IMPLEMENTATION OF SCHOOL-BASED WELLNESS CENTERS

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This article describes the planning, implementation, and evaluation of school-based Wellness Centers operated by the Riverside Unified School District in Riverside, CA, as part of the Safe Schools/Healthy Students Initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). We describe the program as planned in terms of the theoretical model for the intervention and the evaluation design, and discuss the actual implementation including accomplishments and challenges. The program was designed to promote positive development and wellness for individual students via self- and teacher-referrals for personal and mental health problems handled through a case management and referral process, support groups, and other activities such as after-school programs, mentoring, tutoring, and parent training. An effort was also made to promote wellness at the school level by providing wellness campaigns, information, and compatible policies and procedures designed to enhance healthy development. Our observations are based on a qualitative assessment that was a component of the evaluation. A more detailed evaluation examining the impact of school-wide and student-focused activities on academic and behavioral outcomes is currently underway. However, we do include comments from students suggesting that the Wellness Center concept holds much promise for school-based mental health and violence prevention services. © 2003 Wiley Periodicals, Inc.

Increasing public awareness of youth problems such as substance use and violence in and around schools has swept the nation. In turn, federal, state, and local funding for school-based solutions has surged. Responding to this collective call for action, schools across the United States have mobilized resources to develop and implement prevention and intervention programs. In some cases, this mobilization has led to the adoption of one or more new interventions in different areas including violence prevention, bully prevention, substance use prevention, conflict resolution, character development, peer mediation, asset building, and so on. Rather than a dearth of programs, schools must often sift through an overwhelming myriad of options focused on healthy development and/or prevention of problem behaviors. This selection process can result in a litany of loosely connected programs. For this reason, many schools are looking for mechanisms to integrate programs and services to minimize duplication, foster collaboration, and address healthy development and prevention simultaneously.

This article describes a multiyear effort to develop, implement, and evaluate an integrated health promotion and prevention program, the Healthy Places/Healthy People (HP/HP) program, delivered through five Wellness Centers at the elementary, middle, and high school levels in the Riverside Unified School District (RUSD) in Riverside, CA. This program is part of the larger Safe Schools/Healthy Students Initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The information presented here is based on our experiences as the local external project evaluators, and is drawn primarily from qualitative observations of four types. First, a member of the evaluation team attended weekly meetings of Wellness Center site coordinators in the first year of the evaluation, with periodic (typically monthly) visits in the second and third years, keeping...
transcribed field notes in confidential files. Second, at the close of the third year, the same researcher conducted in-depth interviews with members of the HP/HP management team and focus groups with staff of the five Wellness Centers. Notes from the focus group discussions were transcribed, and a summary report was written, with all such materials placed in confidential files. Third, one of the principal investigators of the local external evaluation also served as a member of the initial planning group and the HP/HP management team. This provided a venue for observing the startup and implementation successes and challenges at the Wellness Centers. Fourth, a different principal investigator of the local external evaluation served on an evaluation committee that met regularly to coordinate the evaluation activities.

We begin by describing the collaborative planning efforts that went into development of the Wellness Center concept as well as the proposed theoretical and operational guidelines. This includes a discussion of the theoretical framework based on developing core competencies for social and emotional development that was intended to serve as a guide for both program development and outcome assessment. It also includes a discussion of the operations and procedures of the Wellness Centers as planned. We then discuss the actual implementation of the Wellness Centers, including successes and challenges noted during the implementation phase. Following this, we turn to a description of the external evaluation as planned and modified over the course of the project. Finally, we conclude with a summary of lessons learned from the planning, implementation, and evaluation efforts and highlight next steps that could both enhance implementation and increase sustainability. We include comments from students at schools with Wellness Centers about how these centers impacted their daily lives.

**Planning and Development Phase**

The ideas behind the HP/HP program emerged from a series of collaborative planning discussions among school personnel, probation and police officers, mental health, public health, youth-service agencies, community leaders, and members of the local external evaluation team interested in developing a comprehensive program in response to the request for proposals issued by SAMHSA's Safe Schools/Healthy Students (SS/HS) Initiative in the spring of 1999. Thus, the primary focus was on promotion of mental health and prevention of school violence. The planning group met several times to discuss the problems and needs of students at RUSD, existing programs, and how to develop an integrated mechanism for service delivery (rather than simply adopt more programs and serve more students). As such, the group was keenly aware of the need for an overarching framework that could help guide and simplify programmatic decisions and provide services for all children as well as those at risk for violence and other problem behaviors. Such a framework is often absent from school-based interventions, adding to the frequently disconnected assortment of programs that often duplicate efforts or even worse, operate with conflicting objectives. The planning group discussed the importance of utilizing an approach that was grounded in health, well-being, and competence rather than risk, problems, and other negative outcomes. The central idea was to prevent problem behaviors (i.e., violence and substance abuse) by promoting the healthy development of youth. Educators and others have echoed this concern by emphasizing the value of focusing on competence and resilience (e.g., Leffert, et al., 1998; Masten & Coatsworth, 1998; Ridley & Walter, 1995). The planning group also recognized the need to select research-based programs that had some evidence of effectiveness.

At one of the initial planning meetings, a high school teacher suggested that funding be requested to develop school-based Wellness Centers. Although the concept of “wellness” has been firmly established in the health care field, it has rarely surfaced in the lexicon of school settings. Yet, the concept is a rather straightforward and positive mechanism for linking programs, services, personnel, and outcomes, and the planning group was very enthusiastic about this approach. They
agreed to build on a theoretical framework for services that emphasized core competencies for social and emotional development (Guerra, 2003; Williams, Guerra, & Elliott, 1996, 1999). Core competencies would drive the content of programs and services, and Wellness Centers would provide the mechanisms for delivering services aimed at building these core competencies, promoting healthy development, and addressing specific mental health, academic, and prevention needs. Although not identified at this point, to the extent that research-based programs were available that addressed these needs, those programs would be given priority. We will discuss selection and operations of specific programs in the section on implementation.

To enhance the collaborative nature of this programming and minimize duplication, the planning group envisioned a site team at each Wellness Center made up of representatives of primary agencies serving youth—schools, mental health, probation, law enforcement, public health, and youth-service agencies. The site team would assess school needs and develop new programs, coordinate all ongoing wellness activities, and provide individual case management, consultation, counseling, and other services as needed. The planning group discussed whether the Wellness Centers should be at the elementary, middle, or high school level. There was some consensus that they were needed most at the high school level, although this was not unanimous. Rather than make an arbitrary decision on appropriate setting, the planning group recommended three Wellness Centers at the high school level, one at the middle school level, and one at the elementary school level; this would allow for assessment of whether these centers were more suitable for one setting or another.

The planning group also recognized the importance of ongoing collaboration among agency leaders as well as among service providers and consumers/participants. As such, they recommended that an oversight committee of the directors of partner agencies (school district, probation, mental health, and police) be established. In addition, they recommended that a Wellness Management Committee be established, comprised of representatives from the school district, participating agencies, students, parents, and the evaluation team that would be responsible for hiring of project staff, overseeing selection of programs and activities, monitoring of implementation progress, and coordination across the five Wellness Center sites.

The school district assigned a staff person to integrate these recommendations and to write the proposal for funding. However, this proved difficult, primarily because the staff person was not familiar with youth development and violence prevention programs. Consequently, several members of the planning group from both the school district and other agencies worked together to write the final grant proposal, which was funded in September of 1999.

**Theoretical Framework of the Planning Phase**

As mentioned previously, the planning group felt that it was important to utilize a guiding framework that would allow for enhanced integration of programs across agencies at each site and provide benchmarks for measuring outcomes. They adopted the core competency approach that had been used previously in communities and schools. This approach was based on previous work of the local external evaluators (Guerra, 2003; Williams et al., 1996, 1999). It was designed to link risk/protective factor and youth development models, with a focus primarily on providing services for youth and their families.

In practice, schools and communities often distinguish risk/protective factor violence prevention programs from positive youth development programs and feel compelled to adopt one approach or the other. When risk/protective factor approaches are selected, programs are implemented that address one or more of a multitude of risk/protective factors, particularly among “at-risk” youth. In contrast, youth development approaches emphasize strengthening the capacity of all youth to become healthy and successful adolescents and adults through skill building and
development of opportunities for engagement. However, despite the existence of a number of
taxonomies of positive developmental outcomes (e.g., Sroufe & Rutter, 1984; Grant, 1992), most
youth development efforts select certain competencies or contextual supports that are not con-
nected systematically. In many cases, these are mixed together in long lists of “good things,” such
as the 40 assets promoted by the Search Institute (Benson, 1997).

The approach initially intended to guide the HP/HP program emphasizes five core social and
emotional competencies that are important for healthy development and that are linked to youth
violence prevention. In other words, youth who are skilled in these five “competencies” should be
more likely to display personal and social skills, perform at higher levels academically, and less
likely to engage in violence and other problem behaviors. These are described below in Table 1.
Rather than providing a listing of assets or protective factors that often do not differentiate clearly
between individual outcomes (e.g., self-regulation) and supports that facilitate those outcomes
(e.g., effective parenting), the focus on core competencies, at least in principle, provides a guide
for programming by emphasizing measurable outcomes and suggested mechanisms of development.

Nonetheless, a fundamental assumption of this framework is that these competencies unfold
through a series of interactions between a child and his or her environment, reflecting both the
child’s capabilities and the nature of the contexts in which the child lives. (There is an extensive
literature on the developmental significance and progression of these competencies that is beyond
the scope of this article. There are a number or reviews that follow this developmental progres-
sion, particularly in the area of self-regulation and social relationship skills [e.g., Masten & Coat-
sworth, 1998]). A number of different programs and supports can facilitate the development of
these competencies at different ages. Because the development of core competencies begins at
birth or before and extends through adolescence and beyond, programming to foster this devel-
opment must begin early and continue through childhood and adolescence. This programming
should involve specific instruction and opportunities for youth to practice discrete skills as well as
promotion of contextual supports for development. Examples of positive strategies to guide school-
based programming that promotes each of the five core competencies include the following.

Table 1
Core Competencies for Healthy Young Development

<table>
<thead>
<tr>
<th>Core Competency</th>
<th>Related Terms</th>
<th>Association with Youth Violence</th>
</tr>
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<tbody>
<tr>
<td>Positive identity</td>
<td>Positive self concept, hopefulness, future goals</td>
<td>Violence associated with negative or aggressive identity (Fagan &amp; Wilkinson, 1998)</td>
</tr>
<tr>
<td>Personal agency</td>
<td>Self-efficacy, effective coping, locus of control, attributional style</td>
<td>Violence associated with hostile attributional bias (Crick &amp; Dodge, 1994)</td>
</tr>
<tr>
<td>Social relationship skills</td>
<td>Social problem-solving skills, empathy, conflict resolution, capacity for intimacy</td>
<td>Violence associated with poor social problem-solving skills and lack of empathy (Crick &amp; Dodge, 1994; Perry, 1997)</td>
</tr>
<tr>
<td>Prosocial system of belief</td>
<td>Attitudes, norms, values, moral engagement</td>
<td>Violence associated with aggressive norms and moral disengagement (Huesmann &amp; Guerra, 1997)</td>
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1. Positive identity: (a) opportunities for engagement and involvement in school and community activities; (b) parent and teacher training programs that emphasize positive reinforcement; (c) youth employment and training programs that prepare youth for meaningful work; and (d) mentoring programs that provide positive role models.

2. Personal agency: (a) youth involvement in decision making and school governance; (b) attribution retraining programs that encourage youth to accurately attend to social cues; and (c) training children in effective coping skills.

3. Self-regulation: (a) direct instruction in self-regulation skills such as anger management; (b) opportunities for engagement in group activities that provide structure as well as short-term and long-term rewards; and (c) availability of mental health counseling and services, including diagnoses of children with problems such as ADHD.

4. Social relationship skills: (a) opportunities for safe and structured play; (b) after-school recreation and social development programs; (c) direct instruction in social relationship skills via curriculum-based programs; (d) community service opportunities that engage children in the lives of others; and (e) cooperative learning.

5. Prosocial system of belief: (a) school- and community-wide campaigns to promote prosocial norms and discourage; (b) aggressive and antisocial norms; (c) media campaigns that encourage prosocial and responsible behavior; (d) school rules that set clear guidelines for acceptable and appropriate behavior; and (e) social development, moral reasoning, and character education programs.

This framework thus provided a general guide for types of services and programs to be developed and implemented at the Wellness Centers. Within each domain, there was also an emphasis on selecting evidence-based or promising programs, drawing on a number of different reports and publications describing model programs with demonstrated evidence of effectiveness (e.g., Drug Strategies, 1998; Elliott, 1998). Thus, the planning group had decided on an integrated theoretical framework that would guide programmatic decision making as well as a collaborative mechanism for delivery of services at school-based Wellness Centers. As described below, however, the model was not used as initially planned in the implementation phase, and thus, the guiding framework was never truly translated into a set of well-crafted programmatic activities. Let us now turn to a brief description of the collaborative service delivery mechanism proposed in the planning phase.

The Plan for Wellness Center Operations and Procedures

The Wellness Centers were envisioned as freestanding buildings on school grounds that would be open during school, after school, and into the evening. Although they would be connected to the schools, they were designed to be nurturing and caring settings where students would feel comfortable, including those students who may have been accustomed to more negative and disciplinary responses from school personnel. They were to be staffed by representatives of the multiple agencies involved in the lives and problems of youth. Specifically, they were to have four full-time employees: a site coordinator from the school district, a master’s level social worker, a probation officer, and a police officer. In addition, several part-time and contract services were to be offered, including health screening and consultation from a public health nurse and counseling from youth service workers. All staff members were to be employees of their respective agencies (e.g., mental health, probation, youth services) assigned to the school sites, rather than employees of the school district.

The site coordinators (who were school district employees) were to be responsible for overall direction and guidance of the site teams at each Wellness Center. Although procedures and forms were to be standardized across the Wellness Centers, each site was essentially to be left to develop their own programming and outreach activities via a Wellness Site Plan. This plan was to include a common set of required strategies, such as mentoring, tutoring, parenting, employment, field
events, counseling, case management, and referrals, based on activities with demonstrated effectiveness that address the five core competencies and help students with their academic progress. Some of these strategies were to be directed at youth with academic, behavioral, or personal problems, and other strategies were to be for all students. The intent was to provide individual services and to develop a “culture of wellness” that provided a normative climate that supported positive development.

The HP/HP project director was to provide overall leadership, training, and coordination of efforts across the five sites. In particular, this person was to provide guidance and direction for programmatic decisions at each site, identification of best practices and evidence-based programs, training for all sites and at each site, oversight of day-to-day operations, and coordination of efforts with the Wellness Management Team, school district, and directors of the partner agencies.

**IMPLEMENTATION PHASE**

Drawing on the theoretical framework and service delivery mechanism discussed above, the Wellness Centers were established at the five selected sites. Some proposed activities were carried out as planned, some were significantly delayed, some were modified, and others were not considered during the implementation phase. Very few schools and school districts initiate new programs without confronting difficulties during the implementation phase. The RUSD HP/HP program is no exception. This general point is illustrated through the use of qualitative observations catalogued by the local evaluation team to document the unfolding of the HP/HP program. The discussion of the qualitative observations is organized around six key themes: (a) logistics of setting up and operating the Wellness Centers; (b) decisions about programs and services to be adopted; (c) coordination between the district and the Wellness Center sites; (d) coordination within and across sites; (e) school environment; and (f) director and staff qualifications.

**Logistics of Setting Up and Operating the Wellness Centers**

One theme that emerged in the focus group discussions was that logistical considerations hampered the development and delivery of services in the first year of the project period. Simply finding a place to locate the Centers was difficult due to space limitations and insufficient foresight in planning for the needs of service providers and students alike. Most of the sites were located in portables viewed as “inadequate” by staff. They noted that the portables were without restrooms or running water. One staff member recounted an incident where a student vomited in the portable because no restrooms were available. Lack of available or accessible facilities also impacted students in after-school activities offered at the Wellness Centers.

Lack of space within the portables was also a concern. Confidentiality is central in dealing with students, but it is difficult to maintain in a relatively small (15’ × 20’) space. Up to four staff members shared one office in some locations. Additionally, overcrowding became a problem during lunch period or after school when students came in to “hang out,” play games, or seek staff assistance. Moreover, students were often asked to leave the portables when staff or other meetings were held. In practice, therefore, the physical space of the Wellness Centers did not offer the comfortable setting for students originally envisioned. Further, safety was constantly an issue. Staff often viewed themselves as “sitting ducks,” because the portables did not have a back exit. Two shootings occurred at one of the Centers on a weekend, leaving bullet holes in the walls as constant reminders of safety matters. During winter months, darkness descends quickly, and staff shared concerns about inadequate lighting and being alone.

One site had its staff dispersed throughout the school campus. Such dispersion resulted in a constant struggle to build solidarity. As stated by one staff member, “in retrospect, we should have been in one location.” However, after a staff meeting at this site, an agreement was reached that
the site coordinator would make daily visits to each staff person’s office. At this location, the site coordinator shared an office with other school personnel.

Decisions About Services and Programs to Be Adopted

The theoretical framework based on core competencies that was to guide programmatic decision making had been articulated during the planning phase and detailed in the proposal. However, in practice, translating this framework into specific site-based services and programs became problematic. Perhaps this was a consequence of using a framework developed primarily by the project evaluators who wrote much of the conceptual sections of the original proposal, with the level of understanding and buy-in from teachers and district personnel varying greatly. Further, they had limited information about the importance of the core competencies, how they change over time, and how they could be facilitated via programs and activities. The evaluators did conduct some training to provide guidance for program decision making, but this was supplemented by other trainings that were related but not clearly focused on the guiding theoretical framework (e.g., asset building, risk assessment, identifying school shooters). It was also apparent that school personnel found it easier to select programs rather than to create a vision that incorporates programs, activities, school policies, etc., towards a set of social and emotional objectives. For this reason, decision making about how to promote wellness soon became a matter of selecting a number of available programs.

The first project director provided information on model programs, Blueprints (Elliott, 1998), and other locally available models. Sites were allowed to select programs they would offer. These programs varied across sites but included parent-training groups, after-school tutoring, mentoring, police athletic league, and other support groups. Essentially, sites assumed the trial-and-error responsibility of learning how to conduct the day-to-day running of Wellness Centers, create appropriate programs, and develop contacts with community groups on their own. One site coordinator commented that “we would try something and if it worked, great. It was hit or miss. We needed more training.” Despite this, the Wellness Centers at each site provided a range of services that included focused counseling groups, tutoring, mentoring, and other student/parent involvement activities, after-school programs, individualized counseling and referral, and school-wide presentations and activities.

Coordination Between the District and the Wellness Centers

Another theme that emerged from the focus group discussions was limited guidance from the top down. A common view was that a perceived sense of ambivalence, exclusiveness in decision making, breakdowns in communication, and limited direction at the level of the district administration created a leadership void as well as an atmosphere of distrust and ambiguity. “No one at the district provides any guidance,” was repeated across all focus groups. On more than one occasion, staff blatantly stated that district administrators were primarily interested in the “grant money” and had “little interest” in the effectiveness of the Wellness Centers.

The most commonly cited point of contention was the budget and the uncertainty of receiving money for programs mandated by the district under the grant. Although employees of the non-school agencies (e.g., probation, youth services, etc.) were paid according to their respective agency guidelines and funding decisions related to their positions and time commitments were made at the level of the Partners, additional monies for supplies, extra staff, transportation, etc., were provided through site budgets. Four of five site coordinators reported never seeing a budget report for their site, yet were asked to submit funding requests to run, for example, summer programs. When site coordinators submitted budgets, months would pass before they knew the funding that would be available. Notification of funding would come just before program start-up,
and the money received would typically be substantially less (some reported cuts of 50% or more) than requested. A commonly expressed sentiment was that “it’s frustrating when planning for kids who are constantly disappointed.”

The budgeting process was rife with uncertainty. Perhaps the district needed technical assistance in fiscal management of such a large grant, or perhaps other organizational demands rendered the process challenging, even overwhelming. We can only speculate about the fiscal difficulties because the reasons for the uncertainty are simply not obvious. Regardless, it created situations where site coordinators thought they had sufficient funding for programs, but they would be subsequently informed that the district “did not have it” or that “funding would be cut” or “in jeopardy.” Staff at one site reported having a surplus of money due to their economizing, but they suspected that the money was to be used to support another program—Riverside Against Drugs (RAD).

The focus group discussions revealed that all sites were told in the beginning of the second year that their funds would be cut and the most cited reason was “overspending,” but several staff specifically referred to the sudden infusion of money into RAD, a program that allegedly was “in financial trouble.” Speculating about this funding transfer, some cited special interest by the district in RAD or the appointment of a new HP/HP project director who was the former coordinator for RAD. This matter remains a point of contention at the sites. One site coordinator was vociferous: “Honesty did not exist with RUSD.” Another site coordinator characterized the district’s handling of grant funds as “bad financial management” because the sites “had no idea how the money was being used,” and a member of the management committee suggested that the District was in it “for the money” and mismanaged funds. This committee member went as far as to suggest an audit of the district’s handling and allocation of funds.

The solution suggested in focus group discussions was that the district should provide monthly budgets to sites for effective planning. Keeping site coordinators up-to-date on remaining funds would facilitate more effective planning and delivery of services that the district requires, and it would reduce uncertainty about the future of Wellness Center sites and personnel. It would also have been helpful to have a mechanism for funding decisions to be collaborative and subject to discussion among project staff, rather than relegated exclusively to the Partners. Overall, the district was resistant to any type of open budgetary policy, a process that could have substantially enhanced the development of crossagency trust, communication, and collaboration. Finally, a different type of budget reporting system to the federal government and a greater level of oversight for budget modifications and the budgeting process would have been helpful.

**Coordination Within and Across Sites**

Given the limited guidance provided by the district, guidance within the Wellness Centers became a struggle. Site coordinators (teachers assigned by the district) and Wellness Center staff from different agencies overwhelmingly agreed with this contention. As articulated by several staff members, the district should have held meetings with the key representatives of each agency to discuss expectations. Clarification of duties was seen as an essential part of guidance. Because the district did not provide a foundation for site coordinators to reach their objectives, except with the credo “think out of the box,” site coordinators struggled to establish authority within each center. The project director, who was also new at the district, tried to serve as liaison between the Wellness Center staff and the district, a task that proved somewhat difficult because he was still learning about how the district operated, how different agencies operated, and what each agency expected of the program.

Typically, site coordinators were selected because of demonstrated interest in the Wellness Center, involvement in similar prevention efforts, recommendation of the principal, etc. In some
cases, the site coordinator was an experienced teacher with leadership experience. In other cases, the site coordinator was less experienced. At the onset, site coordinators had the task of establishing authority of running the centers, but they encountered resistance from service providers for several reasons. In some cases, there were difficulties in supervision, particularly when the site coordinator was supervising staff with more advanced degrees or seniority. In other cases, there was resistance from agency personnel who were required to satisfy the job mandates of their respective agencies (e.g., probation, police), each with different sets of expectations and procedures. Site coordinators and staff eventually reached an understanding of what was required by the centers and the agency that the staff member represented. Those who experienced this struggle felt that if these “small issues were hammered out at the beginning with the representatives from the various agencies, then a lot of resentment and hard feelings would have been avoided.”

Although some site coordinators seemed to have personal skills (not acquired via any specific training) that helped them to solve problems arising out of the struggle to collaborate, staff reported that others took no action, which led to increased feelings of mistrust and alienation. However, the struggle lessened over time, as stated by one site coordinator, “things have gotten a little better.” As one staff member summarized the matter, “had the project directors made things clear or answered questions on duties, some of the problems could have been avoided.” Each Wellness Center appeared to address the internal struggles over roles and responsibilities through the staff members themselves engaging in honest discussions about the role of each person. “Just holding meetings” individually or in groups aided in creating the boundaries that staff observed and respected. Hence, most of the internal problems encountered have been worked out in a professional, working relationship among the staff. One key component was establishing assigned duties. To illustrate, site coordinators began distributing cases appropriate to each staff member at the beginning of the week, meetings were held to discuss critical cases and solicit assistance, and staff now are more inclined to work collaboratively with each other.

Concerning coordination across Wellness Center sites, site coordinator meetings were held weekly, but one coordinator claimed that “meetings were guarded” and that “judgments were passed on sites” by the second and third HP/HP project directors for not using the grant funding effectively. The perception was that an atmosphere of distrust was cultivated and that self-interest was the norm for the project directors who were appointed by the district after the initial director died unexpectedly (described below). As a result, some coordinators claimed that rather than fostering team building among the sites, competition among sites emerged. One coordinator commented that site coordinator meetings were “where you tried to one-up the other sites by bragging about what was done. There was no ‘team’ [of sites] from the very beginning. There was competition at site A and site B. All wanted to look good.” Several members of the management committee remarked that the committee meetings were filled with reports of who was doing what and little more.

Another struggle within and across sites was limited training of personnel. Some who were assigned to work at the centers had no prior training in counseling students, and very little effort was made to provide for such training. Although the original proposal explicitly stated that staff were to be hired by the Wellness Management Team (or at the very least approved by the team in the case of job transfers within agencies), this did not occur. Rather, each respective agency selected staff according to an internal decision-making process that was not discussed at any level other than the Partners’.

School Environment

Despite the struggles emanating from the lack of district guidance and coordination within and between sites, the Wellness Centers have come to be an asset to their respective schools. Site
coordinators mentioned that principals have remarked that “they didn’t know how the schools functioned before the Wellness Centers” came along and “didn’t know what they will do after the grant expires.” In fact, the principal at one school site reportedly opened a faculty meeting with the comment that the Wellness Center and staff were critical in aiding the students and school in achieving a substantial increase in state API scores. In turn, the site coordinator was quick to point out the crucial role of the principal and vice principal in making the center effective. The vice principal and school were cited as taking a “proactive” stance and are “aware of the antecedents that contribute to the students’ behavior and would rather deter punishment by utilizing the center.” The general sentiment shared by the staff and site coordinators was that without the active support of the principals, the centers would have a difficult time establishing legitimacy and rapport with the students.

Principal and key members of the school have provided guidance, hands-on participation, and worked collaboratively with the staff in making the centers a high priority. With the exception of one site, principals are in direct contact with members of the staff and know their capabilities. One principal was reported to be so active in ensuring the safety of Wellness Center staff that he personally took time to make sure that the lighting problems were immediately addressed and trees were trimmed and brushes cleared away from the center. For the exception, it took the principal over a year to pay a visit to the Wellness Center. It was suggested that because of the off-campus location and accessibility, the principal was delayed in visiting.

Acquiring teacher buy-in to the idea of Wellness Centers was noted as a challenge. One of the biggest obstacles was getting the students out of class to receive the services they needed. Teachers were wary of the student manipulation of using the centers as a means of avoiding classes. A second challenge identified in the focus group discussions is that teachers often failed to make the distinction between a student needing services of the center and students creating problems for the teacher. Teachers often see the centers as places to send the kids to be “fixed.” One staff member commented that, “teachers have unrealistic expectations” on what the staff are capable of doing. However, dissemination of information regarding the centers’ mission and purpose seems to have been useful in informing teachers about the appropriate use of the Wellness Centers. It might also have been helpful to involve teachers in programmatic decision making during the early phases of development so that they would share “buy-in” with the concept and programs offered.

Director and Staff Qualifications

Focus groups at all sites expressed a staunch belief that hiring a competent project director and staff would have addressed most of the implementation problems. Specifically, it was frequently expressed that hiring personnel with experience in program development, management, and implementation would have provided more effective guidance for the unfolding of the Wellness Centers.

The first project director, who died months into the program, was seen as the exception. Although not schooled in program development per se, the individual had a background in social work and understood the issues that center personnel faced and attempted to address the issues. “X would attended weekly meetings,” “had expectations,” and “provided updates,” on the progress of setting up the physical location of the sites, for example, and “did the best job possible.” Additionally, it was felt that the project director was in constant battle with the district over the direction of the centers. When the project director died during the second year of the project, one site coordinator expressed with conviction that, “expectations were gone . . . just do what you want to do . . .” was the new modus operandi. This condition still continued even with the appointment of a new project director, who was subsequently called into military action, and then an interim project director. Leadership was difficult here because unfortunate circumstances resulted in
appointees having previous commitments that possibly hampered the kind of zeal needed for directing efforts at the Wellness Centers.

In summary, the Wellness Centers did become operational at each of the planned sites. They provided individual services to youth, conducted classroom presentations, operated a number of new as well as existing programs, and have become fairly well established and integrated into each school. However, many frustrations with the unfolding of a “good idea” were expressed, changes were made, and expectations were not fulfilled. A similar experience occurred with the evaluation of this program, which is described below.

**Evaluation**

The HP/HP program of RUSD included an internal and external evaluation. The Office of Educational Accountability within the district conducted the internal evaluation, and The Robert Presley Center for Crime and Justice Studies at the University of California at Riverside conducted the local external evaluation. Little is said here about the internal evaluation other than it entailed monitoring utilization of the Wellness Centers, conducting its own student surveys, supplying archival data (described below) to the Presley Center, and coordinating agreed upon evaluation activities with the local external evaluators. Not much more can be said because the intentions, priorities, and activities of the RUSD internal evaluation remained the private business of the District, and thus were not open to public discussion and scrutiny. The focus here is on the local external evaluation—its proposed design, its eventual compromises, and the oftentimes tense and precarious relationship between the internal and external local evaluation. The Presley Center was primarily responsible for conducting an outcome evaluation of the HP/HP program, supplemented with a qualitative component that documented the unfolding of that program.

**Assessing Outcomes**

The Presley research team proposed using two sources of data to assess the outcome of the HP/HP program, particularly the effectiveness of the Wellness Centers in promoting healthy youth development and reducing youth violence. The first source is survey data, using a Student Wellness Questionnaire (SWQ). This questionnaire was constructed during the first year of the evaluation, while RUSD engaged in organizational activities to assemble and staff the Wellness Centers. Literature bearing on the five core competencies was reviewed, and after much internal deliberation on the psychometric properties of previous measurements, including their face and content validity, a questionnaire was constructed that taps each of the five core competencies, in addition to self-reported measures of victimization, aggression, and drug and alcohol use.

Besides SWQ data, the Presley research team proposed a second source of data—archival data collected by the district. These data included information on other outcome measures, such as standardized achievement scores in reading, math, language, and spelling, as well as suspensions and expulsions. Other relevant background characteristics are included in the archival data as well, such as ethnicity, English language learner or nonlearner status, home language, parent education, and socioeconomic status.

Concerning the design of the outcome assessment, the initial proposal to RUSD involved pretesting and repeated posttesting in 6-month intervals, using a nonequivalence control group design. Four “control” schools were selected for comparison with the five treatment schools, based on similar size and demographics. The control schools included one elementary school, one middle school, one high school as a comparison for the two treatment high schools, and one continuation high school. Data collection using the SWQ was to be conducted school-wide in all schools, excluding graduating seniors because of the difficulties and expense of tracking these
students. Data collection was also to include students utilizing the Wellness Centers, with the SWQ used at intake and follow-up every 6 months.

The Presley research team also proposed using the SWQ as a diagnostic tool that could inform teachers, counselors, and Wellness Center staff about the developmental benchmarks for the children they serve and thus provide guides for the kinds of supports and services they may need to foster their healthy development. Further, the team proposed fielding a school-wide survey of administrators, staff, and teachers to determine whether the presence of Wellness Centers influenced perceptions of school climate, including issues such as perceived safety, morale, healthy environment for youth development, etc. Such a survey could yield data on school-level outcomes.

The initial proposal was modified after protracted negotiations with RUSD, beginning in October 1999 and continuing through winter 2000, when at the insistence of RUSD a formalized memorandum of understanding was drafted and signed. The combination of prolonged deliberations concerning the specifics of the local external evaluation and the delay in implementing the Wellness Centers operationally until fall 2000 resulted in a modification of the overall outcome assessment. Development of the proposed sources of outcome data (i.e., the SWQ and archival data) was supported, although use of the SWQ as a diagnostic tool was not permitted, and the proposed school-wide survey of administrators, staff, and teachers was denied. The treatment and comparison schools remained the same, but data collection was restricted to all students in the elementary schools and only a sampling of classes in the middle and high schools. Those classes were restricted to nonacademic classes or “common” periods, and data collection at intake in the Wellness Centers was restricted to an abbreviated version of the SWQ.

Pretesting with the SWQ began in May 2001 for the elementary schools and October 2001 for the middle and high schools. Posttesting for the elementary schools was completed in May and June 2002, and it remains to be done in the fall of 2002 for the middle and high schools. Assessment at intake in the Wellness Centers was not permitted until December 2001, with posttesting also scheduled for fall 2002. Whether all remaining posttesting will actually be completed is uncertain, because funds remaining in the SAMHSA grant to RUSD for a “no cost extension year” covering fall 2002 are limited.

Qualitative Observations of Implementation

As noted previously, the unfolding of the HP/HP program was documented through qualitative observations involving visits to site coordinator meetings, in-depth interviews and focus groups with management team members and Wellness Center staff, and participation of principal investigators on the HP/HP management team and the evaluation committee. The district was fully supportive of this effort. Besides documenting the implementation of the program, the qualitative procedures allowed the participants, both the staff and the students, an opportunity to voice their views of the challenges and accomplishments of the HP/HP program. Such information has provided rich insights into the nuances of implementing Wellness Centers as originally conceived and has helped to document the fidelity or breakdown of that initial conception as it was put into practice.

Conclusion

Although the Wellness Centers appear to have been a very good idea, the planning, implementation, and evaluation challenges detailed above clearly compromised their potential to enhance children’s development and prevent problems such as violence. Some problems were almost unavoidable. For example, there was a mismatch between federal grant funding schedules and operational policies and procedures of the school district. It is unrealistic to expect any agency, particularly a large bureaucracy such as a school district, to begin a program immediately after funds are received.
In practice, it takes between 6 to 12 months to put procedures in place, authorize positions and hire staff, draft and finalize memoranda of understanding between the district and partner agencies, procure materials, etc. In this respect, it would have been much more reasonable for the funding to be structured to provide a reduced amount of funds for Year 1 and to consider this as purely a start-up year.

Many of the other implementation and evaluation problems were tied to difficulties inherent in establishing large-scale collaborations where interests compete and participants have different agendas. In particular, although the school district did support the Wellness Center model and activities, they had other, sometimes more powerful, issues to attend to as well. Consider the tension between the internal and the external evaluation. On the one hand, the district was required to include an external evaluation (funded at 5% of total direct costs) to receive funding. On the other hand, they wanted to limit data collection in order to minimize the intrusion of the evaluation into class time. Further, they seemed quite protective of any information on student progress or outcomes and wanted to use their internal data for reports to the partner agencies and the federal government. On another note, the district was in somewhat of a fiscal crisis, with funds for existing programs being cut or severely curtailed. Whereas staff at the Wellness Centers saw funds for their programs, the district had to consider the overall fiscal needs of the district simultaneously. Issues bearing on fiscal planning and technical assistance for fiscal management should be directly addressed in working with school districts receiving large federal grants, perhaps including greater monitoring of grant dollars by federal funding agencies and greater representation of organizations collaborating in the funded program in the decision-making process about budgets from beginning to end.

Another challenge involved the difficulties inherent in adopting innovative programs that require participants to think differently about what they do. The core competencies framework was designed to help organize programming at the sites and provide measurable outcomes. However, this required a shift away from the “program” and “problem” type of thinking that is quite common. Otherwise put, teachers and counselors tend to look for specific programs to solve specific problems, in many cases for specific children, rather than think more broadly about competencies and how they can be enhanced. Similarly, the Wellness Center staff members were encouraged to “think outside of the box” in types of activities and services they provided, so as not to be limited by their professional label (e.g., probation officers only dealing with legal violations) or knowledge of locally available programs. However, this also proved difficult, because training was limited and staff gravitated to activities and programs they knew best and with which they felt most comfortable.

Despite these implementation difficulties, a range of important programs and services have been provided to students and their families. Clearly, the Wellness Centers fill an important need at schools. Moreover, perhaps RUSD and its partners have begun a collaborative process and system change effort that will be perfected and sustained in years to come. Although we are still in the process of analyzing data linking type and intensity of specific interventions to archival and questionnaire outcome measures, we do have the words of students speaking about the significance of the Wellness Centers in their lives. When asked “what I like best about the Wellness Center,” comments included:

1. They are always there, people at the Wellness Center are so understanding.
2. Before I talked to a counselor there, I wanted to kill myself. But thanks to her, I’m alive.
3. They are the only grown ups that will actually sit down and listen and help me.
4. I wouldn’t have been able to change if it wasn’t for the staff at the Wellness Center.
5. Having the counselor take time out of her day just to sit down with me is really wonderful because it makes me feel special.
6. The Wellness Center is a place where you can come and relax and not really have to worry about anything bad happening to you.
7. The teachers are kind and respectful to all students.
8. I think the Wellness Center is good for me because it keep (sic) me away from trouble.
9. It helps us stay out of trouble.
10. People say hi and ask how it (sic) going. It’s pretty cool they know your name after awhile.
11. The Wellness Center helped me and my dad understand each other better, and I know there is always someone there to talk to.
12. They really do care. They take the time to listen and help with a problem.
13. The Wellness Center was a great place for me to go when I was feeling lonely. I can come to the Wellness Center and free my mind.
14. You can come here to get information on things you need. Like how to get a job or just personal information you need.
15. If I ever have a problem I can’t solve or just need someone to talk to I can go there.
16. Really, this is the best thing I ever (sic) seen at school.
17. It helps me because if I stay here after school, I don’t have to be in the streets getting into trouble.

Perhaps one of the most well-articulated statements comes from a female high school student:

The Wellness Center has contributed greatly to my mental health. With the help of some staff I have been able to feel more at home and comfortable in a place of comfort and warmth. I see so many other kids on the campus dealing with an immense amount of problems pertaining to substance abuse, death, and discomfort within themselves. The Wellness Center has provided friends I know with a great amount of comfort and progress. It would be a shame for a school not to have one. They help get students more involved and build self-confidence. This is truly a wonderful program.

What recommendations could be made to enhance the program and increase the likelihood of sustainability? Undoubtedly, projects of this size and scope require more than three years of funding to take hold. Ideally, there would be a first year of start-up funding, followed by 4 or 5 years of implementation funding, with a provision for sustainability efforts to be included alongside of program activities. With this funding picture, the first year could be spent planning and working out all of the budgetary, programmatic, and practical details of Wellness Center operations.

Projects of this size and scope also require engaged leadership that provides direction while simultaneously allowing for participation, engagement, and collaboration. Following this, extensive and continuous training must be provided. This should extend to resolution of conflicts and issues between staff at the Wellness Centers and between staff and the district. As noted in the implementation section, many Wellness Center staff felt disconnected from the programmatic and fiscal decisions made by the district. They also felt that the district did not listen to the concerns of those who “work in the trenches.” Finally, if an external evaluation is imposed on the district as a requirement of funding, these funds should not be under the control of the district, a practice that compromises the independence of the evaluator and puts the external evaluation under the control of the agency being evaluated.

In terms of sustainability, more attention should be paid to the fiscal realities of school districts and how funds can be leveraged for these types of services and program. Wellness Centers are very expensive to staff and run. It is unlikely that a school district or other agencies can absorb multimillion dollar projects when federal funds end. Indeed, it may be almost counterproductive to infuse a large amount of money into a district for a short time, where much development and learning is needed just to get a program to take hold. Clearly, many of the implementation challenges can be resolved through learning, reflection, and changes in policies and procedures. What
remains to be seen is how centers such as these can garner sustained funding, particularly during times of economic downturns and fiscal constraints.

References


