OST learning and youth development programs. In addition to youth development and academic enrichment, OST programs often offer tutoring and mentoring opportunities.

High-quality OST has been shown to contribute to higher grades and test scores, better attendance and graduation rates, and improved behavior.²⁰ By building students’ self-esteem and creating supportive relationships with peers and adults, high-quality OST makes young people more resilient in the face of the many risk factors associated with urban poverty. Students who participate in OST programs have been shown to be less likely to use drugs and alcohol, become involved in violence, or skip school.²¹

OST programs vary tremendously in terms of who runs them, the types of activities they offer, and how closely connected they are to the school where they are located. The highest quality, most integrated programs are those that:

- Offer engaging learning opportunities that focus not only on core academic supports, but also on higher-order skills like goal-setting, planning, problem-solving, and reflection;

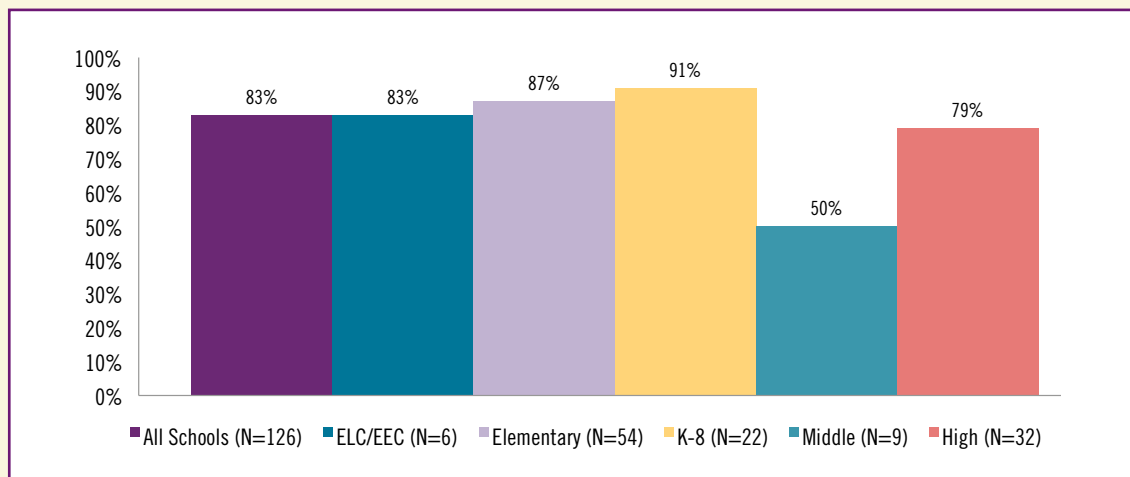
- Integrate arts, music, technology, physical activity, and other topics driven by student interest;
- Help students build supportive relationships with peers and adults;
- Have well-trained, qualified staff who interact extensively with students; and
- Make connections with teachers, principals, families, and other OST programs at the school.

High-quality, highly integrated OST programming not only extends the day, but also expands the opportunities students have to explore their worlds, connect with one another, and engage with school.

For a quarter-century, Boston has been in the vanguard of efforts to provide high-quality, enriching learning experiences for children during out-of-school time. From the early organizing and advocacy efforts of Parents United for Child Care in the late 1980s through the 21st Century Community Learning Centers established in 1999, to current partnerships for summer learning and enrichment stewarded by BPS and Boston After School & Beyond, Boston has consistently recognized the importance of providing learning opportunities to children and youth outside of the school day.

With the creation of the 2:00-to-6:00 After-School Initiative in 1998, Mayor Thomas M. Menino invited community-based organizations to partner with schools to offer after-school programming in school buildings. In 2001, the Mayor joined philanthropic, business and education leaders to launch Boston’s After-School for All Partnership. One of the Partnership’s pooled funds was the School Sites Initiative, which provided new school-based after-school opportunities for nearly 2,000 children. From 1998-2003, Boston nearly doubled the number of children who participate in after-school programs, surpassing the goal set by Mayor Menino in 1998.

FIGURE 10: Percent of Schools Offering On-site After-school Programs, by Grade Level



In 2005, the After-School for All Partnership officially merged with 2:00-to-6:00 to become Boston After School & Beyond, a citywide intermediary charged with supporting, strengthening, and expanding Boston's out-of-school time system. In 2006, the city's efforts were further strengthened by the establishment of the Department of Extended Learning Time, Afterschool, and Services (DELTA) within the Boston Public Schools. DELTA offers coaching and resources to school-based out-of-school time programs that strive to engage young people in high-quality activities and experiences that are aligned with schools, connected to family and community, and sustained through partnerships, infrastructure and sustainable resource development.

Survey Findings

Before- and After-School Programs

Eighty-three percent of principals who responded to the survey indicated that they have an onsite after-school program. Of schools reporting they do not currently have an onsite after-school program, 90 percent indicated that one is needed. Of those, 94 percent say that having an after-school program is a high or highest priority.

The number of students served by school-based after-school programs ranges among sites from fewer than 20 to more than 300. Sixty schools manage at least one program themselves, with school staff teaching or leading activities. A nearly equal number (58) partner

with external agencies, most often the Boys and Girls Clubs of Boston, the YMCA of Greater Boston, and Boston Centers for Youth & Families.

At the elementary level, partners often help the program receive public child care subsidies and other grants, making it possible to serve more children while charging significantly lower fees. Survey respondents indicated that 55 percent of before- and after-school programs charge at least some of the students a fee, while 39 percent offer free programming to all.

Forty-three percent of schools reported having a before-school program onsite. For those schools providing data, most serve 50 or fewer students; only a handful serve more than 50. The substantial majority (70 percent) of before-school programs are operated by the school. Of schools that do not have a program, 61 percent reported that before-school services are not necessary.

Tutoring and Mentoring

Eighty-nine percent of responding principals stated that they provide tutoring support for students; 63 percent offer mentoring; and 36 percent offer community service learning. Many services are provided before or after school. Programs include the Ten Boys Initiative for mentoring, and federally-mandated Supplemental Educational Services (SES) for tutoring. Principals reported both school-run programs and those provided in partnership with external organizations, including City Year, Boys and Girls Clubs of Boston, YMCA of Greater Boston, and Boston Centers for Youth & Families.

CHAPTER FOUR: FAMILY ENGAGEMENT

Background

Research shows that when families engage with and support their children's education, these students are more successful.²² Students with involved parents tend to have higher test scores and grades, are more likely to be promoted, have better attendance, display better behavior, and go to college at higher rates than their peers overall.²³

A hallmark of successful full-service schools is their commitment to engaging families in meaningful, respectful, and ongoing ways in both the life of the school and in the academic lives of their students. Many families face significant obstacles to this kind of deep engagement, so effective full-service schools offer an integrated set of supports and opportunities to help overcome these barriers.

The federal Elementary and Secondary Education Act defines family engagement as the participation of parents in regular, two-way, and meaningful communication involving student academic learning and other school activities in which parents play an integral role in assisting their child's learning. Parents are encouraged to be actively involved in their child's education at school and are seen as full partners in the education process. They are included, as appropriate, in decision-making and on advisory committees to assist in their child's education.²⁴

In keeping with this definition, the National Working Group for Family and Community Engagement sets out basic tenets of family engagement as:

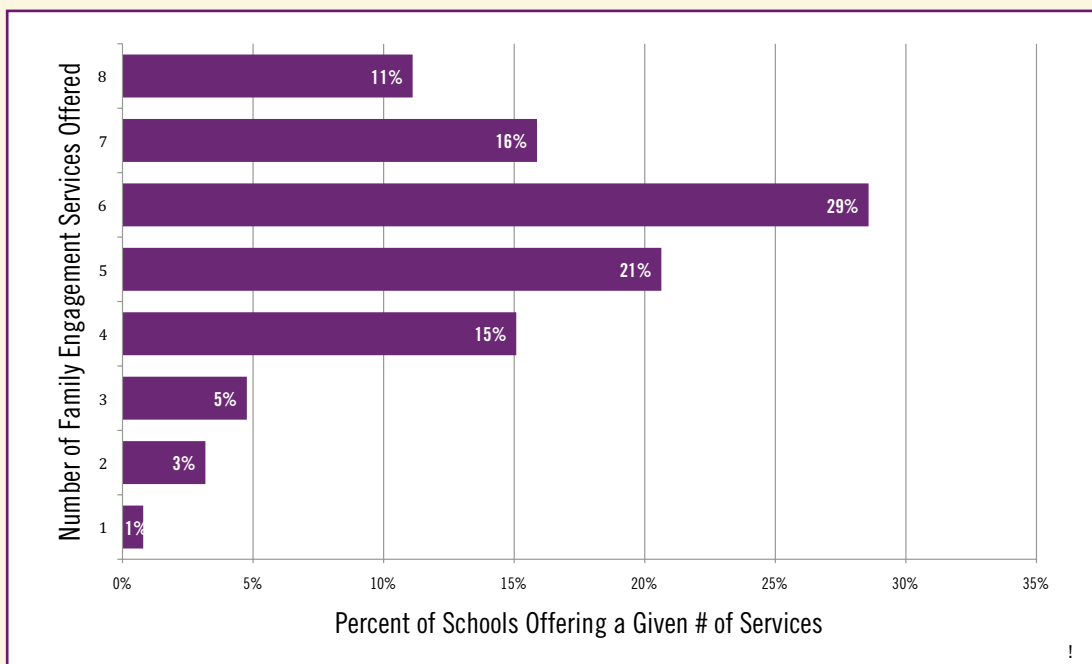
- A shared responsibility where schools and community organizations commit to engaging families in meaningful and culturally respectful ways and where families actively support their children's learning and development;
- Continuous across a student's life, beginning in infancy and extending through college and career preparation programs; and

- Carried out everywhere that children learn, including homes, early childhood education programs, schools, after-school programs, faith-based institutions, playgrounds, and community settings.²⁵

Family engagement is central to the BPS Acceleration Agenda. The district's Office of Family and Student Engagement (OFSE) gives focus to BPS' vision that all schools "will welcome every family and every student, actively engaging them as partners in student learning and school improvement."²⁶ Toward that end, the OFSE deploys a full array of strategies and resources, including:

- Family and Community Outreach Coordinators (FCOCs) in 31 schools in 2010-11—and others within the district who function as parent coordinators – are responsible for increasing family engagement at the school level. The OFSE is charged with overseeing, supporting, and coordinating the FCOCs.
- Launched in 2010, Parent University comprises three day-long sessions on Saturdays in October, January, and May focused on how parents can participate as vital partners in their children's education. Sessions focus on child development, what children are learning in school, advocacy, parent leadership, and effective parenting skills.²⁷ Parents who attend all three sessions participate in a Parent University graduation at the end of the school year. OFSE offers additional sessions throughout the year at schools, community centers and libraries.
- Family Guides to Learning for families that show grade-by-grade academic expectations for students.
- A new website for families, students and schools with resources, tips, and general information.

FIGURE 11: Family Engagement Strategies Across the District



Survey Findings

The survey asked principals whether their schools had: 1) dedicated time for conferences between families and teachers; 2) bulletin boards for family information; 3) regular newsletters for parents; 4) a database of families' contact information; 5) dedicated space for families; 6) adult education programs on-site; 7) a home-school compact; and 8) capacity to refer families to community agencies. BPS' commitment to family engagement is reflected in the high percentage of schools with these key elements of a family engagement strategy in place, as illustrated in Figure 11.²⁸

Survey responses show that a large majority of schools have the basic tools for communicating with families, although relatively few schools provide either dedicated space for families or adult education classes on-site. The district's Parent University is designed in part to address this deficit. While most schools (77 percent) have a home-school compact, it is important to note that such compacts--outlining the ways in which schools and families will work together to support student achievement--are required under federal education law.

The high percentage of schools that offer referrals for families to community agencies is an encouraging sign, indicating that schools understand the importance of supporting families as a way of supporting children. Referring families to services is in keeping with the full-service schools philosophy of ensuring that students' needs are considered in the overall context of their families' lives. Schools identified more than 60 partner agencies to whom they refer families in need of services. Agencies that work with multiple schools included Children's Hospital, Dimock Community Health Center, The Home for Little Wanderers, and Boston Centers for Youth & Families. These partners and others represent an important opportunity for schools to deepen collaboration with external organizations in support of family engagement.

The range of family engagement services offered at individual schools is illustrated in Figure 12. More than 75 percent of schools offer at least five of the family engagement activities, and more than half offer six or more. While the current survey does not provide an in-depth evaluation of whether a school is adequately engaging parents, taken together, these findings offer a barometer of family engagement across BPS.

CHAPTER FIVE: COORDINATION OF STUDENT SUPPORT PARTNERSHIPS

Background

Successful school partnerships require planning, nurturing, and maintenance. Unfortunately, as many schools face a host of budgetary, academic, and operational challenges, community partnerships are often low on the list of priorities. Managing partnerships is time-intensive work often not seen as central to a school’s core academic mission, and usually falls to hard-pressed staff who already have a long list of other responsibilities.

Ideally, each school should have staff with the responsibility to coordinate student support partnerships. Successful partnership coordination requires identifying student and family needs and strategically choosing a set of partners to work in alignment with the school in addressing them. Coordinators conduct due diligence about prospective partners and develop written agreements to spell out the

roles, responsibilities and expectations of the partners and the school. Coordinators ensure that the terms of the agreement are met on both sides, and that any issues are addressed quickly. Just as schools have coordinators to manage partnerships, many districts have senior leadership with responsibility for partnership work at the system level.

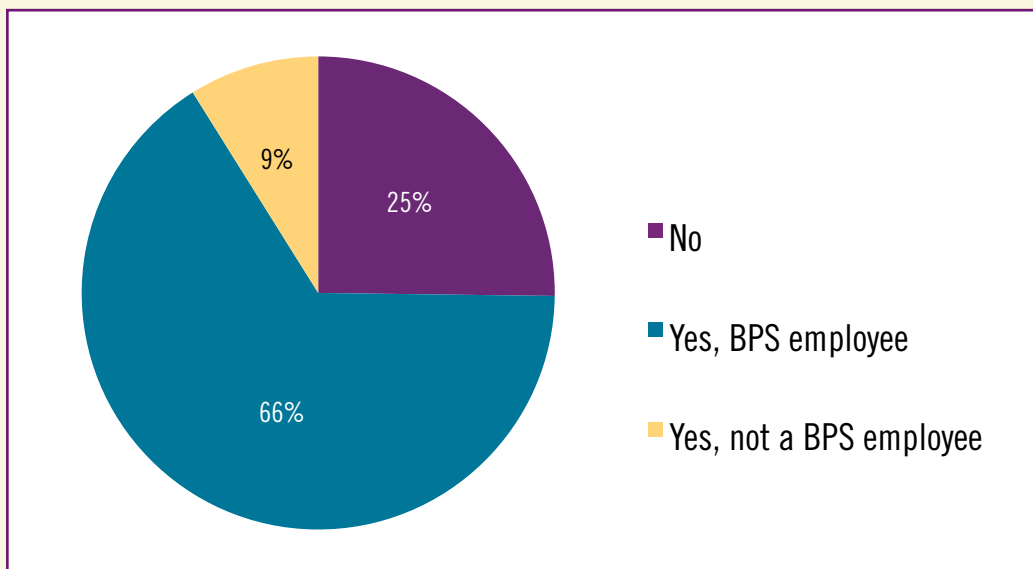
Superintendent Johnson has recently created an Office of Innovation, Partnerships and Development. The establishment of this office is an important step forward for BPS.

Survey Findings

As shown in Figure 12, three-quarters of schools have an individual who is responsible for overall coordination of student support services and partnership. The majority of those individuals (66 percent) are BPS employees.

FIGURE 12: Partnership Coordination Across the District:

“Is there someone at your school who is responsible for overall coordination of student support services and partnerships?”



Responses to open-ended questions about the percentage of time coordinators spend on managing student support partnerships were uneven, but very few schools have a full-time partnership coordinator. Typically, responsibility for coordinating partnerships is either spread across several staff members, or it represents 20 to 40 percent of one person's time. Principals reported a variety of creative ways they are handling this function:

- Many schools have multiple individuals—some BPS employees and some not—who coordinate partnerships and student support.
- The principal, an assistant principal, a Family and Community Outreach Coordinator (FCOC), guidance counselor, or even a school nurse perform this function in various schools.
- In some schools, external organizations provide staffing to support partnership coordination. In particular, 25 schools reported that Children's Hospital Neighborhood Partnership Program, City Connects and/or the Alliance for Inclusion and Prevention not only provide student support services but also help coordinate the many partners in the school.
- BPS has also been successful in accessing external funding to support coordinators in schools. For example, the Young Achievers Science and Math Pilot K-8, the Higginson-Lewis K-8, and the Burke High School each have a full-time partnership coordinator supported by the U.S. Department of

Education Full-service Community Schools grant awarded to Boston in 2010. The Partners for Student Success Initiative, with major funding from the Wallace Foundation from 2006 through 2010, supported Managers of Extended Learning and Services (MELS) in 10 schools. Since the expiration of foundation funding, only one school retained a part-time MELS. There are currently fourteen 21st Century Community Learning Center sites in Boston, all of which have coordinators that have varying levels of responsibility from coordinating a single out-of-school time partner to multiple partners to multiple school-day and OST partners. Most are both grant-funded and employed by a lead partner; a few are partially funded by BPS.

Successful partnership coordination requires identifying student and family needs and strategically choosing a set of partners to work in alignment with the school in addressing them.

FIGURE 13: Percent of Schools Reporting Partnership Coordination Staff, by School Level

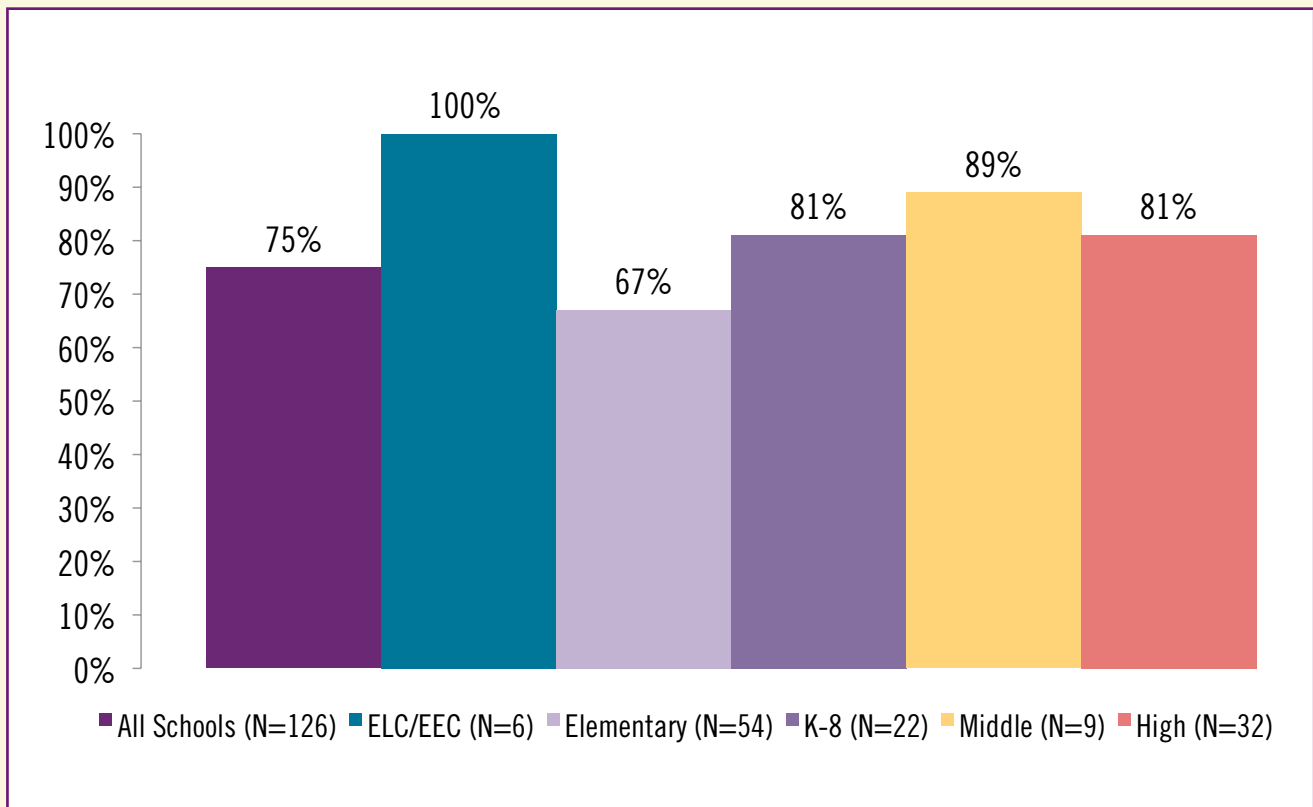


Figure 13 illustrates that the substantial majority of schools at each level, including all six Early Learning Centers, reported that someone on staff is responsible for coordination. Elementary school principals responded with a slightly lower rate.



CHAPTER SIX: RECOMMENDATIONS

Response data from our survey suggest that Boston school leaders recognize that children and youth need an array of supports to do their best work, succeed in the classroom, and grow into successful, productive citizens. Toward that end, they are tapping into a deep reservoir of partnership resources across at least 200 Boston institutions and community-based organizations. Boston schools and these outside partners are together providing BPS students with services and supports that schools cannot deliver on their own.

To have maximum positive impact on students however, these partnerships must be strategic, aligned with student needs, integrated with district and school goals, equitably distributed across the student population, and coordinated effectively. With the recent creation of the BPS Office of Innovation, Partnerships, and Development, we believe realizing the vision of having a school system that strategically addresses students' needs through integrated partnerships is not beyond our grasp.

Based on the survey results, we have identified two broad areas for attention to ensure that BPS' student support partnerships are having maximum impact on students' health, wellness, academic success and positive development. The areas are:

1. Addressing Unmet Student Needs; and
2. Creating and Implementing a District Strategy for Student Support Partnerships.

We offer specific recommendations within each area.

Addressing Unmet Student Needs

The survey revealed specific gaps in supports that BPS and its partners should investigate and address. They include the following:

Boston school leaders recognize that children and youth need an array of supports to do their best work, succeed in the classroom, and grow into successful, productive citizens.

1. **Prevention services:** More than 75 percent of middle schools do not offer services in substance and alcohol abuse or suicide prevention and two-thirds do not offer prevention services for STDs, HIV, tobacco use, or pregnancy. In several of these areas, 20-50 percent of high schools do not offer services. Putting prevention programs in place in middle schools is critical for reducing the incidence of risky behaviors among these students. The Health and Wellness Department's efforts to create and implement a consistent health education

curriculum and high quality physical education in all schools should continue to be a priority project of district leadership, and BPS and its partners should prioritize the creation of a full range of prevention services in the middle and high schools in the short term.

2. **Mental health:** Although 86 percent of schools reported that mental health services are available on-site, only a handful of schools responding have a full complement of providers. More in-depth research is needed to gain a better understanding of how many students need which types of emotional-behavioral supports and the nature of the gaps between supply and demand. It is likely that expanding system-wide and school-based partnerships with

Boston's rich array of hospitals and other public health organizations will maximize students' health and well-being across the district. The recently-developed standards for school-site mental health partners authored by the Collaborative for School-Based Mental Health and Department of Special Education and Student Support should be used to identify, vet, and support mental health partners. It is important to note, however, that most resources for mental health services at the federal, state, and local level are not directed toward schools. It is a consistent challenge for schools and their partners to fund mental health services, and a difficult financial climate exacerbates this problem.

3. **School-based health centers:** BPS and appropriate public and private partners should explore strategies for expanding the number of school-based health centers. We realize success of this effort is dependent on external funding. For schools that do not have school-based health centers, there is an even more critical need to forge a deep partnership with a local hospital, community health center, and/or asthma, dental, or vision screening and treatment initiatives.
4. **After-school programs:** 83 percent of all responding schools offer after-school programs on site – but only half of middle schools do. Middle school is a time when students are at great risk for disengaging with school, setting them on a path for dropping out. The social and emotional supports that OST programming can offer are especially important during middle school. Although we do not know whether students are attending community-based after-school programs, the low number of middle schools that report availability of on-site after-school opportunities and the high number of principals who consider starting a program a priority raises a question for further inquiry. Virtually all the schools that

do not have on-site programs report that the need to offer such programs is pressing. BPS and its partners, including Boston After School and Beyond, should focus attention on this issue.

5. **Family engagement:** The Office of Family and Student Engagement has made significant progress and we urge BPS to maintain and expand these efforts. One area to consider is in helping families improve their economic and educational status by partnering with an external provider to offer on-site adult education, career training and placement, and at the same time introduce ways parents can support their student's education.
6. **English language learners and students with disabilities:** Fewer than a third of schools reported including community partners in their strategies to serve English language learners and/or students with disabilities, despite the fact that these populations are among the district's top priorities and there are multiple high-quality, nationally renowned organizations in Boston specializing in services to these populations. Partner organizations that provide out-of-school time and other youth development activities should build their capacity to serve students with cognitive, emotional and/or physical disabilities. In many cases, this will require closer collaboration with school staff to develop effective strategies for working with all students.
7. **Institutions of higher education:** Despite the fact that Greater Boston is unparalleled among American cities in the richness and diversity of its institutions of higher education (IHEs) and many colleges and universities have long had dynamic partnerships with individual Boston public schools, less than half (47 percent) of schools report that they have a university partner that provides some type of student

support. Early Learning Centers lag substantially in having university partners that provide student support—yet there are several IHEs in Boston specializing in early childhood education.

Creating and Implementing a District Strategy for Student Support Partnerships

Nearly 200 external organizations are providing services to BPS students—but are students yielding maximum benefit? Our goal is for partners to provide services that:

- **meet identified student needs;**
- **align** with the district’s overall goals;
- are **integrated** with other partners and the core educational mission of the school;
- conform to **quality standards and assessments relevant to their discipline;**
- are **equitably distributed** across schools and student groups;
- available at **sufficient scale** to meet student need; and
- supported by sufficient and stable resources to achieve **sustainability**.

The Office of Innovation, Partnerships and Development holds great promise for leading the way forward to achieve this goal. We recommend the office work with other district leaders and a range of partners and other stakeholders to guide district-wide strategy. For guidance and support, BPS might consider forming a “Student Support Council” as introduced by the Governor in his Education Summit speech in November 2011. As envisioned, these Councils “will consist of local human and social service providers focusing their efforts on connecting with students and families through the schools to help meet their needs outside of school.”²⁹ Key focus areas for Boston should include:

1. **Expanding supports in the middle schools.** On nearly every key indicator, middle schools lagged behind – a particularly troubling finding in light of the multiple risk factors and important developmental milestones that accompany early adolescence.
2. **Helping schools better determine student needs.** The Academic Achievement Framework, when implemented deeply across the district, has the potential to achieve consistency across the district in assessing the social-emotional-behavioral needs of each student and identifying internal and partner-based services to meet those needs.
3. **Ensuring the district’s strategy is driven by up-to-date data on the partnership landscape.** We recommend reissuing an enhanced survey during the 2012-2013 school year (and every two years thereafter) in order to measure change over time. We would add questions related to scale, quality, alignment with school and district priorities, equity, and cost to the survey. In addition to the quantitative survey, having in-depth conversations with principals, school staff, and partners is the best way to learn about how well different services and partnerships are working together within schools and across the district. This kind of qualitative research will highlight the positive effects of thriving partnership structures on school climate and culture.
4. **Supporting principals and headmasters as the key to effective school-based partnerships.** The experience of full service schools across the country has shown that effective leadership and coordination at the school level is necessary to ensure that multiple supports provided by different partners are aligned with student needs and school goals, are accessed equitably, meet quality standards and are cost effective. It is the principal/headmaster’s responsibility

to assemble a well-functioning array of partnership supports that meet student needs. To support school leaders in this role, the district can provide coaching and/or other supports to new principals, and those who either have very few partnerships, indicating the possibility that student needs are not being met, or an over-abundance of external partners, indicating possible coordination and alignment challenges.

In June 2011, the Massachusetts Board of Elementary and Secondary Education adopted new regulations for the evaluation of school leaders and teachers. **Family and Community Partnerships** is one of the four standards of practice that comprise the new evaluation of school leaders, providing the district with an opportunity to elevate and define the importance of this role among all of its school leaders.

5. **Improving the effectiveness and impact of partnership coordinators.** The process of partnering is governed by needs assessment, due diligence in identifying and vetting willing partners, executing and maintaining formal partnership agreements, and taking stock methodically of existing partnerships. The survey revealed that at nearly all BPS schools, there is someone responsible for partnership coordination (although very

few schools devote a full-time staffperson to this). Those responsible for coordination are in a variety of roles at the school level, from assistant principal to school nurse. They are juggling multiple responsibilities within the building, and the task of finding and coordinating partnerships may often be overshadowed by other responsibilities. Promising strategies to achieve this include:

- a) **Helping to match schools and partners at the district level.** The district should create a searchable database of school needs and partner services that is easy for principals or their designees and partners to navigate, and complement this by tailored personal guidance for both schools and partners seeking each other. For health providers, the Behavioral Health Services, Medical Services, and Health and Wellness departments should take the lead on providing assistance.
- b) **Sharing effective outreach/coordination/partnership management strategies.** BPS should provide training, technical assistance, and professional learning communities for staff with responsibility for coordinating student support service partnerships. Leveraging the expertise of BPS departments that have successfully engaged in this work on a smaller scale (the Department of Extended Learning Time, Afterschool, and Services (DELTA), the School Leadership Institute, Family and Student Engagement, and others) would be a cost effective first step. Two excellent resources for sharing promising practices are the Coalition for Community Schools (www.communityschools.org) and the Full Service Schools Virtual Coach (www.bpsvirtualcoach.org).



CHAPTER SEVEN: CONCLUSION A COLLECTIVE OPPORTUNITY

With so many BPS students living in poverty, their families often struggle to provide basic necessities of life that young people must have before they can be expected to be successful in school. A growing number of Boston families speak a language other than English at home, so for them the challenge of earning a living is compounded by learning a new language and a new way of life. For the substantial portion of BPS students who have disabilities or emotional, physical, or behavioral issues, the challenge of staying on track in school is that much greater.

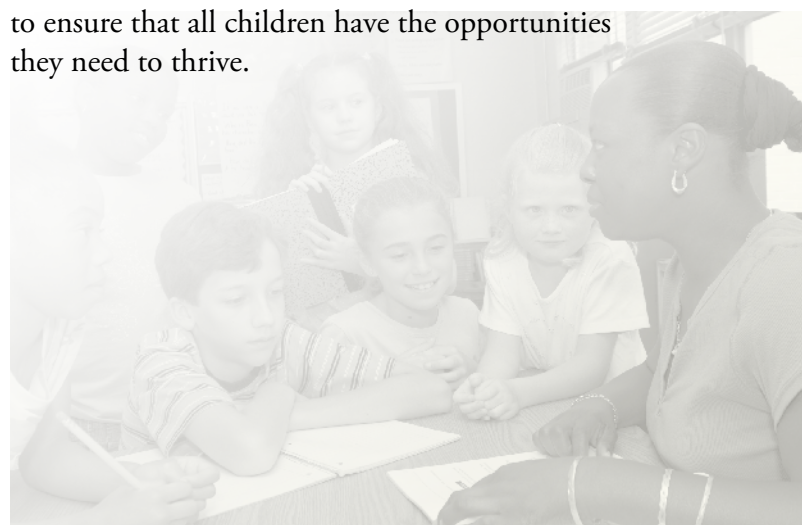
The author Paul Tough has described the young people who inhabit the urban centers of many of the nation's large cities such as Boston as lacking "the often-invisible cocoon of support and nurturance that follows middle-class and upper-middle-class kids through their childhoods."³⁰ Boston's challenge, like that of so many other great cities, is to build those cocoons of support where they are lacking. The persuasive simplicity of the full-service schools approach is that public schools are the logical and appropriate place to provide children and youth with basic supports that may not be evident elsewhere in their lives.

U.S. Secretary of Education Arne Duncan characterizes full-service schools as "the hub of community." These are schools that are open from early in the morning until late in the evening, on weekends and during school vacations. They are places where families in the community can gather and connect with services and resources that are neighborhood-based. This is an ambitious vision for Boston, where even today many children still travel across the city to attend school. But even if the district's current fiscal circumstances pose challenges, it is still possible for stakeholders in Boston Public Schools to share the vision that they must come together to support students in a holistic way in order for them to be successful.

As Superintendent Johnson, district and school administrators, community partners, and teachers throughout the city strive to provide the supports BPS students need to achieve in school, it is important that strategic solutions reflect the complex challenges faced by BPS students and their families. As Governor Deval Patrick said in his Education Summit speech in November 2011:

"all children need a healthy start – and when they can't get it at home, we must find a way to provide it for them. Poverty begets a whole host of out-of-school problems that affect the readiness of a child to learn in the classroom. Mental health issues, family violence, housing instability and inadequate nutrition—all are real and present obstacles to student attendance, attentiveness and success. Teachers know it and they, along with school nurses, do their very best to help; but they can't be expected single-handedly to solve such complex problems in the lives of their students."³¹

The Roundtable will continue to develop and disseminate resources, convene stakeholders, catalyze systems change and advance a policy agenda that supports meeting comprehensive student needs through school-community partnerships. We look forward to working with our dedicated colleagues within BPS, across Boston and the Commonwealth to ensure that all children have the opportunities they need to thrive.



ENDNOTES

¹ Mental Health: A Report of the Surgeon General, 1999.

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<http://www.communityschools.org/assets/1/AssetManager/CCS%20Research%20Report2009.pdf>

⁴ Ibid.

⁵ A categorization by BPS for Horace Mann, Counseling and Intervention Center, Carter Development Center, and McKinley Schools.

⁶ http://www.bostonpublicschools.org/files/bps_at_a_glance_11-0428_4.pdf

⁷ Basch, C. (2010). "Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap." Equity Matters Research Review No. 6. A Research Initiative of the Campaign for Educational Equity, Teachers College, Columbia University.

⁸ BPHC, Health of Boston Report, 2010; MDPH, Strategic Plan for Asthma in Massachusetts: 2009-2014, 2009; Centers for Disease Control, National Asthma Control Program: Fact Sheet, 2010.

⁹ Children's Hospital Asthma Study, 2005.

¹⁰ Boston Youth Risk Behavior Survey (BYRBS), 2009; Massachusetts Youth Risk Behavior Survey (MYRBS), 2007.

¹¹ The Essential School Health Services Program Data Report, Boston Public Schools 2010 & MDPH, 2010.

¹² Marx E., Wooley, S.F. and Northrop D., editors. *Health Is Academic: A Guide to Coordinated School Health Programs*. New York: Teachers College Press; 1998.

¹³ Charles Basch, "Healthier Students are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap," Equity Matters, Research Review #6 (New York: Columbia University Teachers College, 2010).

¹⁴ Ibid.

¹⁵ Mental Health: A Report of the Surgeon General, 1999.

¹⁶ Ibid.

¹⁷ Making the Connection: Health and Student Achievement. Presentation from Society of State Directors of Health, Physical Education, and Recreation. 2002. <http://www.thesociety.org/pdf/makingtheconnection.ppt>

¹⁸ "What is a School-Based Health Center?" Massachusetts Association for School-Based Health Care, accessed 3/30/11, <http://www.ma4sbhc.org/whatis.html>

- ¹⁹ Priscilla Little, *Expanded Learning Opportunities - Pathways to Student Success*, (Boston: Boston After School and Beyond, 2009). http://bostonbeyond.org/sites/default/files/CC_ELOresearch.pdf
- ²⁰ The Afterschool Alliance, "Afterschool Programs: Making a Difference in America's Communities by Improving Academic Achievement, Keeping Kids Safe and Helping Working Families," (Washington, DC, 2008). http://www.afterschoolalliance.org/documents/outcomes_0208.pdf
- ²¹ National Institute for Out of School Time (NIOST), "Making the Case: A 2008 Fact Sheet on Youth in Out-of-School Time," (Wellesley, 2008). <http://www.niost.org/pdf/Final2008FactSheet.pdf>
- ²² We define the terms "family" and "parent" broadly to include a natural, adoptive or foster parent, or other adult serving as a parent, such as a close relative, legal or educational guardian and/or a community or agency advocate.
- ²³ SEDL, "Emerging Issues in School, Family, and Community Connections," Research Synthesis (Austin, TX). <http://www.sedl.org/connections/resources/emergingissues.pdf>
- ²⁴ Department of Education, "Parent Involvement Title I, Part A, Non-regulatory Guidance," (Washington, DC, 2004).
- ²⁵ "National Family, School, and Community Engagement Working Group: Recommendations for Federal Policy June 2009," accessed 2/23/11, <http://www.hfrp.org/publications-resources/browse-our-publications/national-family-school-and-community-engagement-working-group-recommendations-for-federal-policy>.
- ²⁶ "Office of Family and Student Engagement at a Glance," Boston Public Schools, accessed 3/30/11, <http://bpsfamilies.org/about-ofse/ofse-at-a-glance>
- ²⁷ "Parent University," Boston Public Schools, accessed 3/3-/11, <http://bpsfamilies.org/parentuniversity>
- ²⁸ While all schools in BPS are required to schedule parent and teacher conferences, 94 percent of respondents reported that they do so.
- ²⁹ Governor Deval L. Patrick, Education Summit 2011: Closing the Achievement Gap, UMass Boston, Wednesday, November 9, 2011. <http://www.mass.gov/governor/pressoffice/speeches/111109-education-summit-2011.html>
- ³⁰ Paul Tough, "24/7 School Reform," *The New York Times Sunday Magazine*, September 5, 2008. http://www.nytimes.com/2008/09/07/magazine/07wwln-lede-t.html?_r=1&ref=magazine&oref=slogin
- ³¹ Governor Deval L. Patrick, Education Summit 2011: Closing the Achievement Gap, UMass Boston, Wednesday, November 9, 2011. <http://www.mass.gov/governor/pressoffice/speeches/111109-education-summit-2011.html>

PARTNER ORGANIZATIONS

All Partner Organizations Listed by Boston Public Schools Survey Respondents

**Listed at least ten times*

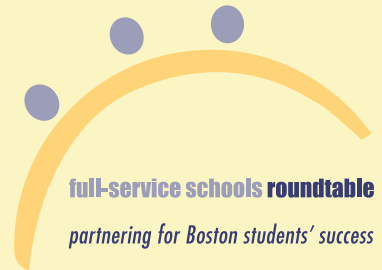
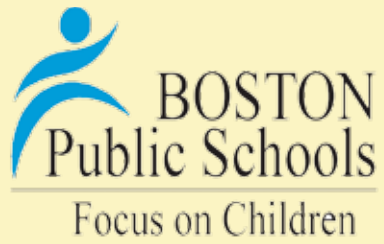
***Listed at least 30 times*

Action for Boston Community Development (ABCD)
Alliance for Inclusion and Prevention (AIP)
Alliance for a Healthier Generation (AHG)
Alianza Hispana
Brighton-Allston Mental Health Association
(BAMHA)
America Scores
Arbor Counseling*
Asian Task Force
Boston Area Health Education Center (BAHEC)
BalletRox
Boston Centers for Youth & Families (BCYF)
Building Educated Leaders for Life (BELL)
Benjamin Franklin Institute of Technology
Berklee College of Music
BEST Program (BPS)
Boston Bikes
Big Brother and Sisters program
Bird Street Community Center
Body By Brandy
Boston Architectural College
Boston Athletic Association
Boston Ballet
Boston Center for Psychotherapy
Boston Chinatown Neighborhood Center
Boston College**
Boston Dance Alliance
Boston FIT
Boston Institute for Psychotherapy
Boston Medical Center (BMC)
Boston Museum of Science
Boston Police*
Boston Public Health Commission (BPHC)
Boston Public Library
Boston Public Schools Police Department
Violence Prevention
Boston Scholar Athlete Program (BSA)
Boston University Dental School*
Bowdoin Street Health Center
Boys and Girls Club
Bridgewater State University
Brigham and Women's Hospital
Brookside Community Health Center
Brookview House
Bryant College

Bunker Hill Community College
Byrne's Tang Soo Do Karate Studio
CASASTART
Catholic Charities, Healthy Families
Center for Disease Control (CDC),
Youth Risk Behavior Surveillance (YRBS)
Charlestown Health Center
Children's Hospital - Boston*
Citizen Schools
City Year
Codman Square Health Center
College Bound
Community Music Center of Boston
Community Services Institute (CSI)
Comprehensive School-Age Parenting Program
(CSAPP)
Connecting Families to Schools (CFS)
Cradles to Crayons
Curry College
Dance Asthma Coalition
DARE
Dartmouth College, Summer Enrichment
at Dartmouth (SEAD) Program
DEAF Inc.
Dimock Community Health Center*
Dive Kulture
Dorchester Youth Collaborative
Drive 2 Fitness, Fitness Forward Wellness Corps
East Boston Health Center
Eastern Nazarene College
East Boston Ecumenical Community Council
(EBECC)
El Shaddai Dental
Ellis Memorial & Eldredge House
Emmanuel College
Families First
Family Nurturing Center of Massachusetts
Family Services of Greater Boston (FSGB)
Farm to School
Faulkner Hospital
FCD Educational Services First Stop Initiative
Franciscan Children's Hospital*
Freedom Trail Clinic
G.R.E.A.T. Program
CAYL Institute
Generation Citizens
Get Real
Girls' LEAP (Lifetime Empowerment
and Awareness Program)
Gordon Cromwell Seminary Lutheran Church

Grove Hall Getting Healthier (GH2)
Institute for Health Recovery (IHR)
Hampshire College
Haitian-American Public Health Initiatives (HAPHI)
Harbor Health Services
Harvard University*
Hellenic College
Holland Community Center
Home for Little Wanderers**
Hyde Park Library
Italian Home for Children
Joseph M. Smith Community Health Center
LaBoure College
Latino Health Institute
National Black MBA Association (NBMBA),
Leaders of Tomorrow Program
Lesley College
East Boston Neighborhood Health Center,
Let's Get Movin' Program
Life is good Playmakers
Little House Health Center
Martha Eliot Health Center
Massachusetts College of Art and Design
Massachusetts School of Professional Psychology
Massachusetts Commission for
Deaf and Hard of Hearing
Massachusetts Department of Children and Families
Massachusetts Department of Mental Health
Massachusetts Department of Transitional Assistance
Massachusetts General Hospital
Massachusetts Nutrition Council
Massachusetts Rehabilitation Commission
Massachusetts Society for the Prevention
of Cruelty to Children (MSPCC)
Mattapan Community Health Center
May Institute
MetroLacrosse
Middlebury College
Move it Fitness
National Technical Institute for the Deaf
New England Medical Center
New England Scores
Neighborhood of Affordable Housing (NOAH)
North Suffolk Mental Health Association
Northeastern University*
UMass Extension, Nutrition Education Program
Open Circle
Outdoor Explorations
Partners for Student Success (PSS)
Paula Terenzi's Dance Complex
Peace Institute
Peer Health Exchange*
Pine Manor College

Planned Parenthood
Play Ball!
Playworks*
Professional Arts Consortium (ProArts),
Mental Health Services
Project RIGHT
Pyramid Builders & Associates
RALLY Program (Responsive Advocacy for Life
and Learning in Youth)
Rice Center for Young Children & Families
Roca, Inc.
Roxbury Community College (RCC)
RTI International
Salvation Army
School Counseling Assessment and Treatment
(SCAAT)*
Second Step
Simmons College
Smart Smiles
Sociedad Latina
South Boston/Children's Hospital Collaborative
South Boston Community Health Center
South End Community Health Center
South End Health Clinic
South End Mental Health Clinic,
SPARK Center, Boston Medical Center
Sportsmen's Tennis Club
St. Elizabeth's Medical Center
St. Mary's Center for Women and Children
StreetSafe Boston
Suffolk County District Attorney,
Understanding Violence (DA's Office)
Suffolk Mental Health Partnership NHS Trust
Tenacity
The Art of Black Dance and Music
Tufts University*
UMass Amherst
UMass Boston**
United South End Settlements
Upham's Corner Health Center
Urban Ecology
Urban Improv
Vinfen
VSA Massachusetts
Walker Partnerships
Wediko Children's Services
Wellesley College
Wentworth College
Wheelock College, Upward Bound
Whitter Street Health Center
Yale University
YMCA*
Youth Care



Full-service Schools Roundtable

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www.fssroundtable.org