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PUBLIC EDUCATION FUND NETWORK

MEMO

To: External Review Committee

From: Robin Jacobowitz

Date: February 17, 1995

Subject: LEFs "recommended for funding based on clarification of issues"

At this point, we have completed the site visits to the LEFs that submitted proposals for funding under PEFNet's Comprehensive School Heath Initiative. As you know, we asked those sites that received a "recommended for funding based on clarification of issues" rating to answer specific questions that the review committee proposed. Enclosed are the answers to the questions prepared by the Public Education Fund, Providence, RI; the West Virginia Education Fund, Charleston, WV; the Lincoln Public Schools Foundation, Lincoln, NE; and the Mon Valley Education Consortium, McKeesport, PA. The submission from the Mary Lyon Education Fund, Shelburne Falls, MA, will be faxed to you as soon as I receive it.

We will convene by conference call on **Tuesday, February 21 at 1:00 pm** to discuss the LEF responses to these questions, and to determine whether they were answered adequately. This conference call will probably last for an hour, but certainly no longer than two hours.

Please feel free to call me if you have any questions. I look forward to our meeting on Tuesday.

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Telephone 202-628-7460
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West Virginia Education Fund
Comprehensive School Health Initiative

Responses to Questions from PEFNet's External Review Committee

1. **Your proposal states that the Community Planning Committee will select five Local School Improvement Councils to participate in the planning process. How will these five LSICs be selected? What will be the criteria for their selection?**

Upon notification of funding approval, the West Virginia Education Fund (WVEF) will survey Local School Improvement Councils' (LSICs) for awareness of and involvement in Comprehensive School Health programs (CSH). The survey will be mailed no later than February 27, 1995 and must be returned to be analyzed by the Community Planning Committee (CPC) at its organizational meeting scheduled for March 30, 1995. This instrument will assess the extent of involvement and/or interest of LSICs in becoming involved CSH and provide information for the CPC to select five councils to become part of the CPC. The following selection criteria will be utilized:

- perceived health related need;
- previous experience working with school health issues;
- demonstrated interest in CSH;
- projected plans for future involvement in CSH;
- LSIC capacity and current goals;
- linkages between CSH activities and education reform efforts; and
- geographic and demographic characteristics.

Draft copies of the survey form are available for the review by the External Review Committee. LSICs will be encouraged to participate through the existing communication strategies of the CPC, including newsletters, direct mailings, and site visits.

2. **The West Virginia Education Fund is a statewide education fund. Please discuss how the planning activities will address local issues. How will these activities translate into services at the local level? How will teachers and students be included in the planning process?**

- Local School Improvement Councils (LSICs) are site-based decision making entities mandated by West Virginia law to exist at every school. LSICs will be represented on the Community Planning Committee (CPC), and their membership includes the school principal, three teachers, three parents, two school service personnel, a community representative, a business representative, and a student if the school includes grade seven or higher.

- The statewide agencies in the CPC will provide locally specific information and technical assistance during the planning process and throughout the implementation phase.

- Participating LSICs will also be encouraged to form local partnerships in their communities to engage more area stakeholders in CSH.

- A local school system superintendent will be invited to join the CPC as an administrative resource and networking link to all school district superintendents.

- The CPC, which will include strong LSIC representation, will develop a model framework for the development of school improvement plans that incorporate the eight components of CSH. This framework will be utilized and tested by LSICs during the implementation phase, and extensive technical assistance will by provided by the statewide partners.

- The West Virginia Bureau of Public Health (WVBPH), Office of Health Promotion, assists and funds 34 local community / county Community Health Promotion Sites. These projects are designed to plan and implement community health promotion activities pertaining to physical activity, nutrition, and tobacco use. These groups will be included in the community planning and may already be represented on their LSICs.

- Teachers and students will be included in the planning process through their representation on LSICs.

- Students will also be included in the planning process through student focus groups that will be conducted in five sites during the spring and summer:
  3 school site focus groups during the regular school term (spring)
  1 Governor's Honors Academy focus group (summer)
  1 Governor's Summer Youth Program focus group (summer)
  The combination of these sites will provide important access to a broad spectrum of students, including traditional students, gifted students, and disadvantaged students.

3. **As much of our collective experience over these past few years has indicated, "neutral brokers" like LEFs can be critical players in the process of systemic education reform and are uniquely qualified to unite diverse players around school reform issues. This is especially critical in connecting the often separate domains of comprehensive school health and school reform. Please elaborate on the connections you expect to make between school reform and comprehensive school health and how your planning process will address this complicated issue. What measures will you take to ensure that your schools, community partners, and community members understand and embrace this connection?**

- Comprehensive School Health programs (CSH) must be combined with other school reform efforts because they assist in reducing barriers that impede student learning. Many students will be able to meet new and more challenging academic standards only through the implementation of the eight components of CSH programs to change the behaviors that are interfering with academic achievement.

- In West Virginia, Local School Improvement Councils (LSICs) have been selected as the school unit to implement reforms in response to Goals 2000: Educate America Act. LSICs will be applying for reform grants on a competitive basis. Accordingly,

connecting LSICs with the eight components of CSH will ensure that health is placed prominently on the Goals 2000 reform agenda. Since the West Virginia Business & Education Alliance (WVBEA), is the only organization offering hands-on training and technical assistance to LSICs, we are in an excellent position to promote the eight components of CSH and provide examples to LSIC members that demonstrate how other schools in the state have approached one, several, or all of the components. Moreover, West Virginia's Education First Panel, the panel implementing Goals 2000 reforms, is composed of much of the leadership of the Education Fund and the West Virginia Department of Education's (WVDE) Healthy Schools Office. The Education Fund's president, Lewis McManus, is the co-chair of the panel; the Fund's executive director, Vivian Owens, is on the panel and also a member of the Policy Academy which acts as a leadership group for the panel; Lenore Zedosky, director of the Office of Healthy Schools, is facilitating the standards committee's meetings; and the Alliance is represented by three of its members on the panel, including the chairman of standards committee. With such extensive representation on this important structure for systemic reform and continuing staff support, the Fund's and the Alliance's commitments to CSH will be visible in school restructuring efforts.

- LSICs are charged with developing and implementing school improvements which will ensure compliance with state mandated accreditation standards and overall improvement in student achievement. The Healthy Schools Program (WVDE) has shown that the principles of CSH directly or indirectly contribute to the attainment of 10 accreditation standards.

- The WVDE Office of Healthy Schools has already done extensive work with the state's local school districts, as well as 42 other states around the country, to communicate the connection between educational achievement and student health status. Forty-seven of the state's 55 school districts are already planning and implementing CSH activities with funding and technical assistance from the WVDE. Ten school districts are fully funded Healthy Schools Demonstration Sites and have coordinators for extensive program planning and implementation. These resources will continue to communicate the education-health connection to schools, community partners, and community members.

- Many school districts are already involving community partners through LSICs and Business Partnerships in Education in the planning and implementation of activities to promote the eight components of CSH. Examples of these activities can be provided by members of the CPC.

4. **Your LEF has demonstrated impressive skills and strengths in the areas of project management and community convening. How will the community partners you have selected complement these skills, and help with skills your LEF has the opportunity to enhance through this project?**

- The West Virginia Department of Education (WVDE) has a talented staff dedicated to spreading CSH to every school in the state through the Healthy Schools Program. The staff of the Office of Healthy Schools has skills and expertise in the following areas: health and physical education, HIV/AIDS prevention education, drug education, staff wellness programs, community coalition/team building, school health services, and training and professional development.

- Likewise, the West Virginia Bureau of Public Health (WVBPH) is also strongly committed to spreading CSH programs across the state. The Bureau's Healthy Schools Program is funded by the WVDE and links with the Office of Epidemiology and Health Promotion. The programs included in this office will provide the CPC with skills and expertise in the following areas: health statistics, community health promotion, worksite wellness, tobacco control, cardiovascular health promotion, nutritional health promotion, and HIV/AIDS/STD prevention. In addition, the Bureau's Healthy Schools Program also networks with programs from the Offices of Maternal and Child Health, Medicaid, and Behavioral and Mental Health.

- The West Virginia School Health Committee was formed in 1991 at the recommendation of Governor Gaston Caperton's Task Force on School Health. The committee's mission is to assure statewide implementation of the West Virginia Healthy Schools Program with responsibility for planning, implementation, and evaluation of initiatives that support the health and well-being of children, youth, and families, and that enhance educational achievement. The committee also provides an extensive communication network to promote school health efforts. Membership includes representatives from the West Virginia Board of Education, West Virginia Legislature, West Virginia PTA, West Virginia Department of Education, West Virginia Bureau of Public Health, West Virginia Education Fund, West Virginia School Health Association (school nurses), West Virginia University School of Medicine, Higher Education Teacher Preparation Programs, School Administrators, West Virginia Education Association, Regional Education Service Agencies, private business, West Virginia Health Care Cost Review Authority, West Virginia Council of Churches, Rural Health Care Providers, NAACP, West Virginia University Extension Programs, and others. The broad representation of this group will provide essential support for activities that may be perceived as controversial by various groups.

- The five Local School Improvement Councils (LSICs) to be selected as community partners will provide a working model from which the statewide partners can gather information, test ideas, and have continuing contact with a diverse group of school stakeholders. The intensive work with the membership of five LSICs will enhance and guide the West Virginia Education Fund's (WVEF) work with LSICs throughout the state through the West Virginia Business & Education Alliance (WVBEA).

- The combined expertise of the community partners will assist the Education Fund by increasing its sources of data, providing LSICs with models of decision making based on data, enhancing staff knowledge of student health problems and solutions, increasing the

Fund's volunteer base, and offering expertise in dealing with sensitive and controversial subject matter.

5. **Please discuss your LEF's experience in dealing with controversial issues and political dynamics between community entities.**

- The West Virginia Education Fund (WVEF) was established out of controversy regarding the quality and equity of education in our state's public schools. Business people from throughout the state created the Fund in 1983 to enhance the quality of schools through programs, services, technical assistance, grants, and awards. Since the Fund is supported by business and attracts most of its volunteer base from the business arena, one of the biggest obstacles that the Fund had to overcome when it was first established was a skeptical and fearful attitude from the education community about business involvement in education. Business involvement through the Fund's programs has changed the attitude of educators from one of being threatened and feeling business had "no business" in education, to one that welcomes and solicits business involvement, as well as suggestions about how to make education more relevant for today's economy and work environment.

- The WVEF, while not associated with controversy itself, is acknowledged as an organization which provides outstanding data and unbiased analysis on controversial education topics so policy makers and legislators can make informed decisions. For example, Dr. Mary Hughes, research specialist for the Policy Research Institute, has conducted a study on school finance and the differences in funding and equity that county excess levies create. Dr. Hughes' study, *The Fair Share Dilemma*, has been used extensively by West Virginia policy makers and legislators. Dr. Hughes has made presentations to the Joint Education Committee of the West Virginia Legislature to provide delegates and senators with information upon which they could base better decisions.

- The WVEF also has extensive experience in convening diverse individuals with special interests in an attempt to create collective goals and a shared interest. Through its work with Local School Improvement Councils (LSICs), the Alliance staff has focused the diverse and representative membership on its common interest: students. The staff has witnessed LSICs emerge through a series of phases including denial, turf battles, struggles for authority with other school-based groups, conflict resolution, understanding, agreement, and success. Mediating meetings that cover this range of interaction among members, as well as answering questions for members who call the office with these types of difficulties has been both challenging and a growth experience for staff.

6. **What kind of technical assistance do you anticipate needing during this planning period, from PEFNet or another source?**

- Communication with other LEFs about CSH, both successes and pitfalls;

- Sources of materials and publications, including training materials for volunteers;
- Facilitation for meetings;
- Development of protocols for focus groups;
- Networking with other national organizations working on CSH; and
- Specific assistance with ways to emphasize HIV/AIDS during the planning process.

To the Attention of: the External Review Committee

Public Education Fund Network
Comprehensive School Health Initiative
Mon Valley Education Consortium for Clairton, PA

1. Question: Please explain more clearly your framework and plans for the evaluation of this planning process.

Mon Valley Education Consortium has a long history of developing strong program frameworks and planning and implementing effective program evaluations. As the lead agency in this planning process they will be playing a strong role in constructing a productive evaluation framework.

The Data Coordinator and the Community Liaison Overseer will be responsible for monitoring achievement of objectives to produce qualitative, quantitative, process and outcome measures. We feel careful evaluation of this planning process is essential in order to ensure that 1) we are meeting our goals and objectives effectively and timely; and 2) our emerging plan is an accurate reflection of what the community wants.

The steps that we will be taking to ensure that we are meeting our goals and objectives effectively and timely will be:

o MEETINGS. The CPT meetings led by the Community Liaison Overseer will take place on a bi-weekly basis to review progress towards objectives and goals and to drive the planning process.

o MINUTES. All information and activities during bi-weekly CPT meetings, and all other interviews, groups will be logged. This information will be tracked and compared to the objectives and working planned outlined in our planning proposal. Adjustments will be made so that we remain on or ahead of schedule.

o A SURVEY. A door-to-door community survey will be conducted in June to (among other things) evaluate the success of our public relations/ community education initiative. If a majority of people that we interview are well-informed of our initiative than we will feel that our public relations/ community education has been successful and should continue as scheduled. If a majority of the people that we interview are not well-informed of our initiative than we will have to take drastic steps in improving our campaign.

The steps that we will be taking to ensure that our emerging plan is an accurate reflection of what the community wants will be:

o FOCUS GROUPS. Careful recordings will be made of all comments and activities of the community-sponsored focus groups. These groups will serve not only to elicit crucial input from the community for shaping our plan, but also to give out information on all progress being made. In this way, the community will be able to evaluate how closely they feel that our action is following their demands. If the community is not satisfied with the progress that is being made then adjustments will have to be made.

o OPEN MEETINGS. Public meetings will be held to discuss progress towards developing a plan of action and gaining further input for the community which will be well-advertised, held in neutral venues, and open to the public.

o BY ANY MEANS NECESSARY. As we believe that it is imperative for the entire community to feel ownership of this initiative, we will be employing any means necessary to ensure that this occurs. If at anytime during this process it becomes clear that this is not happening, and that public evaluation of the value of this process is not favorable, than we will do whatever it takes to alter our process.

EVALUATION FRAMEWORK ADDITION

The Clairton Community Planning Team, led by the Mon Valley Education Consortium in conjunction with the Superintendent of the Clairton School District is a diverse group. The members of the planning team, over 90% of whom work in Clairton, and 50% of whom are Clairton Residents, often represent many resources and entities including: the Cities in Schools, NAACP Clairton. Cities in Schools, Family Foundations, Mon Yough Chamber of Commerce, the Family Center for Child Development, Millvue Acres Housing Project, A Better Start, University of Pittsburgh, Blair Heights Housing Project, Clairton Community Development Corporation. Plans are still in place to draw in youth representatives to join our team. The diverse group which comprises the Community Planning Team has remained fairly consistent as a working group for the past two years.

The Clairton Community Planning team is devoted to working together as partners. Ensuring extensive representation and participation in any large group is difficult. It is also difficult to effectively gauge the design of a strategy and whether it is truly community based and comprehensive. We are absolutely certain that these goals will be accomplished and have elaborated on our evaluation process to include more specified measures.

I. Outcome Goal:

A. To design a strategy for developing a comprehensive community-based approach to family health care.

-the plan will accurately reflects the wishes of the community
-citizens will feel that they have played a critical role in shaping the process
-in addition to tangible goals, that there will be a tone, feel and energy to this process that reflects collaboration and empowerment in the community.
-a written Planning Document will be submitted by September 20, 1995

Progress towards and achievement of these goals will be gauged through the Door-to-Door Community Survey, the number and qualities of letters of commitment made by Community Planning Team members as well as community members at large, and through periodic surveying of group members regarding their satisfaction with the

Progress towards and achievement of these goals will be gauged through the Door-to-Door Community Survey, the number and qualities of letters of commitment made by Community Planning Team members as well as community members at large, and through periodic surveying of group members regarding their satisfaction with the process.

II. Intermediate Goals:

A. Bi-weekly CPT meetings led by the Community Liaison Overseer will take place to review progress towards objectives and goals and to drive the planning process.

-Attendance will continue to reflect the diversity of the Community Planning Team. If attendance reflects less than a 50% representation by Clairton residents than the Community Liaison Overseer will ascertain reasons as to lack of attendance and will accommodate issues to raise attendance back up to 50%.

B. A strategic plan for a community education / public relations campaign will be designed.

C. At least 10 community-sponsored focus groups will be held to elicit crucial input from the community for shaping our plan, but also to give out information on all progress being made.

D. At least 3 public forums will be held in neutral venues to inform residents and to gain feedback for shaping the process.

E. A door to door community survey will be conducted in June to (among other things) evaluate the success of our public relations/ community education initiative.

Progress towards and achievement of these goals will be gauged through the monitoring of attendance, note taking on meeting discussions (minutes), identification of major issues, concerns, questions of CPT members (minutes), recording of how many meetings took place, # of participants in each and the agenda items completed, survey results, collaborative agenda setting, the creation of a timeline and benchmarks to monitor progress of activities and completion of tasks, and the forming of subcommittees. Additionally, we expect that as a result of closer working relations unexpected results will occur such as linkages between groups in ways unrelated to health.

III. Implementation Goals:

A. Significant outreach techniques will be implemented, including:
-letters, meetings, and other personal contacts with community residents and entities;
-bi-weekly meetings and newsletters regarding the activities of the CPT; flyers to parents and notices to be posted in local businesses and other areas to publicize this initiative and to encourage involvement;
-outreach through local newspaper and newsletter advertisements and articles.

B. Community and grass roots leaders, many of whom are Community Planning

other areas to publicize this initiative and to encourage involvement;
-outreach through local newspaper and newsletter advertisements and articles.

B. Community and grass roots leaders, many of whom are Community Planning Team members, will sponsor focus groups for their members/ neighborhoods.

C. Clairton residents will be employed to implement this planning process.

D. The diverse and community-reflective group which currently makes up the Community Planning Team will be maintained through the following techniques:
-written reminders of meetings, focus groups, and other activities.
-phone calls and other personal reminders will also be made.
-copies of all minutes and announcements will be mailed out or delivered to all members for meetings, sub-committees. focus groups, etc.
-citizens will be encouraged to join in the planning process at all levels.

Progress towards and achievement of these goals will be gauged through the number of focus groups sponsored by community and grass roots leaders, the monitoring of attendance, note taking on meeting discussions (minutes), identification of major issues, concerns, questions of CPT members (minutes), recording of how many meetings took place, # of participants in each and the agenda items completed, survey results, collaborative agenda setting, the creation of a timeline and benchmarks to monitor progress of activities and completion of tasks, and the forming of subcommittees.

2. Question: Your proposal indicates that there are currently elements of comprehensive school health programs in operation in your community. Please make explicit the linkages between these existing programs and how the planning process will lead to enhanced CSH programs and increased linkages. What are the obstacles that prevent these services from being coordinated? How will you address these obstacles in your planning process?

The Mon Valley Education Consortium has a long and successful track record in creating and strengthening linkages within and among communities. As the lead agency in this planning process we will be relying heavily on their experience and reputation for expertise in this area. MVEC has been working in Clairton for the past 8 years and has already developed strong relationships with the School District, city government, service providers, businesses, associations and citizens. We will be building on all of these relationships to gain information and to pool resources during this planning process.

As outlined in the proposal, there are a number of health services which exist in Clairton. Although committed, these services remain fragmented and do not constitute a comprehensive school health program according to the CSHI definition , in which there is an organized set of policies, procedures, and activities designed to protect and promote the health and well-being of students and staff.

do not constitute a comprehensive school health program according to the CSHI definition , in which there is an organized set of policies, procedures, and activities designed to protect and promote the health and well-being of students and staff.

The programs that exist are currently generally linked through the school. A number of the programs mentioned, including the Early Periodic Screening, Diagnosis and Treatment program (EPSDT), Mon Yough Special Education, Cities in Schools Teen Health Corps, Health Department and University of Pittsburgh screenings, Family Foundations, and the Family Center for Child Development all operate either directly in the school or on school-managed properties. Despite this, there is not an overall effort aimed

directly at linking these health services to one another or to other health services available in the community. The result is that there is little communication or sharing of information between programs (those located within the school as well those operating independently) or with the community.

Clairton residents and providers have indicated a dire need for improved public relations/ community education regarding the entire city and what it has to offer. More specifically, for the purposes of this initiative, the general public is unaware of the extent of health services available in Clairton. This as an obstacle that we plan to overcome by developing and implementing a comprehensive, intensive public relations/ community education plan.

3. Question: Please describe the specific roles and responsibilities of your community partners.

Our strategy in meeting the challenges of enhancing existing programs through coordination and linkages begins with our dedication to developing a planning agenda where community partners will be integral. This dedication will be illustrated through an ongoing and intensive community education effort. We believe that it is necessary to go to the neighborhoods to reach people locally, to offer opportunities for active participation in and creation of the shape of the Clairton Community School Health Initiative.

Although we will be working intensively as partners with all of the Community Planning Team Members, we expect that specific roles and responsibilities will be worked out as a part of the planning process. There are however, several roles which we outlined in the proposal:

o Community groups and residents throughout Clairton will be asked to sponsor focus groups.

o We are committed to employing Clairton residents to fulfill as many as possible of the tasks required. We will be asking our partners to help us spread the word on this.

4. Question: As much of our collective experience over the past few years has indicated, neutral brokers like LEFs can be critical players in the process of systemic education reform and are uniquely qualified to unite diverse players around school reform issues. This is especially critical in connecting the often separate domains of a comprehensive school health and school reform. Please elaborate on the connections you expect to make between school reform and comprehensive school health and how your planning process will address this complicated issue. What measures will you take to ensure that your schools, community partners, and community members understand and embrace this connection?

The Mon Valley Education Consortium has worked with school districts throughout the Mon Valley on developing and implementing Strategic Plans. MVEC has been especially effective in working with the Superintendent of the Clairton School District in this process.

The Strategic Plan currently being developed by the Clairton School District in conjunction with the Mon Valley Education Consortium focuses on a holistic approach to educating the children of Clairton. In so doing, the plan calls for the recognition and response to the following circumstances present in the lives of our students: 1.) Learning styles play a large part in the educational experience, 2.) Demonstration of gifts and capabilities can be made through various means and methods, 3.) Support for education must be present in all facets of a student's life, 4.) Some parents and members of the community have a negative view of the education system and have not had access to the process, 5.) Learning can take place in all settings, 6.) A student's abilities are effected by many life circumstances and must be understood and responded to by the community and District together.

While the Strategic Plan includes much more, these essential aspects tie directly to the work of the Comprehensive School Health Initiative. There is a clear connection between the aims of our community to improve its educational atmosphere and its desire to promote health and development among all its members. A key aspect to the Strategic Plan has been the input by members of the community and this would continue throughout the planning process of the Comprehensive School Health Initiative.

In order to ensure that these connections continue to be embraced and are further understood by a larger portion of the community, our community outreach plan will work to: a.) merge opportunities for input in both strategic planning and the health initiative, b.) develop a consistent message across the community, and c.) provide ongoing information and updates regarding school reform and school health initiative.

5. Question: MVEC has demonstrated impressive skills and strengths in the areas of project management and community convening. How will the community partners you have selected complement these skills and help with skills MVEC has the opportunity to enhance through this project?

The Mon Valley Education Consortium has extensive experience in successfully managing a wide variety of programs and of community convening on all levels. This experience has been especially extensive in Clairton over the last eight years. As the lead agency in this Community School Health Planning Initiative the Mon Valley Education Consortium will be joining some very strong partners, including the Clairton School District, the Family Center (Family Centers for Child Development), Family Foundations, and the Clairton Economic Development Corporation. All of these partners, as well as several others, have proven themselves to be longstanding successful project managers and community conveners in Clairton.

In the areas of project management, the community members currently involved and those who may join in the process, offer expertise in the areas of board development, fund raising, volunteer recruitment and management, budget development and oversight, community outreach, organizing and public relations, evaluation, staff development and much more. Because the partners represent a broad cross section of the community and are involved in diverse activities, each brings their own strengths and perspective. As the planning team works together, these strengths will be shared and built upon through the stewardship of MVEC.

In addition, the community members involved are each capable of effective convening and most importantly, offer opportunities for drawing in broad representation from the community. The groups involved are engaged in work that requires frequent convening on a myriad of subjects. Strengths and experience in the areas of planning, leadership development, outreach, and facilitation further enable the community partners to carry out this project.

6. Question: Please discuss MVEC's experience in dealing with controversial issues and political dynamics between community entities.

The Mon Valley Education Consortium, as well as many of the community partners involved in this project, have been working at the forefront of many critical issues. MVEC works in 93 communities and has assisted in such controversial work as school reform, Outcomes Based Education, and community-school relationships. In this work, MVEC has brought together stakeholders with diverse backgrounds and perspectives and has successfully facilitated agreements and plans for the future.

In working with School Boards, unions, city and county governments, tenants councils, PTAs, and community-based organizations, MVEC has been called upon to be an objective positive force in many communities. A key to our success has been the development of trust among the members of these groups and a consistency in our commitment to the work going on in each community. Both these aspects are clearly present in our relations in Clairton and will continue and grow throughout this process.

7. Question: What kind of technical assistance do you anticipate needing during this planning period from PEFNet or another source?

The Mon Valley Education Consortium has been providing technical assistance in 93 communities for the past several years. We anticipate meeting a vast majority of technical assistance needs by relying upon the resources, experiences, and expertise of MVEC and all of the Community Partners that we will be working with.

We do envision as a part of our Comprehensive School Health Initiative Planning Process, as well as overall goals for the City of Clairton the development of a community-wide education and public relations strategy. We believe that professional technical assistance in developing and implementing this plan is essential to Clairton.

Public Education Fund Network
Comprehensive School Health Initiative
Lincoln Public Schools Foundation, Lincoln, NE

1) **Your proposal indicates that Lincoln currently has some elements of comprehensive school health programs, but that these elements are not coordinated or linked. Please discuss the obstacles that prevent these services from being coordinated. How will you address these obstacles in your planning process?**

The obstacles that prevent the elements of comprehensive school health programs from being coordinated or linked include the following:

a) The administrative structure of the Lincoln Public Schools District and the nature of the community organizations which relate to the eight components of comprehensive school health programs results in the compartmentalization of these components. As a result of this independent structure, there is a sense of territoriality which exists both within the school district and within the community.
b) A lack of understanding of comprehensive school health programs is also present within the school district and the community. One notable exception to this is the Comprehensive Health Education Team Training (CHETT) which is administered through the Nebraska Department of Education. However, as of this date this program has barely made a dent in terms of the number of school groups and community agencies who have participated.
c) A lack of communication among the departments within the school district which represent the components of comprehensive school health programs and also among the corresponding community agencies is another obstacle. Currently there is no mechanism in place to facilitate or encourage this communication.

We began to address these obstacles with our Comprehensive School Health Initiative planning session which was held November 21, 1994. Nearly 100 school and community members participated in eight discussion groups related to the components of comprehensive school health programs. At this meeting each of the three obstacles discussed above was addressed.

During the planning process we intend to build upon this foundation. The community planning committee will serve as a community and school advisory group with representation from both the school district and the community in each of the eight components of comprehensive school health programs. Through this committee the obstacles of compartmentalization and lack of communication will be addressed. This committee will also have as one of its charges to educate the school district and community about comprehensive school health programs.

Developing a sense of ownership within the school district and the community will be a major focus of this committee. This planning process will also be replicated within individual schools and community organizations. The obstacles of compartmentalization, lack of understanding of comprehensive school health programs, and lack of communication will also be addressed at this level.

2. What is the level of Lincoln Public Schools Foundation staff involvement in the planning process?

The director of the Foundation will serve as the project director or project manager for the Comprehensive School Health Initiative (CSHI). It is the responsibility of the director to see that the terms of the project are completed. As with the Library Power grant, the CSHI is a school/community collaboration and will call for the director to coordinate and guide the leadership team (see LOCAL COLLABORATION AND PARTNERSHIPS.) The leadership team, along with the assistance of the School Health Specialist/Consultant, will plan the CPC agendas and synthesize the work of the Community Planning Committee. In summary, it is the responsibility of the director to serve as the manager of the human and financial resources of the project. As we have asked other CPC members to offer support, the Foundation will also commit staff time for clerical assistance beyond the time budgeted in the grant.

Public Education Fund Network
Comprehensive School Health Initiative
Lincoln Public Schools Foundation, Lincoln, NE

Question:

3) Your proposal indicates that there are currently several impressive programs already in place in other areas in Nebraska, but you have budgeted for out-of-state travel to visit CSH programs. Why have you decided to visit out-of-state programs rather than those that exist in-state?

Response:

Please refer to the sub-headings "Policies Related to Comprehensive School Health Programs" and "Relevant Programs and Services" found in Section A., Summary and Conclusion of the Community Assessment. Information contained within these paragraphs indicates that there currently exist in Lincoln effective programs and services within the school system, the community, or both in each of the eight areas of school health. However, there was consensus among the focus groups (composed of community and school representatives) that these programs and services typically lack the coordination necessary between school and community for a comprehensive school health program. There are, however, examples within the Lincoln Public School system and the community of collaborative programs that follow the comprehensive school health model. These include the collaboration between the community AIDS Task Force and the schools to address the issue of HIV/AIDS, and the development of Comprehensive Health Education Teams in five of Lincoln's schools. Training for CHETT (Comprehensive Health Education Training Teams) occurs in conjuction with the Nebraska Department of Education. The schools that have CHET Teams have begun to incorporate the concepts of comprehensive school health into their curricula.

The community assessment process that occurred in preparation for this grant application allowed representatives from both schools and the community to become more familiar with existing programs and to brainstorm methods of collaboration to enhance the objective of healthy young people and, therefore, a healthier community. This process of drawing the schools and community closer together will continue through the forums to be held during the planning phase of the comprehensive school health initiative. Effective mechanisms will then be determined and implemented for on-going collaboration between the schools and the community.

Model programs exist in Lincoln and will be incorporated into the comprehensive school health program, however, CSH Programs do not exist in Nebraska. A visit to a community with an existing CSHP would provide valuable information and assistance in the development of a local CSHP. In addition to a site visit, linkages made through PEFNet with other communities involved in developing CSHPs would be very helpful.

4. As much of our collective experience over these past few years has indicated, "neutral brokers" like LEFs can be critical players in the process of systemic education reform and are uniquely qualified to unite diverse players around school reform issues. This is especially critical in connecting the often separate domains of comprehensive school health and school reform. Please elaborate on the connections you expect to make between school reform and comprehensive school health and how your planning process will address this complicated issue. What measures will you take to ensure that your schools, community partners, and community members understand and embrace this connection?

The Lincoln Public Schools strives for improvement in all areas. The district instructional program improvement process is a cycle to Study, Implement and Maintain (SIM). The SIM cycle is a comprehensive plan for review and renewal that includes instructional programs, services, curriculum, recurring issues, accreditation studies, and level studies. The major purposes of the SIM cycle are to insure that each program is effective and that resources are used efficiently. The health and physical education program is just beginning its major study in the SIM cycle.

In addition to district program improvement, restructuring efforts are underway at individual schools. Because the district successfully utilizes a site-based decision-making model, schools have the flexibility and power to develop plans that specifically meet their needs. Many schools have formed restructuring committees and are developing building-level goals to improve student success and achievement. The movement is being supported by funds from the district Staff Development office. The district has a long history of committing resources to staff development. It is the vehicle for providing staff with knowledge, skills and attitudes that are essential to successful restructuring efforts.

The community of Lincoln takes great pride in being a progressive and future oriented city. The Lincoln/Lancaster County Health Department, in cooperation with all three local hospitals, is entering into a mid-decade review of the progress being made to accomplish established Year 2000 Health Objectives which were determined in 1990 from a community wide assessment of 23 health behavior and environmental issues. This information was compared to national Year 2000 objectives and specific objectives were established for Lancaster County.

As described above, health objectives are being studied and assessed at the present time in both the schools and the community. The Lincoln Public Schools Foundation will serve as the neutral convener, the bridge, between the schools and the community. The availability of funding will be the incentive to bring the school and community together to plan and implement Comprehensive School Health Initiative. (CSHI)

Systemic change occurs when a program such as the CSHI becomes integrated and connected to every curriculum area in the schools. It is vital that it not be considered an "add on" to the curriculum. To ensure the schools, community partners and community members embrace this connection, they must have ownership in the strategic planning process. The collaborative planning will involve creating a collective vision for CSHI in Lincoln. School administrators, teachers, health specialists in the school and community, parents and the community at large will be partners in creating this vision. With such grassroots support from the school and community we will work toward institutionalizing CSHI from the beginning.

Public Education Fund Network
Comprehensive School Health Initiative
Lincoln Public Schools Foundation, Lincoln, NE

5. Your LEF has demonstrated impressive skills and strengths in the areas of project management and community convening. How will the community partners you have selected complement these skills, and help with skills your LEF has the opportunity to enhance through this project?

The Lincoln Public Schools Foundation, in cooperation with the Lincoln Public Schools and the Lincoln/Lancaster County Health Department, convened a strategic planning session (November 21, 1994) in preparation for submitting this grant proposal. Approximately 100 community and school people, representing organizations working in the school health arena, participated in the half-day session. They discussed questions and made recommendations for improving school health services and building collaborative relationships among service providers.

Working collaboratively on the grant proposal, and bringing together people from the health community, has provided us with the opportunity to begin building a school health network in Lincoln that is connected to the Lincoln Public Schools Foundation. We believe that the Foundation will be stronger as a result of these efforts.

Because the Foundation is more than an advocacy agency, because it has a long-term commitment to the community, it is important to create on-going support for its mission. Through this project, we believe the Foundation will establish a new constituency within the community and schools. The connections that are established will enhance the credibility of the Lincoln Public Schools Foundation as it supports quality education and expands the community's involvement in education.

In addition, the community partners will bring their specialized knowledge, insights, and skills to the collaborative work of building a Comprehensive School Health Program. Members of the Community Planning Committee and each of the eight working committees will have time to work together, to learn from one another, and to share complementary skills, as they strive for a common goal.

6. Please discuss your LEF's experience in dealing with controversial issues and political dynamics between community entities.

Because of the strong leadership and credibility of the Foundation board of directors and staff, valuable linkages have been established between a broad base of local public and private organizations. For this initiative there are strong connections to the health arena. Past successful school/community collaborative planning to study services provided for at-risk students, Library Power, and the recent CSH planning session have provided experiences in dealing with the political dynamics among community entities, between the school and community and within the schools themselves.

The Foundation also has had experience in dealing with controversial issues. For example, an LEF in a nearby city funds operating costs by running before and after school child care programs. The Lincoln Public Schools asked the Foundation to investigate this possibility for Lincoln. The Foundation learned that providers were willing to serve more children, but additional space was needed.

Because before and after school child care services were already being provided by existing agencies in the community, the Foundation was seen as a threat to these agencies. The press was called by the agencies and the stage was set for controversy in the community.

A meeting was convened by the Foundation to provide the opportunity for agency representatives to meet with the superintendent to discuss the space issue. The superintendent made a commitment to make before and after school programs the number one priority for space at all schools by the following fall.

This negative and controversial issue ended with a positive outcome for the agencies and families in the community. The Foundation had served as a neutral convener between the schools and the community.

7) What kind of technical assistance do you anticipate needing during this planning period, from PEFNet or another source?

We anticipate needing assistance in the grant writing process. We would appreciate assistance in linking with persons working on other planning initiatives and with school districts that have outstanding comprehensive school health programs. Increasing our awareness of special resources that can improve our program development plans would be appreciated. Insights on how to anticipate and avoid possible problems in developing and implementing comprehensive school health programs would also be useful.

FR-CDC
2/16/95
Official Response to Q5

PUBLIC Education FUND

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To Richard Tagle

Thank you for the opportunity to discuss and clarify the External Review Committee's questions.

1) The Public Education Fund submitted a proposal under priority A. The Application for Planning Grants states that priority A is appropriate for LEFs if their "community assessment indicates that school-based or school-linked health programs and services are virtually non-existent, or only a few of the eight components of comprehensive school health programs are being addressed." Given that Providence does have some activity in the comprehensive school health area, as indicated in your community assessment, how does your proposal coincide with the goals of priority A?

As we developed our proposal and began to analyze the results of our needs assessment, we concluded that our community did not fit neatly into Priority Area A, B, or C. Owen Heleen discussed this difficult choice with Alison Lavin prior to our submitting the proposal.

In reviewing the results of the needs assessment, the views of our "key informants," and what we know about Providence, we began to focus on a lack of **school-based** "ownership" and capacity as regards comprehensive school health.

The plan we developed seems to us to fit best in Priority Area A because as we look school -by school only a few of the eight components of comprehensive school health programs are being addressed (Application Requirements).

Further, we think that if one thinks of the "community" discussed in the Application Requirements as a **school community**, we have:

- propose(d) a community planning process to establish a comprehensive school health program that reduces gaps in the eight components of comprehensive school health
- document(ed) how the planning process will be inclusive of community members affected by the program
- show(n) how the establishment of the new program will enhance the community infrastructure for providing health programs.

We believe our proposed program is an innovative way to develop CSH infrastructure in each school community. It is, in our view, this kind of infrastructure that is the missing ingredient in bringing in really making a difference in CSH is Providence. Other groups are working to develop other kinds of infrastructure (notably the Rhode Island Departments of Education and Health and their "infrastructure development" program funded by CDC). We feel we can make a real contribution in the development of infrastructure on a school-by school basis.

2) What are the obstacles that prevent current services and programs from being operable? Are these barriers substantial enough to warrant "starting over" in a priority A structure? What resistance do you anticipate from other local entities in this "starting over" process? How will you address this?

As we discussed above, we do not see this process so much as "starting over" as developing a process at the most local level. We do not believe any other local entity is working with this same orientation. We see PEF's role here as one of working with the school system to build infrastructure in each school and to integrate the concerns of CSH into school-based management structures.

We believe the most significant and persistent barriers to program success lie in a "disconnect" between even the most well-designed programs and the local culture in which they must work. By "culture," we mean both language and ethnicity-based cultures and the unique pattern of relationships that play out in each school.

Many school reform efforts run into this same "disconnect." We believe intensive work with dynamic school improvement teams that involve parents, teachers, administrators, and members of the community working together is the best way to breach this gap.

3) As much of our collective experience over these past few years has indicated, "neutral brokers" like LEFs can be critical players in the process of systemic education reform and are uniquely qualified to unite diverse players around school reform issues. This is especially critical in connecting the often separate domains of comprehensive school health and school reform. Please elaborate on the connections you expect to make between school reform and comprehensive school health and how your planning process will address this complicated issue. What measures will you take to ensure that your schools, community partners, and community members understand and embrace this connection?

The Public Education Fund has had extensive experience in working as a "neutral broker" bringing diverse players together. We discuss some of this experience in our response to Question 5.

In several of our recent projects (Library Power, PROBE, Partners in Education), we have worked to reinforce our connections with school improvement teams in individual schools,

both in anticipation of major structural reform in Providence's upcoming teachers' contract and to broaden ownership of school reform efforts.

This proposed project will continue this effort, providing materials and training on comprehensive school health to school improvement teams.

When fully constituted this project's Community Planning Committee will be composed half of representatives of community partners and half of representatives of participating school improvement teams. We mean to signal this kind of equal partnership in our choice of the co-chairs of the CPC -- Toby Simon is a parent and Associate Dean of Student Life at Brown University, Nancy Mullen is Principal of Esek Hopkins Middle School and a vocal proponent of school-based management.

Finally, this project's close association with PROBE reinforces the connection with school reform as that project has, in many ways, come to mean substantive reform in Providence.

4) Your LEF has demonstrated impressive skills and strengths in the areas of project management and community convening. How will the community partners you have selected complement these skills, and help with skills your LEF has the opportunity to enhance through this project?

The community partners represented on the CPC bring several kinds of expertise to this project. This expertise is in several areas:

- health care and a focus on prevention (the hospitals that make up Health and Education Leadership for Providence (HELP), Rhode Island Department of Health)
- how to build "infrastructure" in a community and how to knit different kinds of infrastructure together (State Departments of Health and Education)
- how to reach underinvolved populations and bridge cultural gaps in health services delivery and education (Latino Family Services and others to be added to CPC).

5) Please discuss your LEF's experience in dealing with controversial issues and political dynamics between community entities.

Sometimes it seems every issue is controversial. In Providence, we have found that it is essential to go step-by-step, walking a project around, in a kind of "inductive" planning process.

A good example here is our work to open the Feinstein High School for Public and Community Service. PEF served as the fiscal agent for the initial planning grant from the Mayor and provided technical assistance to the creation of this innovative school. We now administer the three year implementation grant from Alan Shawn Feinstein. We found in the process that the effort involved a step-by-step process of meeting with representatives of every level of government and that one could not predict emerging issues very far down the road.

We believe we have designed a planning process that can react to emerging issues, one that "defuses" some of the tension around issues of comprehensive school health by making every decision a local one decided by the school improvement team.

This is one of the key questions we'll be looking at in the planning period -- whether the school-based agenda can be strengthened enough to hold sway in both the Community Planning Committee and in the swirl of political dynamics in the community.

6) What kind of technical assistance do you anticipate needing during this planning period, from PEFNet or another source?

We can think of several kinds of technical assistance we will need: examples of other communities or projects that have created materials for school-based community health planning, examples of communities that have created the right balance of community representation and school-community representation on a planning committee, and examples of school districts that have created permanent partnerships with other government agencies or community groups to create "capacity" to undertake continuous development and assistance around comprehensive school health.

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001. fax	Richard Tagle to Gaynor McCown re: Mary Layon Education Fund's responses (partial) (1 page)	02/20/1995	P6/b(6)

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Clinton Presidential Records
Domestic Policy Council
Gaynor McCown (Subject Files)
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FOLDER TITLE:
[Public Education Fund Network]

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RESTRICTION CODES

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P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Public Education Fund Network

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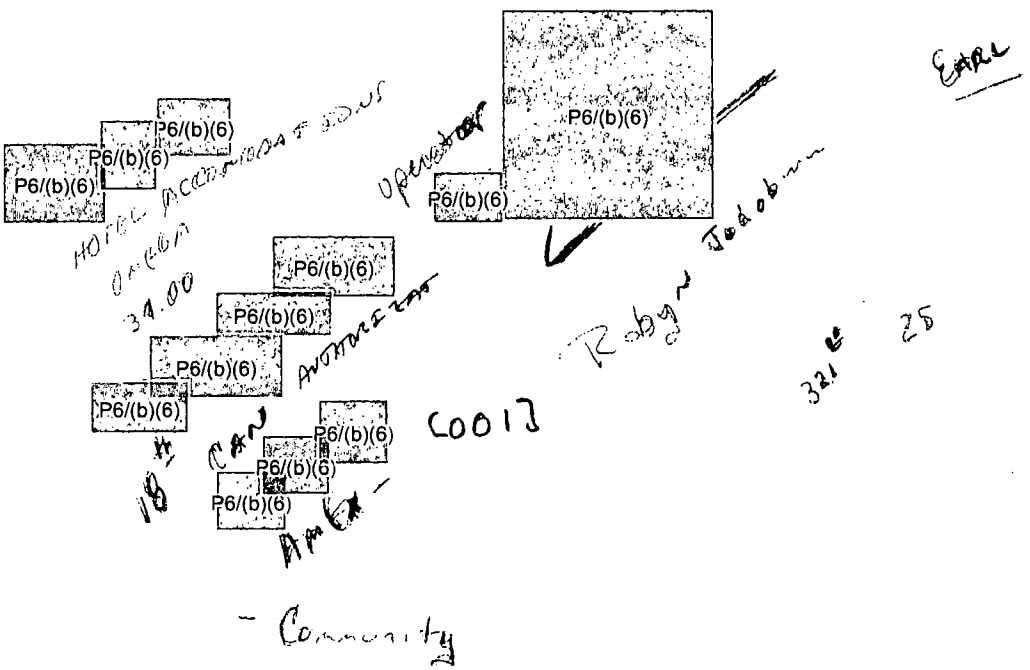
Pages including this cover page: 7

Comments: Mary Layon Education Fund's responses



Public Education Fund Network
Comprehensive School Health Initiative
Mary Lyon Education Fund, Inc.

1. Your proposal states that part of your planning process will include examining and evaluating a "pre-planned pilot health care program". Please elaborate on this program. Is this model already in place? Who does, or who will, administer the pilot program? How will it be a collaborative effort? What are or will be the hours, services, and how will users get to it given that transportation is a problem?

Our Pilot Program partnered with Healthlinks, Franklin Medical Center, U Mass School of Nursing and the Mohawk Trail Regional School District begins March 9, 1995 with 3 hours a week one day a week planned for service to under and uninsured students and members of the community. It will be administered by Healthlinks of the Franklin Medical Center in Greenfield with funding coming from a grant at the U Mass School of Nursing to pay for staffing. Missy Godwin and Pat Kerrins of Healthlinks will be directly involved with the program, and the evaluation will be conducted under the auspices of the federal grant. The pilot program was planned by the U Mass School of Nursing; when the administrator was looking for a site for this pilot program, our school district volunteered to have it located here. While it might have taken place with or without the involvement of the Mary Lyon Education Fund and the Comprehensive School Health Initiative, the program will be enhanced by the many partnerships and leveraging of funds to more fully examine all aspects of school health. The issue of transportation is being addressed by the fact that a health care program will be located at the central Mohawk Trail Regional School site. Our nine town school district encompasses a vast rural area in which there are no medical centers or hospitals. By providing a few hours of service a week in a central location within our district, many members of the community should be able to receive medical care. The transportation problem stems from the fact that Greenfield is the nearest town with a hospital and many families are not able to get there for treatment. This unique program will provide a meaningful link with physicians, nurses, the women's club and other key players already identified.

2. How will you involve families and students in your planning process?

The Health Advisory Committee is comprised of students and parents in the Mohawk District. In addition we will continue to seek input from all of our local PTOs. The student assessment profiles, which are part of the nurse's annual review, will be a way to provide ongoing evaluation and input by students. Students will be invited to participate in committees and be informed through local and school publicity. All households with school age children in our nine towns will be sent information through the 9 Town News on the health page.

3. Your proposal cites transportation and service delivery as the two primary barriers to a healthy community. How will your planning process address these issues?

Transportation problems will be somewhat alleviated by the fact that service will be provided here in the West County area instead of Greenfield, another 12 or more miles away for many families. Service delivery can be based in the Shelburne Falls area. By our exploration of the feasibility of school bus transportation, we hope to find yet another way of breaking down the transportation barrier. In addition, the volunteer portion of Healthlinks, spearheaded by Betsy Yetter, will also be addressing some of the special transportation issues. By bringing service delivery to the school site, we hope to make service more available and less restrictive. The added bonus will be to have the communities see the school offering valuable services to the entire community as well as the in-house student population.

4. Your proposal indicates that your planning activities involve the creation of a video. Who is preparing the video? What will be the nature of the video? Who will see it? How will it be evaluated?

The video will be prepared by the Falls Cable Corporation with a major portion of the tape being the presentation by Ginny Ehrlich of the Massachusetts State Department of Education during a workshop at Greenfield Community College on Thursday, March 23, 1995. The video will be disseminated to local residents through their schools and libraries and its impact will be evaluated by John Bos of John Bos Associates. We have spoken several times with Ginny Ehrlich

about the content of her presentation, and she will divide it into three parts, the first of which will be an introduction to the topic of comprehensive school health. The second part will discuss the ramifications of a CSHI in a school setting and the third will give models and examples.

3. As much of our collective experience over the past few years has indicated, "neutral brokers" like LEFs can be critical players in the process of systemic education reform and are uniquely qualified to unite diverse players around school reform issues. This is especially critical in connecting the often separate domains of comprehensive school health and school reform. Please elaborate on the connections you expect to make between school reform and comprehensive school health and how your planning process will address this complicated issue. What measures will you take to ensure that your schools, community, partners and community members understand and embrace this connection?

School reform issues are being addressed by the high school in an intensive year long effort to promote research and discussion in Task Groups. The Planning Committee will be involved in school reform efforts through linkages to local schools and their efforts in several major areas such as scheduling. The Planning Committee also hopes to provide direction and support for continued reform in the area of school health. Our constant communication with building principals and Superintendent of Schools Albert Cormier, who is a member of the Mary Lyon Education Fund Board of Directors, together with presentations at Administrative Council and school committee meetings provide a continuing forum for keeping comprehensive school health in the forefront of planning around school reform. In addition we will utilize the services of the State Department of Education in the area of curriculum development, particularly in regard to the Health Frameworks. We will be having a study group discuss the Health Frameworks in relation to our own health curriculum under the auspices of a minigrant from the D.O.E.; that activity will coincide with school district efforts to update our pilot health curriculum that is currently being reviewed by staff. The Health Frameworks study group will attend a workshop on March 22, 1995 to compare our proposed health curriculum to the Frameworks. We will also consider sending our team to D.O.E. sponsored Summer Institutes around particular topics such as Get Real About AIDS and the Health Frameworks. Also,

as we explore an extended school day and a revamping of the middle and high school schedules, we are working closely with administrators to assure that we plan for extended health care services and curriculum needs.

6. Your LEF has demonstrated impressive skills and strengths in the areas of project management and community convening. How will the community partners you have selected complement these skills, and help with skills your LEF has the opportunity to enhance through this project?

The community partners bring to the table a vast array of skills and expertise that complement the LEP and school district. Community involvement helps provide a bridge between home and school. Missy Godwin will remain actively involved in the Healthlinks service delivery program at Mohawk but will be replaced by Pat Kerrins at the Planning Committee level, Pat is particularly skilled in the area of developing community partnerships. The Franklin Medical Center has strong management components and a long history of collaborative efforts in the area of health services to the communities in the eastern part of Franklin County. We are now hoping to establish strong ties with them and other partners in the western portion of the county. A broad range of services includes the Visiting Nurse and Health Services, Franklin Clinical Associates, Beacon Programs and community education. Pat Kerrins, newly appointed Senior Manager for Community Services will provide an a wonderful link to all these programs. Mohawk Valley Health Education Services is a major strength in the West County area! It is been in existence since the early 1970s and a wide range of health education services to offer local residents. Director Meg Burch has worked in local service agencies for many years and her expertise, especially with adolescents, will be important in the CSHI. These partners and others contribute to the strength and ability of our LEF to work in harmony with many agencies.

7. Please discuss your LEF's experience in dealing with controversial issues and political dynamics between community entities.

Our LEF has not been involved in major conflicts due to the fact that there has been a firm foundation for community

support for local education. As controversial issues arise we have been able to work with people and organizations in an efficient and productive manner. The school system has dealt with major controversies, however, such as the availability of condoms. The issue was brought forth at public forums and much debate ensued without incident. The final outcome was appropriate and fitting for the age group and community. There are always ongoing controversial issues such as the DARE program, Gay-Straight Student Alliance and less controversial topics such as stress reduction and self-esteem that have been in the local news. The Health Advisory Committee has thus far been able to diffuse issues and depoliticize controversial topics. The school committee and members of the administration have been very supportive of comprehensive school health and health issues in general.

8. What kind of technical assistance do you anticipate needing during this planning period, from PEFNet or another source?

Technical assistance will be appreciated in the areas of providing information to the committee that is up to date and pertinent to our eight committees' needs and also in providing the Planning Committee with suggestions and direction in terms of the overall vision. We could use examples of other rural models! A toll free telephone number would be most welcome as would suggestions for subscriptions to health magazines and other sources of information on comprehensive school health programs across the United States. The continued technical assistance of the Department of Education is also appreciated. Please see the health workshop on Thursday afternoon March 23, 1995, listed in the enclosed conference brochure as an example of our continuing collaboration with the D.O.E. Both PEFNet and the State Department of Education will be primary technical assistance providers as we enter into the planning phase for our CSHI. We encourage the technical support of these and other agencies.