

## The California Healthy Kids Survey: The Case for Continuation

By Greg Austin, PhD.

Since 2010, we have seen a pronounced decline in federal support for the prevention and reduction of alcohol and other drug (AOD) use among youth in California. The primary cause: the ending of the federal Title IV Safe and Drug-Free Schools and Communities (SDFSC) program. This program required schools receiving SDFSC funds to develop, implement, and evaluate a comprehensive drug and violence prevention program. The end of this program, coupled with the effects of the budget crisis and pressure on schools to focus on improving test scores, have left schools without strong support for their prevention efforts.

One consequence of reduced federal support for local prevention efforts has been a decline in the administration by schools of the California Healthy Kids Survey (CHKS), that has been the main source of local, county, and statewide data on adolescent AOD use, attitudes, and experiences for over a decade ([www.chks.wested.org](http://www.chks.wested.org)). Between fiscal year (FY) 2003/04 and 2009/10, the California Department of Education (CDE) required districts to administer the CHKS every two years to be in compliance with Title IV. Title IV was also the main source of funding that schools used to cover the costs of conducting the survey. CDE continues to make the survey available at low-cost, and still requires



**From 2003 through 2010, almost 900 districts, over 7,000 schools, and one million students participated in the survey every two years, resulting in one of the largest databases on adolescent AOD use in the nation.**

it of school districts that receive funding under the state Tobacco Use Prevention Education (TUPE) program and the Safe and Supportive Schools grant. **Nevertheless, school district participation in the survey has declined by about one-third since the ending of Title IV.**

Although school districts clearly benefit from the administration of the CHKS, and the great majority still participate in the survey voluntarily, many are finding its continued administration difficult, particularly in the face of the financial and testing stresses districts are experiencing. A common reason that districts give for no longer participating is the challenge of doing anything, like the CHKS, that is not required by the state, costs money, or involves loss of instruction time.

This *Prevention Tactic* discusses how this decline in the CHKS participation stymies prevention efforts throughout California. It also provides strategies that stakeholders can pursue to ensure that they have the fiscal, administrative, and community support needed to continue the administration of the CHKS.

*The Safe and Drug-Free Schools and Communities Act, as Title IV, was part of the No Child Left Behind Act signed by President Bush in 2002. This program was administered by The Office of Safe and Drug-Free Schools, a department which was eliminated in 2011. Its programs are now run under the newly formed Office of Safe and Healthy Students, which has a substantially smaller budget than its predecessor. Although the Office of Safe and Healthy Students remains committed to creating safe schools, responding to crises, preventing drug abuse and violence, ensuring the health and well being of students, and promoting development of good character and citizenship, it has a reduced financial capacity to support state programs.*

### prevention *Tactics* 9:8 (2013)

**Tactics** (Tak'tiks) n. 1. a plan for promoting a desired end. 2. the art of the possible.



## What Schools Learn from the CHKS

One way to secure support for the CHKS is to make sure that stakeholders know what kinds of knowledge are generated by the survey. The CHKS began in 1999 to provide local data to schools and communities to support substance use and violence prevention, and to promote positive youth development, health, and well-being in general. It is a low-cost, efficient, comprehensive data collection system that can be customized with the addition of questions selected by local schools and communities to better meet their data needs. It quickly grew into the gold standard in the nation, and was recently highlighted by the Obama Administration as a model for others. Over time, its focus has expanded to assess a broad range of school climate indicators. It remains the major source of data in the state to support and guide AOD prevention and intervention efforts. The survey is used by schools, counties, and community organizations for strategic planning across systems.

### The Content

The secondary-school CHKS is composed of a series of topic-specific modules. A Core Module, used by any school receiving TUPE funds, provides data on the demographic characteristics of respondents, the scope and nature of their involvement in risky behaviors, and the extent of risk and protective factors. Its assessment of fundamental developmental supports that promote resilience was groundbreaking. Of the 132 items on the survey's general Core Module, half (65) are about substance use. In addition, there is a supplemental module devoted to additional AOD questions.

The Core AOD items fall into seven areas:

- Lifetime and 30-day (current) frequency of use;
- Use at school (current and lifetime);
- Adverse effects experienced from AOD use;
- AOD dependency indicators, derived from the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria (e.g, tolerance, lack of control, interference with life, efforts to stop use);
- Attitudes, including perceived harm and level of friends' disapproval;
- Perceived availability; and
- Prevention exposure (talking to parents and messages heard/seen).

### Companion Staff Survey

Over time, the CHKS system was expanded with the addition of the online California School Climate Survey (CSCS) of teachers, administrators, and other school staff (see [www.cscs.wested.org](http://www.cscs.wested.org)).<sup>1</sup> This survey is administered along with the CHKS at no additional cost. The CSCS generates data from school staff on the AOD-related services and programs provided by the school, the degree to which student substance use posed a problem at the school, and how well the school supported the three fundamental protective factors. These data are used by schools and community partners to develop, sustain, and improve youth prevention programs.

### Reporting and Data Availability

School district data are easily available to the public and researchers. School district reports of survey results are posted for downloading on the survey website ([www.chks.wested.org/reports](http://www.chks.wested.org/reports)) and CDE's DataQuest system. Individual schools can (and growing numbers did) also request their own site-level report to guide their own school-based efforts which are not publicly posted. Full datasets of the results are also available for analysis.

<sup>1</sup> Along with a new parent survey, these three surveys form the California School Climate, Health and Learning Survey System (Cal-SCHLS). For information on the use of all three surveys, visit [www.cal-schls.wested.org](http://www.cal-schls.wested.org).

Moreover, because the CHKS administration was so widespread, CDE funded preparation and public posting of aggregated countywide and statewide reports to guide prevention, health, and educational programs across counties and the state. One of the most immediate problems posed by the decline in district administration is the reduction in the ability to generate representative, aggregated data for county- and state-level planning.

## How Schools Use the CHKS

The information provided by the CHKS helps schools harness support for youth prevention programs and helps justify sustaining these programs over the long term. Data from the CHKS allows schools to demonstrate specific prevention needs and show real prevention successes to funders and other stakeholders. The loss of the CHKS data adversely affects local schools/communities in multiple ways. First, and perhaps foremost, it undermines their ability to identify and understand the needs of youth, making it more difficult to raise awareness of the importance of addressing those needs. It was in raising local awareness in support of AOD prevention that the value of the CHKS was first evident. Further, the loss of data hampers efforts to obtain financial support for those efforts, limits the ability to engage in a data driven decision making process to improve programmatic efforts, and makes it hard to evaluate progress in meeting the identified needs. Schools that use the CHKS benefit at all levels of prevention programming, including planning, implementation, and evaluation.

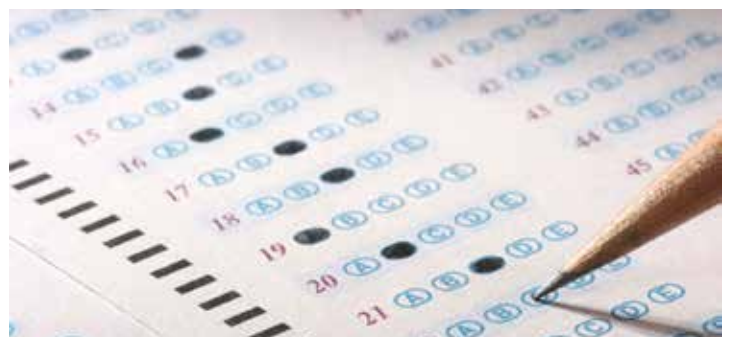
- **Planning.** Prevention efforts are best supported by collaboration between schools and community partners. One of the positive effects of the CHKS has been to help break down the barriers to collaborating by providing concrete information that school and community stakeholders can discuss together and make plans to address. Local data has an immediate relevance that state or national data does not.
- **Program Funding.** During a time of diminished funding opportunities, limited resources, and higher funding competition, the benefit of the CHKS data has become increasingly important. A frequently reported benefit has been providing data to justify the need to obtain program funding, especially in competitive proposals, during a time of diminished funding opportunities and higher

competition. The availability of these data to justify need has contributed significantly over the years to the award of millions of dollars by federal and public-agency grants to schools and communities throughout the state.

- **Implementation.** The CHKS provides data to guide improvements in AOD prevention and intervention efforts, not only in regard to the scope and nature of local problems, but also the related risk factors that need to be addressed and the level at which the schools/communities provide the protective factors that might mitigate those risks. Delving into the data in more depth, schools/communities can analyze their dataset to identify the characteristics of the youth that are most involved in, or vulnerable to, substance use, and see how it is related to other problems they may be experiencing.
- **Evaluation.** Regular administration of the CHKS helps schools and their community partners assess the degree to which prevention efforts are succeeding. Not only does this help refine program implementation strategies, but it justifies continued funding support. These data help schools achieve accountability to funders, community partners, and other stakeholders by demonstrating the effectiveness of prevention programs for youth.

## Strategies for Sustaining the Data

In short, until the Title IV requirement ended, the CHKS was helping to build a “culture of data” that was promoting, supporting, and improving prevention, health, and education efforts at the local, county, and state level. It is a testament to the value of the data that the great majority of school districts are continuing to conduct the survey. Indeed, appreciation of the value of the data has grown so that the majority of districts have also come to recognize that district-level data are not sufficient, and that they need to request school-level reports as well, even though they are an added cost. In FY 2005/06, over 1,900 school-level reports were prepared for California schools.



Nevertheless, with district survey participation dropping by one third over two years, we need to turn our attention to what can be done to preserve local data and thus county and state data. Described below are several steps that have been taken at the state and county level to encourage ongoing participation, and other strategies that you can implement at the local level.

## State Survey Supports

Because of the value of the data at the local and county level, several efforts have already been undertaken by CDE and the California Department of Alcohol and Drug Programs (ADP) to sustain the surveys. These include:

- **TUPE Funding.** The CDE Coordinated School Health and Safety Office, which developed the CHKS, has expanded the survey funding that it provides under the TUPE program.
- **ADP Funding.** To ensure both local participation and representative statewide data, ADP is providing financial incentives to schools and districts that agree to administer the CHKS as part of a randomly selected, representative statewide sample that also adds the supplementary AOD Module in its CHKS administration. This includes coverage of survey costs for up to 900 students per grade level in secondary schools.
- **Federal SAPT Funds.** ADP has alerted County AOD Administrators and Prevention Coordinators that federal Substance Abuse Prevention and Treatment (SAPT) Block Grant Primary Prevention funds can be used to support the CHKS.
- **Online Administration.** To reduce the cost and labor involved in survey administration, CDE funded the development of an online version of the secondary-school CHKS. Schools that have administered the survey online have also found that it resulted in a higher level of student participation.
- **Lowered Requirements.** The minimum grade-level requirement for using the CDE-subsidized system has been reduced to grades seven and nine, to provide data to guide prevention efforts. (TUPE grantees are required to conduct the CHKS Core Module biennially at grades seven, nine, and eleven).

## County Agency Supports

Because so many county agencies, particularly County Offices of Education and Departments of Public Health, have come to rely on representative CHKS and CSCS data



for their countywide program planning, funding, and monitoring, many have taken the lead in supporting the survey and providing financial incentives for all their school districts to continue their participation. Here's what several of them have done:

- The Sonoma County Office of Education (SCOE) convened a group of stakeholders representing a wide range of public and private entities that regularly relied on CHKS data — the County Health, Human Services, and Probation Departments; the City of Santa Rosa; a local coalition of hospitals, the United Way, and a local community foundation — to determine how their organizations could support the future administration of the CHKS throughout the county. They agreed to help fund the printing and scoring costs of the CHKS, especially for the K-6 schools that agreed to administer the survey to grade 5 students. Pledges of financial support ranging from \$1,000 to \$2,500 per agency/department were made. SCOE used these funds to supply participating districts with the CHKS survey, and worked with WestEd to provide school and district level reports to all participating districts. **As a consequence, almost all the school districts in the county agreed to continue survey administration for the next four years.**
- The San Diego and Santa Barbara COEs have also provided funds to cover the survey costs for all districts in their counties that do not have other sources of funds. As with Sonoma, this funding is tied to inclusion of a county-developed custom module. Additionally, they provide school level reports. Santa Barbara County uses the expanded dataset provided by the California School Climate, Health, and Learning Survey (Cal-SCHLS). The Cal-SCHLS is comprised of

the CHKS, the CSCS, and the California School Parent Survey (CSPS). When the data from these surveys are used together, they provide important information about the health and well-being of the students, and supports for parents and school staff. To ensure that districts understand and utilize this data, Santa Barbara COE pays for three days of data use training in the spring.

- The Orange County Health Care Agency (OCHCA) covers the base costs of the CHKS for all the non-TUPE districts in the county and provides school-level reports. Additionally, the OCHCA paid for county datasets of the CHKS and the CSCS from the 2009-2010 survey year.

These efforts are important because they mitigate the issue of the survey costs as a barrier to participation. In addition, these county/school collaborations demonstrate how important the data are to so many stakeholders, and reinforce that the schools are part of a system needed to support youth so that they can learn and thrive. Moreover, these efforts further the development of a web of relationships among community partners to share data, resources, and time working toward common goals. They provide a model for community-level stakeholder collaboration to preserve CHKS participation.

Counties that have worked with schools on survey administration shared several lessons that may assist other counties pursuing similar collaborations. In particular, counties emphasize the importance of launching the collaboration early, ideally before the school year begins. This built in planning time ensures that there is sufficient lead time to secure the survey materials, develop parent consent forms, and establish roles and responsibilities between partners. During survey administration, counties have found that frequent communication between the designated county and school liaisons help keep the process on track.

Counties also suggest that collaborations may, of necessity, be incomplete: some schools may simply lack the interest or capacity to administer the survey. In these cases, WestEd can be a resource to help determine what participation is required to produce a representative sample. This helps streamline recruitment efforts.

Schools are a key partner in these efforts because schools are the most cost-effective and efficient means to collect data that are important not only to schools, but to a wide range of community agencies, families, and county and state entities. It is important for schools to understand their role and commitment to the wider community working to ensure that all the kids succeed in school and life, and are safe, healthy, and ready to learn.

## Local Strategies for Preserving the CHKS

### Help Support the Costs of Survey Administration

Because of the financial support provided by CDE and ADP, the direct per-student cost of conducting the survey is very small (\$.30 per student). For half of districts, the basic fee is less than \$150. The labor costs to districts are a greater financial burden, including the cost of photocopying the surveys and the labor for planning, obtaining parental consent, and proctoring. These financial concerns can be addressed in several ways:

- Make sure your schools are aware of potential sources of funding at the county and state level (e.g., SAPT, TUPE).
- If no county agency provides support, talk with them about it and explore local sources of funding, including the incorporation of the survey into proposals for program funding. As discussed further below, think beyond just AOD-related sources. Remember: the goal is to get local schools to continue the survey administration so that you can obtain the AOD-related data. It doesn't matter what the reasons are or who provides the funding.
- Remind districts that they can lower survey costs by conducting it online. If that isn't an option, offer to photocopy and distribute the survey instruments.
- To reduce labor costs, involve youth organizations in the process. Turn the survey into a service learning experience. Older youth can help plan and administer the survey. This should be tied to youth involvement in reviewing the results and planning prevention efforts.
- Help write proposals to obtain direct survey funding or include the survey in any proposals written for health or education program funding.



## Advocacy

Be vocal advocates and speak to the concerns of schools. Meet with school stakeholders and stress the value of the survey, as discussed above, on multiple levels: AOD prevention, violence, health, and, above all, education. In this time of duress for schools on multiple levels, it is important to emphasize how the CHKS data meet their needs in multiple ways. Regarding AOD use:

- **Show Need.** Download the data from past survey reports (available on the CHKS website) on the level of use and the use-related problems that affect the school and community. Compare these results to the staff-reported data from the CSCS on the level of services provided.
- **Emphasize the links between substance use and educational outcomes.** Show them the research that demonstrates the adverse effects of substance use on school safety, school attendance, performance, and graduation. To cite just one finding: The Center for Addiction and Substance Abuse (2001) estimates that substance abuse costs America's schools at least \$41 billion dollars annually in its effects on truancy, special education, disciplinary problems, disruptive behavior, teacher turnover, and property damage. For example, for a substantial proportion of California students, heavy use and school problems go hand-in-hand, setting them on a trajectory to failure and affecting the learning environment for others as well. These problems interact. The more disengaged from school that a student becomes, the higher the level of substance abuse, and vice versa. Among every 10 California high school students who report poor school performance, attendance, violence, or weapons possession at school, 3-4 students in 9<sup>th</sup> grade, and 4-6 in 11<sup>th</sup>, are heavy AOD users.

- **Analyze local substance use-education linkages.** Better yet, analyze existing local CHKS/CSCS data so that school stakeholders see these effects on their own students. Local relevance is always a powerful argument.
- **Stress the value of collaboration.** Show how significant the problem of substance use is to the community in general, and the ways schools can address this significant problem as part of the wider community.

## Data Use

Communicate your commitment to help school stakeholders understand, analyze, and use the survey results in guiding program decision making. Schools are more likely to collect data when they see that it is being used effectively to improve youth programs. Provide them with information about the local resources that will be available to help schools address AOD problems identified by the survey.

- Community coalitions use the CHKS data to secure federal funds to support their work (e.g. Drug Free Communities, Stop Act)
- Community-based organizations use the CHKS data to justify financial and programmatic support from local governments
- Community development organizations use the CHKS data in their strategic planning process

## Value of Cross Sector Collaborations

Because the CHKS began primarily as a health survey, many district staff responsible for school improvement efforts may not even be aware that it provides so much useful data related to school climate, academic success and graduation, and the broad mission to ensure student success and wellness. But combined with the CSCS for staff, it provides a wealth of information to guide health, safety, and student achievement strategies.

Framing the importance of prevention in the context of broad support for student success and wellness transcends the issue of the survey itself. In this time of reduced prevention funding and support in many schools, the ability of the survey to generate data which are useful across sectors provides a collaborative opportunity to achieve many of the goals



of the substance abuse prevention field. Some of the challenges to continued survey administration are best faced through collaboration across sectors. Forging partnerships with other county departments, safety advocates, and community organizations increases the investment in continued survey administration. As more entities become stakeholders in the CHKS, the greater the collective resources will be to support its full administration in California.

- Prevention workers should reach out to local County Departments of Mental Health, Departments of Education, and Departments of Behavioral Health for survey support. County Departments of Mental or Behavioral Health emphasize the importance of fostering developmentally supportive school environments. Such environments provide the protective factors that youth development and resilience research have shown can reduce the risk of involvement in substance use and other health-risk behaviors, and promote physical and mental well-being.<sup>2</sup> The CHKS measures the three most important of these protective factors in both the school and community environment: caring adult relationships, high expectations messages from adults, and opportunities for meaningful participation. Moreover, research has found that school connectedness, which is also measured by the CHKS, is one of the most powerful health-protective factors, second only to family connectedness.
- County Departments of Public Health can also make enormous use of the CHKS data. Both public health and the Institute of Medicine stress a comprehensive pyramid of supports: (a) broad-based universal supports for all students, such as the three resilience protective factors, (b) targeted interventions for at-risk

groups, and (c) intense, individualized interventions for youth already experiencing problems. The CHKS provides crucial information that can enhance and sustain these strategies.

- School Climate advocates are natural allies for survey supporters because they emphasize the need for schools to address the many non-cognitive factors in the lives of students that are barriers to learning, such as substance use, and to support the development of the Whole Child. A positive school climate has been linked to lower rates of substance use, and advocates emphasize the importance of implementing a comprehensive pyramid of supports.
- The CHKS also gathers data about school safety, including both bullying and violence. These concerns span multiple departmental and organizational boundaries, and are topics of concern to funders, administrators, and parents. Broadening the coalition of the CHKS supporters to include those with concerns about school violence may be an effective way to increase the number of schools able to administer it.

In short, an AOD prevention agenda can be advanced by advocating the importance of the CHKS for supporting a variety of institutional, community, and organizational missions. One of the most critical needs in improving school services today is to break down the silos that separate programmatic efforts and lead to fragmentation, marginalization, and often redundancy in learning supports such as AOD prevention.<sup>3</sup>

## Conclusion

Considering how many schools, communities, counties, and state agencies have come to rely on the data, one obvious solution to this problem is to replace the federal Title IV data collection requirement with a state requirement. The alternative is to follow the TUPE model and have more public agencies tie their program funding to collection and use of the CHKS data. The TUPE program provides a model for how other agencies that rely on the data can preserve the data collection. In the meantime, the strategies in this *Prevention Tactic* can help foster continued local survey support so that AOD prevention and intervention programs targeting adolescents have the data they need.

<sup>2</sup> See the new CHKS guidebook: Austin, G., & O'Malley, M. (2012). *Making Data-Driven Decisions in Student Support and School Mental Health Programs: A Guidebook for Practice*. San Francisco: WestEd, for the California Dept of Education.

<sup>3</sup> These and other strategies are discussed in the *Cal-SCHLS Guidelines for Survey Administration, 2010-11*. ([www.cal-schls.wested.org](http://www.cal-schls.wested.org))



PRSR STD  
U.S. Postage  
PAID  
Sacramento, CA  
Permit No. 2840

# prevention *Tactics*

Prevention Tactics are published periodically by CARS under its Community Prevention Initiative contract with the California Department of Alcohol and Drug Programs (ADP). The purpose of this publication is to help practitioners in the prevention field stay abreast of best practices emerging from current research and to provide practical tools and resources for implementing proven strategies.

The information or strategies highlighted in Prevention Tactics do not constitute an endorsement by ADP, nor are the ideas and opinions expressed herein those of ADP or its staff.

© 2013 by Community Prevention Initiative (CPI). Permission to reproduce is granted, provided credit is given.

Edition 9:8  
Author: Greg Austin, PhD.  
Editor: Terese Voge

## *Let's Hear From You!*

We welcome readers' comments on topics presented.

**Call us** at 877-568-4227  
or send an **email** to  
[cpiinfo@cars-rp.org](mailto:cpiinfo@cars-rp.org)

Additional copies of this publication are available upon request or online at: [www.ca-cpi.org](http://www.ca-cpi.org)



For more information, please visit the CARS website at: [www.cars-rp.org](http://www.cars-rp.org).