Section III: Getting from Here to There

What are some of the first steps?

Mechanisms for Systemic Change

A Bit More About the Functions of a Change Agent and Change Team

- Exhibit 2: Examples of Task Activity for a Change Agent

A Note of Caution

- Exhibit 3: Planning and Facilitating Effective Meetings

Concluding Comments
Getting from Here to There

Because building and maintaining effective collaboratives requires systemic changes, the process of getting from here to there is a bit complex. The process often requires knowledge and skills not currently part of the professional preparation of those called on to act as change agents. For example, few school or agency professionals assigned to make major reforms have been taught how to create the necessary motivational readiness among a critical mass of stakeholders, nevermind knowing how to develop and institutionalize the type of mechanisms required for effective collaboration.

Substantive change requires paying considerable attention to enhancing both stakeholder motivation and capability and ensuring there are appropriate supports during each phase of the change process. It is essential to account for the fullness of the processes required to build authentic agreements and commitments. These involve strategies that ensure there is a common vision and valuing of proposed innovations and attention to relationship building, clarification of mutual expectations and benefits, provision for rapid renegotiation of initial agreements, and much more. Authentic agreements require ongoing modification that account for the intricacies and unanticipated problems that characterize efforts to introduce major innovations into complex systems. Informed commitment is strengthened and operationalized through negotiating and renegotiating formal agreements among various stakeholders. Policy statements articulate the commitment to the innovation's essence. Memoranda of understanding and contracts specify agreements about such matters as funding sources, resource appropriations, personnel functions, incentives and safeguards for risk-taking, stakeholder development, immediate and long-term commitments and timelines, accountability procedures, and so forth.

Change in the various organizational and familial cultures represented in a collaborative evolve slowly in transaction with specific organizational and programmatic changes. Early in the process the emphasis needs to be on creating an official and psychological climate for change, including overcoming institutionalized resistance, negative attitudes, and barriers to change. New attitudes, new working relationships, new skills all must be engendered, and negative reactions and dynamics related to change must be addressed. Creating this readiness involves tasks designed to produce fundamental changes in the culture that characterizes schools and community agencies, while accommodating cultural differences among families.
Substantive change is most likely when high levels of positive energy among stakeholders can be mobilized and appropriately directed over extended periods of time. Thus, one of the first concerns is how to mobilize and direct the energy of a critical mass of participants to ensure readiness and commitment.

This calls for proceeding in ways that establish and maintain an effective match with the motivation and capabilities of involved parties. The literature clarifies the value of (a) a high level of policy and leadership commitment that is translated into an inspiring vision and appropriate resources (leadership, space, budget, time), (b) incentives for change, such as intrinsically valued outcomes, expectations for success, recognitions, rewards, (c) procedural options that reflect stakeholder strengths and from which those expected to implement change can select options they see as workable, (d) a willingness to establish an infrastructure and processes that facilitate efforts to change, such as a governance mechanism that adopting strategies for improving organizational health, (e) use of change agents who are perceived as pragmatic (e.g., as maintaining ideals while embracing practical solutions), (f) accomplishing change in stages and with realistic timelines, (g) providing feedback on progress, and (h) taking steps to institutionalize support mechanisms that maintain and evolve changes and generate periodic renewal. An understanding of concepts espoused by community psychologists such as empowering settings and enhancing a sense of community also can make a critical difference. Such concepts stress the value of open, welcoming, inclusive, democratic, and supportive processes.
What Are Some of the First Steps?

(1) Adopting a Comprehensive Vision for the Collaborative

Collaborative leadership builds consensus that the aim of those involved is to help weave together community and school resources to develop a comprehensive, multifaceted, and integrated continuum of interventions so that no child is left behind.

(2) Writing a “Brief” to Clarify the Vision

Collaborative establishes a writing team to prepare a “white paper,” Executive Summary and set of “talking points” clarifying the vision by delineating the rationale and frameworks that will guide development of a comprehensive, multifaceted, and integrated approach.

(3) Establishing a Steering Committee to Move the Initiative Forward and Monitor Process

Collaborative identifies and empowers a representative subgroup who will be responsible and accountable for ensuring that the vision (“big picture”) is not lost and the momentum of the initiative is maintained through establishing and monitoring ad hoc work groups that are asked to pursue specific tasks.

(4) Starting a Process for Translating the Vision into Policy

Steering Committee establishes a work group to prepare a campaign geared to key local and state school and agency policy makers that focuses on (a) establishing a policy framework for the development of a comprehensive, multifaceted, and integrated approach and (b) ensuring that such policy has a high enough level of priority to end the current marginalized status such efforts have at schools and in communities.

(5) Developing a 5 year Strategic Plan

Steering Committee establishes a work group to draft a 5 year strategic plan that delineates (a) the development of a comprehensive, multifaceted, and integrated approach and (b) the steps to be taken to accomplish the required systemic changes (The strategic plan will cover such matters as use of formulation of essential agreements about policy, resources, and practices; assignment of committed leadership; change agents to facilitate systemic changes; infrastructure redesign; enhancement of infrastructure mechanisms; resource mapping, analysis, and redeployment; capacity building; standards, evaluation, quality improvement, and accountability; “social marketing.”)

Steering Committee circulates draft of plan (a) to elicit suggested revisions from key stakeholders and (b) as part of a process for building consensus and developing readiness for proceeding with its implementation.

Work group makes relevant revisions based on suggestions.

(6) Moving the Strategic Plan to Implementation

Steering Committee ensures that key stakeholders finalize and approve strategic plan.

Steering Committee submits plan on behalf of key stakeholders to school and agency decision makers to formulate formal agreements (e.g., MOUs, contracts) for start-up, initial implementation, and ongoing revisions that can ensure institutionalization and periodic renewal of a comprehensive, multifaceted, and integrated approach.

Steering Committee establishes work group to develop action plan for start-up and initial implementation (The action plan will identify general functions and key tasks to be accomplished, necessary systemic changes, and how to get from here to there in terms of who carries out specific tasks, how, by when, who monitors, etc.)
Mechanisms for Systemic Change

It helps to think in terms of four key temporary systemic change mechanisms. These are: (1) a site-based steering mechanism to guide and support systemic change activity, (2) a change agent who works with the change team and has full-time responsibility for the daily tasks involved in creating readiness and the initial implementation of desired changes, (3) a change team (consisting of key stakeholders) that has responsibility for coalition building, implementing the strategic plan, and maintaining daily oversight (including problem solving, conflict resolution, and so forth), and (4) mentors and coaches who model and teach specific elements of new approaches. Once systemic changes have been accomplished effectively, all temporary mechanisms are phased out – with any essential new roles and functions assimilated into regular structural mechanisms.

Steering the change process

When it comes to connecting with schools, systemic change requires shifts in policy and practice at several levels (e.g., a school, a "family" of schools, a school district). Community resources also may require changes at several levels. Each jurisdictional level needs to be involved in one or more steering mechanisms. A steering mechanism can be a designated individual or a small committee or team. The functions of such mechanisms include oversight, guidance, and support of the change process to ensure success. If a decision is made to have separate steering mechanisms at different jurisdictional levels, an interactive interface is needed among them. And, of course, a regular, interactive interface is essential between steering and organizational governance mechanisms. The steering mechanism is the guardian of the "big picture" vision.

Change agent & change team

Building on what is known about organizational change, it is well to designate and properly train a change agent to facilitate the process of getting from here to there. During initial implementation of a collaborative infrastructure, tasks and concerns must be addressed expeditiously. To this end, an trained agent for change plays a critical role. One of the first functions is to help form and train a change team. Such a team (which includes various work groups) consists of personnel representing specific programs, administrators, union reps, and staff and other stakeholders skilled in facilitating problem solving and mediating conflicts. This composition provides a blending of agents for change who are responsible and able to address daily concerns.
During initial implementation, the need for mentors and coaches is acute. Inevitably new ideas, roles, and functions require a variety of stakeholder development activities, including demonstrations of new infrastructure mechanisms and program elements. The designated change agent is among the first providing mentorship. The change team must also help identify mentors who have relevant expertise. A regularly accessible cadre of mentors and coaches is an indispensable resource in responding to stakeholders' daily calls for help. (Ultimately, every stakeholder is a potential mentor or coach for somebody.) In most cases, the pool will need to be augmented periodically with specially contracted coaches.

Regardless of the nature and scope of the work, a change agent's core functions require an individual whose background and training have prepared her/him to understand:

- The specific systemic changes (content and processes) to be accomplished (In this respect, a change agent must have an understanding of the fundamental concerns underlying the need for change.)
- How to work with a site's stakeholders as they restructure their programs.

As can be seen in Exhibit 2, the main work revolves around planning and facilitating:

- Infrastructure development, maintenance, action, mechanism liaison and interface, and priority setting
- Stakeholder development (coaching – with an emphasis on creating readiness both in terms of motivation and skills; team building; providing technical assistance; organizing basic "cross disciplinary training")
- Communication (visibility), resource mapping, analyses, coordination, and integration
- Formative evaluation and rapid problem solving
- Ongoing support

With the change agent initially taking the lead, members of the change team (and its work groups) are catalysts and managers of change. As such, they must ensure the "big picture" is implemented in ways that are true to the vision and compatible with the local culture. Team members help develop linkages among resources, facilitate redesign of regular structural mechanisms, and establish other temporary mechanisms. They also are problem solvers – not only responding as problems arise but taking a proactive stance by designing strategies to counter anticipated barriers to change, such as negative reactions and dynamics, common factors interfering with working relationships, and system deficiencies. They do all this in ways that enhance empowerment, a sense of community, and general readiness and commitment to new approaches. After the initial implementation stage, they focus on ensuring that institutionalized mechanisms take on functions essential to maintenance and renewal. All this requires team members who are committed each day to ensuring effective replication and who have enough time and ability to attend to details.
Exhibit 2

Examples of Task Activity for a Change Agent

1. Infrastructure tasks

(a) Works with governing agents to further clarify and negotiate agreements about
   • policy changes
   • participating personnel (including administrators authorized to take the lead
     for systemic changes)
   • time, space, and budget commitments
(b) Identifies several representatives of stakeholder groups who agree to lead the
    change team
(c) Helps leaders to identify members for change, program, and work teams and
    prepare them to carry out functions

2. Stakeholder development

(a) Provides general orientations for governing agents
(b) Provides leadership coaching for site leaders responsible for systemic change
(c) Coaches team members (e.g., about purposes, processes)
   Examples: At a team's first meeting, the change agent offers to provide a brief orientation
   (a presentation with guiding handouts) and any immediate coaching and specific task
   assistance team facilitators or members may need. During the next few meetings, the
   change agent and/or coaches might help with mapping and analyzing resources. Teams
   may also need help establishing processes for daily interaction and periodic meetings.
(d) Works with leaders to ensure presentations and written information about
    infrastructure and activity changes are provided to all stakeholders

3. Communication (visibility), coordination, and integration

(a) Determines if info on new directions (including leadership and team functions and
    membership) has been written-up and circulated. If not, the change agent
determines why and helps address systemic breakdowns; if necessary, effective
processes are modeled.
(b) Determines if leaders and team members are effectively handling priority tasks. If
    not, the change agent determines why and helps address systemic breakdowns; if
    necessary, effective processes are modeled.
Exhibit 2 (cont.)

Examples of Task Activity for a Change Agent

(c) Determines if change, program, and work teams are being effective (and if not, takes appropriate steps).
   For example, determines if resources have been
   • mapped
   • analyzed to determine
     > how well resources are meeting desired functions
     > how well programs and services are coordinated/integrated (with special emphasis on maximizing cost-effectiveness and minimizing redundancy)
     > what activities need to be improved (or eliminated)
     > what is missing, its level of priority, and how and when to develop it

(d) Determines the adequacy of efforts made to enhance communication to and among stakeholders and, if more is needed, facilitates improvements (e.g., ensures that resource mapping, analyses, and recommendations are written-up and circulated)

(e) Determines if systems are in place to identify problems related to functioning of the infrastructure and communication systems. If there are problems, determines why and helps address any systemic breakdowns

(f) Checks on visibility of reforms and if the efforts are not visible, determines why and helps rectify

4. Formative Evaluation and rapid problem solving

(a) Works with leaders and team members to develop procedures for formative evaluation and processes that ensure rapid problem solving

(b) Checks regularly to be certain there is rapid problem solving. If not, helps address systemic breakdowns; if necessary, models processes.

5. Ongoing Support

(a) Offers ongoing coaching on an "on-call" basis
   For example: informs team members about ideas developed by others or provides expertise related to a specific topic they plan to discuss.

(b) At appropriate points in time, asks for part of a meeting to see how things are going and (if necessary) to explore ways to improve the process

(c) At appropriate times, asks whether participants have dealt with longer-range planning, and if they haven't, determines what help they need

(d) Helps participants identify sources for continuing capacity building.
Without careful planning, implementation, and capacity building, collaborative efforts will rarely live up to the initial hope. For example, formal arrangements for working together often take the form of committees and meetings. To be effective, such sessions require thoughtful and skillful facilitation. Even when they begin with great enthusiasm, poorly facilitated working sessions quickly degenerate into another meeting, more talk but little action, another burden, and a waste of time. This is particularly likely to happen when the emphasis is mainly on the unfocused mandate to “collaborate,” rather than on moving an important vision and mission forward through effective working relationships.

Most of us know how hard it is to work effectively with a group. Staff members can point to the many committees and teams that drained their time and energy to little avail. Obviously true collaboration involves more than meeting and talking. The point is to work in ways that produce the type of actions that result in effective programs. For this to happen, steps must be taken to ensure that committees, councils, and teams are formed in ways that maximize their effectiveness. This includes providing them with the training, time, support, and authority to carry out their role and functions. It is when such matters are ignored that groups find themselves meeting but going nowhere. Exhibit 5 offers some guidelines for planning and facilitating effective meetings.

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### Exhibit 3

**Planning and Facilitating Effective Meetings**

**Forming a Working Group**

- C There should be a clear statement about the group's mission.
- C Be certain that members agree to pursue the stated mission and, for the most part, share a vision.
- C Pick someone who the group will respect and who either already has good facilitation skills or will commit to learning those that are needed.
- C Provide training for members so they understand their role in keeping a meeting on track and turning talk into effective action.
- C Designate processes (a) for sending members information before a meeting regarding what is to be accomplished, specific agenda items, and individual assignments and (b) for maintaining and circulating record of decisions and planned actions (what, who, when).

**Meeting Format**

- C Be certain there is a written agenda and that it clearly states the purpose of the meeting, specific topics, and desired outcomes for the session.
Exhibit 3. (cont.) Planning and Facilitating Effective Team Meetings

C Begin the meeting by reviewing purpose, topics, desired outcomes, etc. Until the group is functioning well, it may be necessary to review meeting ground rules.
C Facilitate the involvement of all members, and do so in ways that encourage them to focus specifically on the task. The facilitator remains neutral in discussion of issues.
C Try to maintain a comfortable pace (neither too rushed, nor too slow; try to start on time and end on time but don't be a slave to the clock).
C Periodically review what has been accomplished and move on the next item.
C Leave time to sum up and celebrate accomplishment of outcomes and end by enumerating specific follow up activity (what, who, when). End with a plan for the next meeting (date, time, tentative agenda). For a series of meetings, set the dates well in advance so members can plan their calendars.

Some Group Dynamics to Anticipate

C Hidden Agendas – All members should agree to help keep hidden agendas in check and, when such items cannot be avoided, facilitate the rapid presentation of a point and indicate where the concern needs to be redirected.
C A Need for Validation – When members make the same point over and over, it usually indicates they feel an important point is not being validated. To counter such disruptive repetition, account for the item in a visible way so that members feel their contributions have been acknowledged. When the item warrants discussion at a later time, assign it to a future agenda.
C Members are at an Impasse – Two major reasons groups get stuck are: (a) some new ideas are needed to "get out of a box" and (b) differences in perspective need to be aired and resolved. The former problem usually can be dealt with through brainstorming or by bringing in someone with new ideas to offer; to deal with conflicts that arise over process, content, and power relationships employ problem solving and conflict management strategies (e.g., accommodation, negotiation, mediation).
C Interpersonal Conflict and Inappropriate Competition – These problems may be corrected by repeatedly bringing the focus back to the goal – improving outcomes for students/families; when this doesn't work; restructuring group membership may be necessary.
C Ain't It Awful! – Daily frustrations experienced by staff often lead them to turn meetings into gripe sessions. Outside team members (parents, agency staff, business and/or university partners) can influence school staff to exhibit their best behavior.

Making Meetings Work

A good meeting is task focused and ensures that task are accomplished in ways that:

> are efficient and effective
> reflect common concerns and priorities
> are implemented in an open, noncritical, nonthreatening manner
> turn complaints into problems that are analyzed in ways that lead to plans for practical solutions
> feel productive (produces a sense of accomplishment and of appreciation)

About Building Relationships and Communicating Effectively

C convey empathy and warmth (e.g., this involves working to understand and appreciate what others are thinking and feeling and transmitting a sense of liking them)
C convey genuine regard and respect (e.g., this involves transmitting real interest and interacting in ways that enable others to maintain a feeling of integrity and personal control)
C talk with, not at, others – active listening and dialogue (e.g., this involves being a good listener, not being judgmental, not prying, and being willing to share experiences as appropriate)
Concluding Comments

Effective family-community-school collaboration requires a cohesive set of policies. Cohesive policy will only emerge if current policies are revisited to reduce redundancy and redeploy school and community resources that are used ineffectively. Policy must

C move existing governance toward shared decision making and appropriate degrees of local control and private sector involvement – a key facet of this is guaranteeing roles and providing incentives, supports, and training for effective involvement of line staff, families, students, and other community members

C create change teams and change agents to carry out the daily activities of systemic change related to building essential support and redesigning processes to initiate, establish, and maintain changes over time

C delineate high level leadership assignments and underwrite essential leadership/management training re. vision for change, how to effect such changes, how to institutionalize the changes, and generate ongoing renewal

C establish institutionalized mechanisms to manage and enhance resources for family-school-community connections and related systems (focusing on analyzing, planning, coordinating, integrating, monitoring, evaluating, and strengthening ongoing efforts)

C provide adequate funds for capacity building related to both accomplishing desired system changes and enhancing intervention quality over time – a key facet of this is a major investment in staff recruitment and development using well-designed, and technologically sophisticated strategies for dealing with the problems of frequent turnover and diffusing information updates; another facet is an investment in technical assistance at all levels and for all aspects and stages of the work

C use a sophisticated approach to accountability that initially emphasizes data that can help develop effective approaches for collaboration in providing interventions and a results-oriented focus on short-term benchmarks and that evolves into evaluation of long-range indicators of impact. (As soon as feasible, move to technologically sophisticated and integrated management information systems.)

Such a strengthened policy focus allows stakeholders to build the continuum of interventions needed to make a significant impact in addressing the safety, health, learning, and general well being of all youngsters through strengthening youngsters, families, schools, and neighborhoods.

Clearly, major systemic changes are not easily accomplished. The many steps and tasks described throughout this work call for a high degree of commitment and relentless effort.

The rationale for producing this packet is to increase the likelihood of achieving desired results. At the same time, awareness of the myriad political and bureaucratic difficulties involved in making major institutional changes, especially with sparse financial resources, leads to the caution that the type of approach described here is not a straightforward sequential
process. Rather, the work of establishing effective collaboratives emerges in overlapping and spiraling ways.

The success of collaborations in enhancing school, family, and community connections is first and foremost in the hands of policy makers. If increased connections are to be more than another desired but underachieved aim of reformers, policymakers must understand the nature and scope of what is involved. They must deal with the problems of marginalization and fragmentation of policy and practice. They must support development of appropriately comprehensive and multifaceted school-community collaborations. They must revise policy related to school-linked services because such initiatives are a grossly inadequate response to the many complex factors that interfere with development, learning, and teaching. By focusing primarily on linking community services to schools and downplaying the role of existing school and other community and family resources, these initiatives help perpetuate an orientation that overemphasizes individually prescribed services, results in fragmented interventions, and undervalues the human and social capital indigenous to every neighborhood. This is incompatible with developing the type of comprehensive approaches that are needed to make statements such as We want all children to succeed and No Child Left Behind more than rhetoric.

**and remember . . . it’s about motivation!**

While skills and tools are a key aspect of sustaining a collaboration, underlying the application of any set of procedures is motivation.

- C Motivation for sustaining collaboration comes from the desire to achieve better outcomes for all children & youth.
- C It come from hope and optimism about a vision for what is possible for all children and youth.
- C It comes from the realization that working together is essential in accomplishing the vision.
- C It comes from the realization that system changes are essential to working together effectively.
- C Maintaining motivation for working together comes from valuing each partner’s assets and contributions and from feeling that the efforts are producing results.

When a broad range of stakeholders are motivated to work together toward a shared vision, they come up with more innovative and effective strategies than any guidebook or toolkit can contain.
Tools for Mapping

Resource Aid I contains several surveys that can be used to map resources as a basis for clarifying what exists, analyzing use of resources, setting priorities, and making strategic plans.

Funding Resources

A critical facet of all systemic change is clarity about funds. Resource Aid II includes tools that highlight various sources of funding that can be brought to the table as school-community partnerships are developed.
References

... and a List of Other Resources Available from Our Center that have Relevance for Addressing Barriers to Learning
A Sampling of References

**C  "Big Picture” Discussions and Analyses**


**C  School Reform**


C Restructuring Student Support Services


C School-Community Partnerships and School-Based & Linked Services


Iowa Department of Education (no date). Parent Involvement in Education: A Resource for Parents, Educators, and Communities. Author.


National Association of State Mental Health Program Directors and the Policymaker Partnership (2002). *Mental health, schools, and families working together for all children and youth: Toward a shared agenda.* Authors.


C Schools and Health


C Interprofessional and Cross-Training


C Systemic Change


C Prevention of Youngsters' Problems


Cowen, E.L. (1997). On the semantics and operations of primary prevention and wellness enhancement (or will the real primary prevention please stand up?). *American Journal of Community Psychology, 25,* 245-257.


C Evaluation


Appendices

A. A Comprehensive, Multifaceted Continuum of Intervention: Understanding the Big Picture

B. Reported Examples of Successful School-Community Initiatives

C. Melaville and Blank's Sample of School-Community Partnerships

D. A Beginning Look at Major School-Community Partnerships in L.A. County
Appendix A

A Comprehensive, Multifaceted Continuum of Intervention:
Understanding the Big Picture

Policy-oriented discussions increasingly recognize the importance of multifaceted approaches that account for social, economic, political, and cultural factors that can interfere with development, learning, and teaching (Adelman & Taylor, 1993; California Department of Education, 1997; Carnegie Council on Adolescent Development, 1989; Center for Mental Health in Schools, 1996, 1997; Dryfoos, 1998; Schorr, 1997). As portrayed in Figure 1, major policies and practices for addressing such barriers can be categorized into five areas: (1) measures to abate economic inequities/restricted opportunities, (2) primary prevention and early age interventions, (3) identification and amelioration of learning, behavior, emotional, and health problems as early as feasible, (4) ongoing amelioration of mild-moderate learning, behavior, emotional, and health problems, and (5) ongoing treatment of and support for chronic/severe/pervasive problems.

As also illustrated in Figure 1 and elaborated in Figures 2 and 3, the range of interventions can be appreciated by grouping them on a continuum from broadly focused primary prevention and approaches for treating problems early-after-onset through to narrowly focused treatments for severe/chronic problems. Such a continuum should encompass a comprehensive, multifaceted, and integrated continuum of community and school programs serving local geographical or catchment areas. Furthermore, it should reflect a holistic and developmental emphasis. The range of interventions focus on individuals, families, and the contexts in which they live, work, and play. A basic assumption is that the least restrictive and nonintrusive forms of intervention required to address problems and accommodate diversity should be used. Another assumption is that many problems are not discrete, and therefore, interventions that address root causes can minimize the trend to develop separate programs for every observed problem.

The potential array of preventive and treatment programs is extensive and promising. Figure 3 provides examples of relevant interventions (all of which imply systemic changes). These are grouped under six types of activities along the prevention to treatment continuum: (1) primary prevention to promote and maintain safety and physical and mental health, (2) preschool programs, (3) early school adjustment programs, (4) improvement and augmentation of regular support, (5) specialized staff development and interventions prior to referral for special help, and (6) intensive treatments. Included are programs designed to promote and maintain safety and wellness at home and at school, programs for economic enhancement, quality day care and early education, a wide range of supports to enable students to learn and teachers to teach, prereferral interventions, and systems of care for those with severe and
chronic problems. Gaps in the continuum of programs can be clarified through analyses of social, economic, political, and cultural factors associated with the problems of youth and from needs assessments and reviews of promising practices.

Unfortunately, implementation of the full continuum of programs with an extensive range of activities does not occur in most communities that must rely on underwriting from public funds and private organizations supported by charitable donations. Moreover, what programs are in place tend to be fragmented. And this means there is not the type of systemic collaboration that is essential to establishing interprogram connections on a daily basis and over time. Ultimately, such a continuum must include systems of prevention, systems of early intervention to address problems as soon after onset as feasible, and systems of care for those with chronic and severe problems (again see Figure 2). And each of these systems must be connected effectively. For example, the range of programs cited in Figure 3 can be seen as integrally related, and it seems likely that the impact of each could be exponentially increased through integration and coordination. Such connections may involve horizontal and vertical restructuring (a) between jurisdictions, school and community agencies, public and private sectors; among schools; among community agencies; and (b) within jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units, schools, clusters of schools)

In recent years, policy makers have been concerned about the relationship between limited intervention efficacy and the widespread tendency for complementary programs to operate in isolation. For instance, physical and mental health programs generally are not coordinated with educational programs, and programs are not coordinated over time. A youngster identified and treated in early education programs who still requires special support may or may not receive systematic help in the primary grades; and so forth. Failure to coordinate and follow through, of course, can be counterproductive (e.g., undermining immediate benefits and working against efforts to reduce subsequent demand for costly treatment programs). Limited efficacy seems inevitable as long as interventions are carried out in a piecemeal fashion. Indeed, a major breakthrough in the battle against learning, behavior, and emotional problems may result only when the full range of programs are implemented in a comprehensive and integrated fashion. Thus, there is increasing interest in moving beyond piecemeal strategies to provide a comprehensive, integrated, and coordinated programmatic thrust (e.g., Adelman, 1993, 1996a, 1996b; Adelman & Taylor, 1993, 1994, 1997; Greenwald, Hedges, & Laine, 1996; Hodgkinson, 1989; Kagan, 1990; Lawson & Briar-Lawson, 1997; Sailor & Skrtic, 1996).
Figure 1. Addressing barriers to development, learning, and teaching: A continuum of five fundamental areas for analyzing policy and practice.

PREVENTION

Measures to Abate Economic Inequities/Restricted Opportunities

Primary Prevention and Early Age Interventions

Identification and Amelioration of Learning, Behavior, Emotional, and Health Problems as Early as Feasible

Ongoing Amelioration of mild-moderate Learning, Behavior, Emotional, and Health Problems

Ongoing Treatment of and Support for Chronic/Severe/Pervasive Problems

TREATMENT FOR SEVERE/CHRONIC PROBLEMS

Broadly Focused Policies/Practices to Affect Large Numbers of Youth and Their Families

Narrowly Focused Policies/Practices to Serve Small Numbers of Youth and Their Families

INTERVENING EARLY-AFTER ONSET
Figure 2. Interconnected systems for meeting the needs of all students.

School Resources
(facilities, stakeholders, programs, services)

Examples:
- General health education
- Drug and alcohol education
- Support for transitions
- Conflict resolution
- Parent involvement
- Pregnancy prevention
- Violence prevention
- Dropout prevention
- Learning/behavior accommodations
- Work programs
- Special education for learning disabilities, emotional disturbance, and other health impairments

Systems of Prevention
primary prevention
(low end need/low cost per student programs)

Systems of Early Intervention
early-after-onset
(moderate need, moderate cost per student programs)

Systems of Care
treatment of severe and chronic problems
(High end need/high cost per student programs)

Community Resources
(facilities, stakeholders, programs, services)

Examples:
- Public health & safety programs
- Prenatal care
- Immunizations
- Recreation & enrichment
- Child abuse education
- Early identification to treat health problems
- Monitoring health problems
- Short-term counseling
- Foster placement/group homes
- Family support
- Shelter, food, clothing
- Job programs
- Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
- Disabilities programs
- Hospitalization
### Figure 3. From Primary Prevention to Treatment of Serious Problems: A Continuum of Community-School Programs

#### Intervention Continuum

<table>
<thead>
<tr>
<th>Primary prevention</th>
<th>Early-after-onset intervention</th>
<th>Treatment for severe/chronic problems</th>
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<tbody>
<tr>
<td><strong>Examples of Focus and Types of Intervention</strong></td>
<td>(Programs and services aimed at system changes and individual needs)</td>
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<tr>
<td><strong>1. Public health protection, promotion, and maintenance to foster opportunities, positive development, and wellness</strong></td>
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<td>• Economic enhancement of those living in poverty (e.g., work/welfare programs)</td>
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<td>• Safety (e.g., instruction, regulations, lead abatement programs)</td>
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<tr>
<td>• Physical and mental health (incl. healthy start initiatives, immunizations, dental care, substance abuse prevention, violence prevention, health/mental health education, sex education and family planning, recreation, social services to access basic living resources, and so forth)</td>
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<tr>
<td><strong>2. Preschool-age support and assistance to enhance health and psychosocial development</strong></td>
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<tr>
<td>• Systems' enhancement through multidisciplinary team work, consultation, and staff development</td>
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<tr>
<td>• Education and social support for parents of preschoolers</td>
<td></td>
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<td>• Quality day care</td>
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<td>• Quality early education</td>
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<td>• Appropriate screening and amelioration of physical and mental health and psychosocial problems</td>
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<td><strong>3. Early-schooling targeted interventions</strong></td>
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<td>• Orientations, welcoming and transition support into school and community life for students and their families (especially immigrants)</td>
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<td>• Support and guidance to ameliorate school adjustment problems</td>
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<td>• Personalized instruction in the primary grades</td>
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<td>• Additional support to address specific learning problems</td>
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<td>• Parent involvement in problem solving</td>
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<td>• Comprehensive and accessible psychosocial and physical and mental health programs (incl. a focus on community and home violence and other problems identified through community needs assessment)</td>
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<td><strong>4. Improvement and augmentation of ongoing regular support</strong></td>
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<td>• Enhance systems through multidisciplinary team work, consultation, and staff development</td>
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<td>• Preparation and support for school and life transitions</td>
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<td>• Teaching “basics” of support and remediation to regular teachers (incl. use of available resource personnel, peer and volunteer support)</td>
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<td>• Parent involvement in problem solving</td>
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<td>• Resource support for parents-in-need (incl. assistance in finding work, legal aid, ESL and citizenship classes, and so forth)</td>
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<td>• Comprehensive and accessible psychosocial and physical and mental health interventions (incl. health and physical education, recreation, violence reduction programs, and so forth)</td>
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<td>• Academic guidance and assistance</td>
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<td>• Emergency and crisis prevention and response mechanisms</td>
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<td><strong>5. Other interventions prior to referral for intensive, ongoing targeted treatments</strong></td>
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<td>• Enhance systems through multidisciplinary team work, consultation, and staff development</td>
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<td>• Short-term specialized interventions (including resource teacher instruction and family mobilization; programs for suicide prevention, pregnant minors, substance abusers, gang members, and other potential dropouts)</td>
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<td><strong>6. Intensive treatments</strong></td>
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<td>• Referral, triage, placement guidance and assistance, case management, and resource coordination</td>
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<td>• Family preservation programs and services</td>
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<td>• Special education and rehabilitation</td>
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<td>• Dropout recovery and follow-up support</td>
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<td>• Services for severe-chronic psychosocial/mental/physical health problems</td>
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An Example:
Comprehensive Approaches as Applied to Concerns about Social Promotion

Everyone understands the downside of social promotion. Why then did social promotion become de facto policy in so many schools? Because the alternative often is grade retention, and everyone knows the slippery slope that produces. As John Holt (1964) cautioned long ago, if we just focus on raising standards, we will see increasing numbers who can’t pass the test to get into the next grade and the elementary and middle school classrooms will bulge and the “push out” rates will surge.

Even with widespread social promotion policies, retention is rampant. A recent American Federation of Teachers’ report estimates that between 15 and 19 percent of the nation’s students are held back each year and as many as 50% of those in large urban schools are held back at least once. With social promotion denied, estimates are that, for example, over 10,000 public school students in Chicago face retention, and over 70,000 in North Carolina could be retained for failing to meet promotion guidelines.

Last January, an newspaper editorial cautioned:

. . . we don’t know yet how many students will be able to meet the higher expectations California is in the process of getting set for them. Some educators have guessed that more than half of the state’s 5 million public school students will fail the tests, but nobody can say for sure. And there is plenty of debate about when and for how long students should be held back. The state will need to weigh the considerable risk that some students, particularly in the upper grades, will drop out rather than repeat another year. Will there be room in the state’s many already overcrowded schools to house millions of students for another year or more? With the teacher shortage already a problem, who will teach them?

(from the Sacramento Bee)

The editorial might also have noted that

< research has not found long-term benefits from simply retaining students -- that is most students do not catch up and those who make some gains tend to lag behind again as they move to higher grades

< when students are kept back, they exhibit considerable reactance -- displaying social and mental health problems, such as negative attitudes toward teachers and school, misbehavior, symptoms of anxiety and depression, and so forth

< most schools are ill-prepared to respond with enough proactive programs to meet the academic, social, and emotional needs of students who are not ready to move on.
What's Missing?

School reformers are among the leading advocates for ending social promotion. In its place, the prevailing wisdom is to enhance students’ desire to do well at school by instituting higher standards, improving instruction, and insisting on greater accountability. For those who need something more, the focus is on adding learning supports, such as tutoring, counseling, and summer school.

The concern arises: Will schools provide enough support? All districts can list a variety of learning supports they offer. Some are spread throughout the district; others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, to those identified as "at risk," and/or to those in need of compensatory education. The activities may be implemented in regular or special education classrooms and may be geared to an entire class, groups, or individuals; or they may be designed as "pull out" programs for designated students.

On paper, it often seems like a lot. It is common knowledge, however, that few schools come close to having enough. Most offer only bare essentials. Too many schools can't even meet basic needs.

Schools in poor neighborhoods are encouraged to link with community agencies in an effort to expand access to assistance. The problem with this emphasis on school-linked services is that there simply are not enough public resources to go around. Thus, as more schools try to connect with community agencies, they find all available resources have been committed. Agencies then must decide whether to redeploy resources among many schools. In either case, school-linked service only expand availability to a few students and families.

Families who have the means can go to the private sector for help. Those who lack the means must rely on public policy. The sad fact is that existing policy only provides enough learning supports to meet the needs of a small proportion of students. Thus, a fundamental component is missing from the mix of interventions necessary for avoiding retention of an overwhelming mass of students. Without attending to this deficiency in public policy, pendulum swings back and forth between social promotion and retention practices are inevitable and simply amount to political responses to public outcries.

What Should Schools Do?

The basic question that must be answered is: What should schools be doing to enable all students to learn and all teachers to teach effectively? A satisfactory answer is one that ensures reforms do more than promote the interests of youngsters who already are connecting with instruction. Schools must also address the needs of those encountering barriers to learning.

Although some youngsters have disabilities, the majority of learning, behavior, and emotional problems seen in schools stem from situations where external barriers are not addressed. The litany of barriers is all too familiar to anyone who lives or works in communities where families struggle with low income. Families in such neighborhoods usually can't afford to provide the many basic opportunities (never mind enrichment activities) found in higher income communities. Furthermore, resources are inadequate for dealing with such threats to well-being and learning.
as gangs, violence, and drugs. In many instances, inadequate attention to language and cultural considerations and high rates of student mobility creates additional barriers not only to student learning but to efforts to involve families in youngsters' schooling. And, the impact of all this is exacerbated as youngsters internalize the frustrations of confronting barriers and the debilitating effects of performing poorly at school.

Along with raising standards, schools must move quickly to develop classroom and school-wide approaches to address barriers to learning and teaching. This means working with communities to build a continuum that includes (a) primary prevention and early-age programs, (b) early-after-onset interventions, and (c) treatments for severe and chronic problems. Such a continuum is meant to encompass programs to promote and maintain safety and physical and mental health, preschool and early school-adjustment programs, efforts to improve and augment ongoing social and academic supports, ways to intervene prior to referral for intensive treatment, and provisions for intensive treatment. Such activity must be woven into the fabric of every school. In addition, families of schools need to establish linkages in order to maximize use of limited school and community resources. Minimally, schools that eliminate social promotion must deal proactively with the eight concerns outlined on the following page.

**Prevention -- Eliminating the Need for Social Promotion or Retention**

Eliminating the need for both social promotion and retention is certainly an area that requires the proverbial ounce of prevention. Better yet, given the pervasiveness of barriers to learning, we could use several pounds of the stuff. To these ends, there is much of relevance in any public health agenda.

From a school perspective, success is a function of what a student can and wants to do, what a teacher can and wants to do, and the context in which they meet together each day. With respect to the student part of the equation, enhancing school readiness is a top priority. Most parents with the means to do so ensure their children have a wide range of quality experiences prior to entering kindergarten. The sad fact is that the majority of students who do not meet standards for promotion come from economically impoverished families. Until the society is willing to assist all those families who cannot access essential readiness experiences, too many students will continue to appear at school unready for the challenges ahead.

With respect to the teacher part of the equation, enhancing teacher readiness must become a top priority. Despite long-standing and widespread criticism, teacher education at both the preservice and inservice levels remains a sad enterprise. Little of what goes on in the “training” prepares teachers for the difficulties so many encounter at the school site. And the problem is exacerbated by increasing teacher shortages that cause districts to hire individuals with little or no training. All teachers, and especially novices, would benefit greatly from effective mentoring on-the-job, in contrast to sitting in course-oriented programs during off duty hours. Indeed, creating true master practitioner-apprentice relationships is the key to personalizing inservice education. Despite increasing recognition of this matter, however, true mentoring is not in wide use.
Eight Key Concerns for Schools as They Eliminate Social Promotion

Prevention

*Promoting Prekindergarten Interventions
(e.g., home and community-oriented programs to foster healthy social-emotional-cognitive development; quality day care programs; quality Head Start and other preschool programs; health and human services)

*In-service for teachers
(Even given smaller classes in some grades, the need remains for school-based in-service programs so that teachers can enhance strategies for preventing and minimizing barriers to learning and promoting intrinsic motivation for learning at school. A key aspect involves enhancing daily on-the-job learning for teachers through strong mentoring and increased collegial teaming and assistance.)

*Support for Transitions
(e.g., school-wide approaches for welcoming, orienting, and providing social supports for new students and families; articulation programs; enhanced home involvement in problem solving; ESL classes for students and those caretakers in the home who need them)

*School-Wide Programs Designed to Enhance Caring and Supportive School Environments
(e.g., increasing curricular and extra-curricular enrichment and recreation programs; increasing the range of opportunities for students to assume positive roles)

Early-After-Onset Intervention

*Improving and Augmenting Regular Supports as Soon as a Student is Seen to Have a Problem
(e.g., personalizing instruction; tutoring; using aides and volunteers to enhance student support and direction; mentoring for regular teachers regarding basic strategies for enhancing student support, introducing appropriate accommodations and compensatory strategies, and remedying mild-moderate learning problems; extended-day, after-school, Saturday, and summer school programs)

*Interventions for Mild-Moderate Physical and Mental Health and Psychosocial Problems
(e.g., school-wide approaches and school-community partnerships to address these needs among the student body)

Provision for Severe and Chronic Problems

*Enhancing Availability and Access to Specialized Assistance for Persisting Problems
(e.g., school-based and linked student and family assistance interventions, including special education)

*Alternative Placements
In considering context, we must fully appreciate that learning and teaching takes place in several embedded environments: classroom, school, home, neighborhood. It seems self-evident that students and teachers need and deserve environments that are welcoming, supportive, caring, and that address barriers to learning. It is also clear that developing such environments requires effective home-school-community partnerships.

**Early-After-Onset Interventions**

Doing away with social promotion carries with it a responsibility to identify and provide added supports as soon as a student is seen as having problems. This is sometimes described as “just in time” intervention.

The process of identifying students who need extra assistance is not complicated. If asked, every teacher can easily point out those who are not performing up to existing standards. In some schools, the numbers already identified are quite large. The only thing accomplished by raising the standards is to increase the pool of youngsters who need extra assistance.

What is complicated is providing extra assistance -- especially in schools where large numbers are involved. Currently, in such situations, those with the least severe problems must wait until their problems become severe.

One key to improving early-after-onset responses is to provide teachers with mentors who can demonstrate how to design classrooms that match student motivational and developmental differences. Such mentoring focuses on strategies for personalizing classroom instruction, including creating small classes within big ones, using aides and volunteers to enhance student support and direction, and expanding ways to accommodate and compensate for diversity and disability.

With specific respect to accommodations, it is worth noting that Section 504 of the Rehabilitation Act of 1973 has been revitalized in the last few years. Along with the Individuals with Disabilities Education Act (IDEA), Section 504 is meant to ensure that individuals with disabilities are not discriminated against (see page 8 of this newsletter.) With the reauthorization of IDEA giving the inclusion movement a boost and with renewed interest in enforcing Section 504, there is enhanced emphasis on the topic of accommodations for those with disabilities. All this provides an invaluable window of opportunity not just to improve the ways school’s accommodate individuals with disabilities, but how they accommodate everyone. To do so, would be in the spirit of Section 504, which after all is a piece of civil rights legislation.

By enabling the teacher to do more, it is reasonable to expect substantial reductions in the number of students who need a bit more support. Such reductions will make it more feasible to offer the remaining youngsters and families the specialized assistance they need. Such an approach also provides a functional strategy for identifying the small group of youngsters whose problems are severe and chronic and who thus require intensive interventions and may even need alternative placements.
Concluding Comments

If moves toward higher standards and eliminating social promotion are to succeed, every school needs a comprehensive and multifaceted set of interventions to prevent and respond to problems early-after-onset. Without such programs, these initiatives can only have a detrimental effect on the many students already not connecting with literacy instruction. Unfortunately, establishing such approaches is excruciatingly hard. Efforts to do so are handicapped by inadequate funding, by the way interventions are conceived and organized, and by the way professionals understand their roles and functions. For many reasons, policy makers currently assign a low priority to underwriting efforts to address barriers to learning. Such efforts seldom are conceived in comprehensive ways and little thought or time is given to mechanisms for program development and collaboration. Organizationally and functionally, policy makers mandate, and planners and developers focus on, specific programs. Practitioners and researchers tend to spend most of their time working directly with specific interventions and samples. Not surprisingly, then, programs to address learning, behavior, and emotional problems rarely are comprehensive, multifaceted, or coordinated with each other. The current state of practice cannot be expected to change without a significant shift in prevailing policies.

Of particular importance is school district policy. School boards and superintendents need to revisit the many fragmented and marginalized policies that are reducing the impact of programs and services designed to enable learning. If we are to do more than simply retain students, reform and restructuring efforts must encompass a “learning supports” (or “enabling”) component. Such a component must be treated as a high priority so that it is integrated as an essential facet of all initiatives to raise student achievement.

References

Understanding the Big Picture

After reviewing the previous information, complete the questionnaire below to help clarify and focus on the current local vision and agenda for the future of the families, schools, and community.

Aid.

Understanding the Big Picture:

Shared Hopes for the Future of
Our Children, Families, Schools, and Neighborhood

Note to participants: We have invited you to this session to help us better understand the local vision, current policy, major agenda priorities, etc. and the current status of the local agenda for the future of children, families, schools, and the neighborhood. Based on what is shared here, we will write up a working draft as a guide for future discussions and planning. If you would like, we can take the first part of the meeting for making a few notes as individuals or in pairs before the discussion. After the discussion, we will outline the consensus of the group with respect to each question.

The three questions we want to explore are:

(1) What is the current vision for strengthening youngsters, families, schools, and the neighborhood?

(2) What are current agenda priorities for accomplishing this?

(3) How does current vision/mission/policy address barriers to youngsters' learning and development?

Note: Be certain to (a) provide a clear introduction to the group about the purpose of the task, (b) ensure good facilitation (e.g., acknowledging and validating ideas, recording ideas) and (c) develop a specific plan for follow-up.
Appendix B

Reported Examples of Successful School-Community Initiatives


Among the community-based programs that link with schools are:

(1) **New York’s Beacon Schools**

These program exemplify the move toward full-service schools and community-building. They target neighborhoods in which the first step in community building is to transform schools into community centers available to adults 365 days of the year. The program has expanded to 37 sites in New York, and initiatives are underway to pursue similar models in Chicago, Little Rock, Oakland, and San Francisco. Evaluative data are just beginning to emerge. Schorr (1997) notes that at one site, P.S. 194, “Academic performance at the school has improved dramatically, rising from 580th out of 620 city elementary schools in reading achievement in 1991 to 319th three years later. Attendance also has improved, and police report fewer felony arrests among neighborhood youth.” These results are attributed to the combination of school reforms, the Beacons project efforts, and other city-wide efforts to address problems. (pp. 47-55)


(2) **Missouri’s Caring Communities Initiative**

This is a partnership among five state agencies and several local communities and school districts. Starting in 1989 at Walbridge Elementary School in St. Louis, the initiative was expanded to over 50 sites in 1995. As described by Schorr, “Families in crisis are linked with intensive in-home supports and services. Children having difficulty at home or in school can get tutoring and attend afterschool programs and summer camps. For older children, the community center offers fitness classes, homework help, Ping-Pong and pool, and Saturday night dances. Karate classes instill discipline and allow older students to mentor and demonstrate their mastery to younger ones. ... A coherent set of support services is available, from short-term financial help to pre-employment training, GED classes, and respite nights. ... Many parents have become active in school parent organizations and volunteer work, and some hold jobs in the school. Others have come to see it as a refuge and comfortable place to spend time. ... Perhaps the most striking part of the St. Louis program is how successfully professionals are working with community residents to purge the community of drug influence. ... The initial success of Walbridge Caring Communities persuaded Governor Mel Carnahan to issue an executive order in November 1993 to institutionalize the changes, creating a new alliance to further the collaborative efforts of the agencies involved. Called the Family Investment Trust, it has a board of directors that includes five cabinet officers as well as community leaders. The trust is now a policy-setting body that serves as the vehicle for collaborative decision making and for technical assistance to help state agencies support community partnerships.” Currently, the initiative is taking steps to improve the ways it is woven together with school reform throughout the state. (pp. 96-102)

(3) Avancé

This is a community-based early childhood program that focuses on two generations simultaneously in an effort to get young children from low-income families ready for school. The program began in San Antonio in 1973 and has spread to over 50 sites. As Schorr notes: "Through weekly home visits, parenting workshops, and family support centers with on-site nurseries and top-notch early childhood programs, parents who have felt overwhelmed, depressed, and powerless gain control of their lives and radically change their own and their children's prospects." The program encourages parents to make connections with neighbors and other families. They attend workshops where they learn to make simple, inexpensive toys that help stimulate learning at home. The program "... helps parents to complete their formal education, improve their English, and sometimes to control their anger. It also helps train and place them in jobs... Avancé has won national acclaim not only for passing literacy from parent to child, but also for helping to reduce child abuse, mental health problems, and juvenile crime. In a population that had dropout rates of 70 and 80 and 90 percent, long-term follow-up studies show that 90 percent of Avancé children are graduating from high school and half go on to college" (pp. 238-239).


Among the school-based programs that link with community resources are:

(4) California's Healthy Start

This program is not cited by Schorr. It is a school-based collaborative program that outreaches to community resources to bring them to or improve their linkages with the school. In many cases, the school creates a service hub for families such as a Family Resource or Parent Center. A major evaluation by SRI International focused on 65 sites funded in 1992 and 1993 with an emphasis on results for children and families and schools. In terms of collaboration, 97% of the collaboratives included members from county service agencies, 84% included representatives from other public sector organizations, such as juvenile justice and police, 97% included representatives from nonprofits and private business. Some of the findings:

- improved student grades for K-3 students
- increased attendance for K-3 students
- principals report a 3% increase in standardized tests of reading and math
- mobility rates of students and families decreased by 12%
- increased number of families with health insurance
- decrease in reliance on emergency room use
- fewer incidents of treatment for illness or injury (suggesting better prevention)
- reports of need for food, clothing, and emergency funds decreased by half in most cases
- a reduced need for child care
- school staff at 67% of the sites reported increased parent interest in school-related activities
- declines in reported mental health related problems

(A full description of the evaluation results are presented in 4 volumes which are available from SRI International by calling 415/859-5109.)
(5) **School of the 21st Century and CoZi**

As created by Ed Zigler, this model (also known as Family Resource Centers) is school-based child care and family support approach designed to promote optimal growth and development of children ages 0-12. It transforms schools into year-round, multi-service centers functioning from early morning to early evening. Core components are preschool-age child care, before-, after-school, and vacation care for school age children, guidance and support for new parents, information and referral services, networks and training for child care providers, and health education and services. Since 1988, more than 500 schools in 17 states have implemented the program, with Connecticut and Kentucky launching statewide initiatives. A sliding fee scale is used so that all children can be served regardless of family income. In less affluent communities, some services are paid through public funds such as Title I. Evaluations at several sites have shown benefits for children, parents, and schools. (Zigler has also joined with James Comer to create CoZi – see Appendix C).


(6) **The Urban Learning Center Model at Elizabeth Learning Center**

With the full commitment of the school staff, the Los Angeles Unified School District's administration, the teacher’s union, and a variety of community partners, a "break-the-mold" school reform initiative was set in motion in the small city of Cudahy, California. In pursuit of this educational imperative, the New American Schools Development Corporation and the district’s reform movement (called LEARN) played a catalytic role in transforming a former elementary school into the Elizabeth Learning Center. The ongoing, intensive commitment as the various school and community partners is producing a pre-K through 12 urban education model that the U.S. Department of Education recognizes as an important evolving demonstration of comprehensive school reform. This recognition has resulted in the design’s inclusion, as the Urban Learning Center Model, in federal legislation for comprehensive school reform as one of 22 outstanding models that schools are encouraged to adopt. Moreover, the design already has contributed to adoption of major new directions by the California State Department of Education and by the LAUSD Board of Education (e.g., each has adopted the concept of Learning Support).

Efforts at Elizabeth Learning Center are pioneering the process of moving school reform from an insufficient two component approach to a model that delineates a third essential component. That is, the design not only focuses on reforming (1) curriculum/instruction and (2) governance/management, it addresses barriers to learning by establishing (3) a comprehensive, integrated continuum of learning supports. As it evolves, this Learning Support (or Enabling) Component is providing local, state, and national policy makers with an invaluable framework and concrete practices for enabling students to learn and teachers to teach. Key to achieving these educational imperatives is a comprehensive and ongoing process by which school and community resources are restructured and woven together to address barriers to learning and development.

By calling for reforms that fully integrate a focus on addressing barriers, the concept of an Enabling or “Learning Supports” Component provides a unifying concept for responding to a wide range of psychosocial factors interfering with young people’s learning and performance and encompasses the type of models described as full-service schools – and goes beyond them in defining a comprehensive component for addressing barriers to learning and promoting healthy development. That is, besides focusing on barriers and deficits, there is a strong emphasis on facilitating healthy development, positive behavior, and assets building as the best way to prevent problems and as an essential adjunct to corrective interventions. Emergence of a comprehensive and cohesive Enabling or Learning Supports Component requires policy reform and operational restructuring that allow for weaving together what is available at a school, expanding this through integrating school, community, and home resources, and enhancing access to community resources by linking as many as feasible to programs at the school. Ultimately, this will involve extensive restructuring of school-owned enabling activity, such as pupil
services and special and compensatory education programs. In the process, mechanisms must be
developed to coordinate and eventually integrate school-owned enabling activity and school and
community-owned resources. Restructuring must also ensure that the component is well integrated
with the developmental/instructional and management components in order to minimize fragmentation, avoid
marginalization, and ensure that efforts to address problems (e.g., learning and behavior problems) are
implemented on a school-wide basis and play out in classrooms.

Operationalizing such a component requires formulating a delimited framework of basic programmatic
areas and creating an infrastructure to restructure enabling activity. Such activity can be clustered into
six interrelated areas: (1) classroom-focused enabling which focuses specifically on classroom reforms
that help teachers enhance the way they work with students with “garden variety” learning, behavior,
and emotional problems as a way of stemming the tide of referrals for services; (2) support for
transitions such as providing welcoming and social support programs for new students and their families,
articulation programs, before and after school programs; (3) crisis response and prevention; (4) home
involvement in schooling; (5) student and family assistance which encompasses provision of a full range
of health and human services offered in the context of a family resource center and a school-based
clinic; and (6) community outreach which includes an extensive focus on volunteers.

Extensive progress has been made in designing the Elizabeth Learning Center. But there is much more
to be done, and several critical facets are just being developed. Two integrally related program areas
are among the many where a good foundation has been laid, and the site can now make great strides
forward. One area encompasses efforts to enhance school readiness (e.g., by adding Head Start); the
other area focuses on improving the educational and vocational opportunities of adult family members
(e.g., by expanding the nature and scope of adult education at the school and by fostering employment.)
Furthermore, through an integrated approach to these concerns, there will be an increased presence
of the adult community on campus. (Early in the reform process the site developed a contract with the
local community adult school and began offering ESL classes, pre-GED preparation, citizenship,
computer literacy, and parenting and parent leadership training. Over 1000 adults weekly attend classes
from 7:30 a.m. to 9:00 p.m. Two parent cooperative child care centers are available day and evening
to enable parent attendance.) Such additions should contribute in many ways to the educational mission.
For example, it can reduce student misbehavior, and this, along with observation of the commitment
to education and career preparation of adults from the community, can allow for greater involvement
of students in classroom learning.

(Relevant references: Urban Learning Center Model (1998). A design for a new learning
community. Los Angeles: Los Angeles Educational Partnership. Also see: H.S. Adelman & L.
Taylor (1997), Addressing barriers to learning: Beyond school-linked services and full-service
schools. American Journal of Orthopsychiatry, 67, 408-421.)

Schorr (1997) concludes her analysis of the type of programs described above with what she suggest is an emerging new synthesis. She states: "The new synthesis rejects addressing poverty, welfare, employment, education, child development, housing, and crime one at a time. It endorses the idea that the multiple and interrelated problems... require multiple and interrelated solutions." She describes five neighborhood efforts as promising examples of "the current surge of community rebuilding:" (1) Baltimore's Community Building in Partnership in Sandtown-Winchester, (2) the Comprehensive Community Revitalization Program and the South Bronx Community Development Corporation, (3) the Savannah Youth Futures Authority, (4) Newark's New Community Corporation, and (5) empowerment zones.
Appendix C

Melaville and Blank's Sample of School-Community Partnerships

The following 20 profiles are from Learning Together: The Developing Field of School-Community Initiatives. (1998). Atelia Melaville, author; Martin Blank, project director. The work was prepared by the Institute for Educational Leadership and National Center for Community Education in partnership with Center for Youth Development and Policy Research and Chapin Hall Center for Children at University of Chicago. Supported by the Charles Stewart Mott Foundation.

The projects profiled on the following pages are:

- C Alliance Schools Initiative (Texas)
- C Beacons Schools (New York, NY)
- C Birmingham Community Schools (Birmingham, ALA)
- C Bridges to Success (Indianapolis)
- C Caring Communities (Missouri)
- C Children's Aid Society Community Schools (New York, NY)
- C Communities in Schools, Inc. (Alexandria, VA)
- C Community Education Centers (St. Louis, MO)
- C CoZi Project (Yale University Bush Center)
- C Child Development & Social Policy (New Haven, CT)
- C Family Resource and Youth Centers (KY)
- C Family Resource Schools (Denver, CO)
- C Full Service Schools (Jacksonville, FLA)
- C Healthy Start (CA)
- C New Beginnings (San Diego, CA)
- C New Visions for Public Schools (New York, NY)
- C School-Based Youth Services Program (NJ)
- C Readiness-to-Learn Initiative (WA)
- C Vaughn/Pacoima Urban Village (San Fernando, CA)
- C West Philadelphia Improvement Corps (Philadelphia, PA)
Alliance Schools Initiative (Texas)

The Texas Interfaith Education Alliance initiative started in 1992 and now includes 89 schools throughout the southwest part of Texas. It reflects the vision of the Industrial Areas Foundation (IAF), a network of broad-based, multiethnic, interfaith organizations in low income communities aimed at building the capacity of residents to restructure the allocation of power and resources in their communities. The purpose of the Alliance is to develop a community-based constituency working to strengthen schools by restructuring relationships among school and community stakeholders. Partners include IAF, the Texas Interfaith Education Fund, the Texas Education Agency, school districts, school staff, parents and community leaders.

IAF organizers paid for by local IAF organizations meet with parents, educators and community leaders over an extended period. The purpose of these meetings is for participants to consider school and neighborhood issues, to develop a strong leadership network, and to decide whether they really want to rethink and redesign the way their school educates children. In order to become an Alliance school, teams must make a public commitment of their intention to work together.

In return, the Texas interfaith Education Alliance provides on-going training for school staff and community members on educational innovations and team building, and the Texas Education Agency agrees to exercise maximum flexibility in granting waivers and other exceptions necessary for schools to implement changes.

School-community teams have developed neighborhood efforts to counter gang violence and ease racial tensions; introduced tutorial and scholarship opportunities; developed after-school and extended-day programs; and made substantive changes in curriculum, scheduling and assessment methods.

Beacons Schools (New York, N.Y)

Beacons are school-based community centers located throughout all five boroughs of New York City. They grew out of recommendations made in 1991 by a blue-ribbon panel charged with developing a citywide anti-drug strategy. Beacons emphasize the view that positive outcomes for youth result from opportunities to develop their talents and potential. In combination with communitywide support services and closer connections between home and school, these opportunities are intended to improve educational achievement.

Ten of the city's poorest neighborhoods were identified with the idea of creating safe "havens" in school buildings for children, youth and families, open seven days a week, 16 hours a day, year-round.

Currently, 40 Beacons are in operation. The City Council recently approved nearly 38 more. Each receives city funding of about $400,000 annually, and most leverage much more in relocated and in-kind services. Since the original start-up round, all sites have been chosen in close consultation with local school districts and building administrators, and managing agencies work with cross-sector community advisory councils to ensure that activities address community needs.

Individual centers offer a mix of services, recreation, education and cultural activities. Beacons give young people a chance to take part in drama and theater groups, develop their leadership skills, take music lessons, sing in a chorus, and give back to their neighborhoods through community service. Family support and health services, employment preparation, and, in some cases, on-site college credit classes, create an environment full of possibilities for 70,000 students every year.

Birmingham Community Education (Birmingham, Alabama)

The Birmingham School District began exploring the idea of developing a community school program in the mid-1960s. The first center opened in 1971 with seed money from the Greater Birmingham Foundation. Today there are 18 community centers, primarily located in public schools, that serve 130,000 residents annually. The program has several related goals: to provide community residents with lifelong learning opportunities; to cooperate with other community agencies to provide health, education, cultural and recreational opportunities at accessible central locations; and to involve the community in the educational process.
Now supported by regular allocations from the City Council and the Board of Education, Birmingham offers classes and activities for every age group. Cooperative arrangements with city agencies and special grants help centers provide a wide array of services on site and address issues such as illiteracy, unemployment, substance abuse, teen pregnancy and homelessness. Advisory Councils at each site feed into a citywide council that helps the school district set policy and direction for the initiative.

This network of more than 450 actively engaged volunteers reflects the strength and community ownership that has made Birmingham the largest community education program in the state. They have been successful, say initiative representatives, because they have learned "to educate the whole community in the community's business."

**Bridges To Success** (Indianapolis, Indiana)

In 1991, the United Way of Central Indiana Board of Directors adopted a long-range strategic plan focused on Families and Children at Risk. Bridges To Success (BTS) grew out of this commitment. It was designed to increase the educational success of students by better meeting their non-academic needs and eventually to establish schools as life-long learning centers and focal points in their communities. Up until recently serving 3,600 students in a six-site pilot project, BTS is in the process of a major expansion into 28 schools, including seven middle schools and one high school with a total enrollment of 20,000.

Oversight is provided by the BTS Council, a collaborative body of institutional partners and service providers, nonprofit organizations, business leaders, principals, parents, and students. The United Way and the Indianapolis Public Schools (IPS) provide day-to-day management, with IPS paying for the five agency school coordinators. Planning, allocations and marketing staff have been assigned to support BTS work teams. The United Way board has strengthened its commitment by earmarking youth development as a funding priority and setting aside $250,000 of a newly created Targeted Initiatives Fund to assist BTS in leveraging collaboration and partnerships among member agencies.

The current expansion eventually will involve all IPS schools at some level of services. "Covenant" schools, which agree to participate fully in the BTS model, will receive customized brokering services through coordinators assigned to groups of schools within each of five IPS attendance boundaries. As in its pilot project, these BTS schools will connect students and families with a wide range of services and youth development activities. Schools that opt for a lesser degree of involvement may participate in other systemwide BTS services, such as grant-writing support or scholarships for training of IPS personnel.

**Caring Communities** (Missouri)

Missouri's Caring Communities approach began as a demonstration project in 1989 at Walbridge Elementary School in St. Louis. It was launched by the directors of Missouri's major human service agencies after numerous conversations with the Danforth Foundation. The idea was to use foundation money to help communities leverage substantial state dollars they were already receiving to design their own more responsive and comprehensive delivery systems.

At Walbridge, a project director pulled together a local advisory council and with the full participation of the principal began to think through an approach that would not only deliver services but also articulate and strengthen community values. A mid-level interagency staff team was established to help cut through bureaucratic barriers keeping them from implementing their vision. State dollars, which often came with major strings attached, were delivered first to "pass-through" agencies and then to the site, thus allowing the initiative more flexibility in how funds could be used.

In 1993, an executive order created the Family Investment Trust, a state-level, public-private partnership charged with developing new relationships among the state, its communities and families, and producing better results for children and families. The success of the Walbridge demonstration led to the adoption of Caring Communities as its primary service delivery strategy. In 1995, the General Assembly appropriated $21.6 million to be pooled among five state agencies to support comprehensive, school-linked service delivery.
There are now 64 Caring Communities adaptations throughout the state. Their work is overseen by local Community Partnerships, collaborative bodies authorized by the state to organize and finance services to families and children. Though based on the Walbridge demonstration, each of these Caring Communities efforts is distinct and reflects local values and concerns. Their approaches are similar in their commitment to activities, services and supports that are flexible, family-focused, and designed to build on strengths and produce measurable results.

**Children's Aid Society, Community Schools (New York, NY)**

The Children's Aid Society (CAS) Community Schools (PS. 5, PS. 8, I.S. 218 and I.S. 90) in northern Manhattan are the result of partnerships between CAS, the New York City Board of Education, the school district and community based partners. The aim is to develop a model of public schools that would combine teaching and learning with the delivery of an array of social, health, child and youth development services that emphasizes community and parental involvement.

With an annual budget of $5 million, the program serves more than 7,000 students and their families -- largely low income immigrants. it provides on-site child and family support services, from health-care clinics and counseling to recreation, extended education -- both before and after school -- summer programs, early childhood and Head Start programs, adult classes, job training, immigration services, parenting programs, and emergency assistance. Services are offered from 7 a.m. to 10 p.m. year round.

But CAS has not created a school within a school. The goal is to help strengthen the educational process for teachers, parents and students in a seamless way. Thus, at each school, the site director, employed by CAS, works as an equal partner with the principal on integrating their concerns and expertise to achieve this common goal.

**Communities in Schools, Inc (Alexandria, Virginia)**

Communities in Schools, Inc. (CIS) is a national organization that provides a flexible approach/process for states and localities interested in building school-community partnerships. Formerly know as Cities In Schools, CIS offers information, training, technical support and linkages to a national network of local, independent CIS sites and affiliates across the country. CIS encourages innovation and the sharing of best practices and awards, special grants and nationally leveraged resources to members of its network. Supported by both public and private dollars, CIS awarded more than $3.3 million to state and local programs participating in time-limited national initiatives in 1996. Grants were targeted at seeding local sites, developing programmatic initiatives and building self-sufficiency at CIS initiatives.

The more than 135 local CIS initiatives in 33 states and Washington, D.C., are governed by independent, public-private partnerships incorporated as not-for-profit (501(c)3) organizations. These boards adopt the CIS process to local needs by identifying and brokering community resources and raising 95-100 percent of local operating costs. At the site level, teams of assigned and relocated/ repositioned staff work with teachers, school personnel and community volunteers, which are service hubs in a community-wide support system.

The process becomes a bridge that connects schools and their communities to students and families. Across this bridge travels a variety of health, social and family services plus an assortment of other programs, volunteers, mentors and tutors.

The shared mission is to bring services into schools; connect young people to caring adults, and see to it that young people stay in school, develop skills and contribute to their communities. Sixteen state CIS organizations also operate to replicate the CIS stay-in-school approach and secure state support for local programs. CIS partnerships, operating in more than 1,500 school sites, serve more than 350,000 children and their families.
**Community Education Centers** (St. Louis, Missouri)

Community Education Centers in St. Louis were established in 1968. The current initiative, launched in 1994, reflects a shift from adult education and community recreation to a much more focused approach on service delivery, student outcomes and collaboration with other agencies. In calling for these changes, the school board pointed out that "in order for schools to make substantial improvement in the education of urban children, there must be improved delivery of social and health services.

This shift has resulted in closer connections between the K-12 academic program and community education's expanded focus on human services efforts, and has led to greater involvement in community problem-solving. Currently 16 Community Education Centers offer free and fee-for-service activities to 18,000 residents annually, including, for example, parenting and family resource services, summer academies focused on cultural awareness, neighborhood involvement in asset mapping and problem-solving, and a wide range of recreation and community education classes.

**Community Education Program** (St. Louis Park, Minnesota)

Community education and school-linked services have been a prominent part of community life in St. Louis Park since 1971. In that year, the city and board of education adopted a formal joint powers agreement establishing the operation and funding base for a new community education program. Today, as then, its mission is to enhance the community's quality of life through lifelong learning and empowerment of its people. Over the years, the initiative has stayed responsive to community needs by honoring change and diversity, building community, acting as a catalyst for collaboration among all sectors of the community, and developing support systems to strengthen K-12 education and student achievement.

There are currently 10 community education centers in operation at schools and community centers throughout the city. Fees constitute more than half of the initiative's revenue with another 20 percent derived from a state-authorized local levy designed to support general community education.

Citizen participation in the design and direction of its programs is a hallmark of the St. Louis Park program. Although administered by the school district, the community education program derives substantial support and guidance from a large, citywide Advisory Council. This volunteer board is composed of representatives from public- and private-sector institutions, businesses, and youth. Dozens of programs and services are offered in a number of program areas including early childhood family education, child care, learning readiness, literacy, youth development and recreation. A set of program-oriented advisory councils work with the citywide group and individual centers to ensure that offerings reflect current research and innovative approaches.

**CoZi Project** (Yale University Bush Center, New Haven, Connecticut)

Conceived of and implemented in 1992, CoZi links two existing initiatives and builds on the momentum of each. The School Development Program (SDP), developed by James Comer, is primarily a decision-making, governance model. It engages parents and school staff in teams based on collaboration, consensus decision-making and "no fault" problem-solving. Since 1968 more than 600 schools have used SDP to become more inclusive and participatory. In 1987, Edward Zigler designed Schools of the 21st Century, a school-based service delivery model to provide preschool education, child care and special outreach to families with children from birth to age 3. Both initiatives are grounded in the importance of fostering children's total development.

CoZi advances SDP's efforts to engage parents more directly in the management and control of their schools by offering support and services that can make that participation possible. Conversely, it provides a decision-making model for Schools of the 21st Century to expand services and introduce principles of development throughout the curriculum.
Family Resource and Youth Services Centers (Kentucky)

Kentucky's school-linked, service coordination strategy was established as part of the state's Education Reform Act of 1990. In response to a state Supreme Court ruling that declared Kentucky’s entire system of education unconstitutional, sweeping curriculum, governance and finance reforms were enacted. The result was both additional revenue for education and new incentives for collaboration. With these in place, the state decided to build on the successes of an earlier but unfunded state effort, the Kentucky Interagency Delivery System (KIDS), to encourage coordinated service delivery at school sites.

State funding appropriated to the Kentucky Department of Education is administered by the Cabinet for Families and Children. Schools with more than 20 percent of students eligible for free or reduced price lunch are provided $65,700 per year to help implement and maintain Family Resource Centers in elementary schools and Youth Services Centers in middle schools and high school. Full-time coordinators are expected to coordinate, develop and broker a wide range of services.

Family Resource Centers emphasize family support like child care for preschool and school-age children, education for new parents, training for day-care providers, and referral services. Youth Services Centers focus on the needs of young people through employment counseling, training and placement; summer and part-time job development; substance abuse and mental health counseling; and drug and service referrals. Nearly 600 schools are funded.

Family Resource Schools (Denver, Colorado)

Developed in 1989, Denver's Family Resource Schools (FRS) project is a partnership among parents, schools, the City of Denver, the Board of Education, private industry, foundations and human service providers. Its mission is to strengthen the capacity of families and communities to support children's learning, by forging school-community partnerships, helping to remove the non-educational barriers that interfere with educational achievement and offering additional academic activities to accelerate student learning.

The project, based on the work of Edward Zigler and his Schools of the 21st Century, is organized around comprehensive family-support and child-development services. Activities vary from site to site but may include on-site case management, before- and after-school programs, child care for all programs and activities, support groups, and mental health services. In addition, each of Denver's 14 Family Resource Schools provides activities in four other core areas: adult education and skill-building, parent education, student growth and achievement, and staff development. Within this framework, individual schools design packages of supports and services that best meet local needs. Centers offer activities on a 12-month, morning-to-evening basis. Tutoring, mentoring, summer programs and home learning for students are combined with family math and science activities, family nights at the art museum, foster grandparent mentoring, and community gardens.

The Denver School District administers the project with advice from a cross-sector Executive Committee. Collaborative Decision-Making Teams at each school guide site-level planning and implementation. Since its inception, FRS has made considerable headway in developing programs, engaging parents, mobilizing community resources and creating community awareness of family-support principles. The state has pointed to the project as an exemplary model of the kind of comprehensive, coordinated approach envisioned in its Strategic Plan for Families and Children. The school district has established a goal of bringing the number of FRS in the city to 30 by year 2000.

Full Service Schools (Jacksonville, Florida)

Beginning in 1992 as part of a state initiative to bring services to high-risk students, Jacksonville's Full Service Schools (FSS) are housed in five neighborhood high schools. Site teams from city and county public agencies provide access to crisis treatment and a ring of complementary counseling and support services is targeted at children and families experiencing domestic, behavioral and economic problems. Students from elementary and middle schools in surrounding neighborhoods, as well as high school students, are referred by teachers, community agencies and parents.
Originally, FSS operated as a partnership between two primary agencies, the Duval County School Board and the Department of Children and Families. The Jacksonville Children's Commission has since become a strong funding partner, and the United Way serves as home agency for initiative staff as well as a funder for youth services. Each school is governed by a cross-sector site team composed of parents, teachers, students, principals and residents. Teams make initial recommendations on which services and which providers should be funded using dollars provided by the United Way's Community Solutions Fund as well as flexible funding provided by the State Department of Children and Families. More than 2,000 students and families have been served in Duval County, and the concept has been adapted in several surrounding counties.

**Healthy Start (California)**

Healthy Start, one of the nation's largest school-linked initiatives, grew out of the Healthy Start Support Services for Children Act passed by the California Legislature in 1991. Its intent is to remove the barriers to young people's academic performance by assisting local communities to improve the access of students and their families to a comprehensive range of high quality supports and services. Nearly 300 operational grants have been awarded to sites involving more than 800 schools and more than 600,000 children throughout the state. Ninety percent of the schools that receive state funding must meet eligibility requirements. At the elementary level, at least 50 percent of the student body must be from families with either very low income or limited English proficiency; 35 percent must meet these requirements in junior and senior high schools.

State funding, administered by the California Department of Education ranges from $50,000 for planning grants to as much as $400,000 for operational grants over a three- to five-year period. In most sites, the bulk of it is used not to purchase services but to help local collaboratives develop mechanisms to deliver existing services at school-linked locations more effectively. Localities are expected eventually to assume the full cost of maintaining and institutionalizing these systems.

Sites vary in their activities, services and support, but an average site offers a wide variety, with education-related services among the most common. In addition, services to help families meet basic food, clothing and shelter needs; to improve family functioning through child care, child protective services and parenting classes, to address preventive and acute health needs, to foster employment through career services, counseling and job training; and to provide recreational opportunities, are widely available.

**New Beginnings (San Diego, California)**

San Diego's New Beginnings initiative was launched in 1988. It began as an interagency forum in which CEOs of key city and county agencies, the school district, and an area community college could explore better ways of meeting the needs of the children and families they served.

In 1990, they chose a high poverty area surrounding a single elementary school and conducted a feasibility study to determine the effectiveness of current service delivery methods. With that information in hand, agencies designed and redirected dollars to help fund a school-linked demonstration project. Its purpose was not only to connect families to integrated services but also to provide a continuing source of information to the interagency oversight body about gaps and overlaps in services and areas in which policy-level changes were needed to provide more effective service delivery, systemwide.

Organized around a case management approach, New Beginnings seeks to improve results for participating families by providing a wide range of services including preventive health care, literacy and translation support, parent education, and referral services. It has also continued to leverage change among the institutions that serve families throughout San Diego city and county. For example, by developing a process of direct certification, the initiative has made it much easier for school districts to determine student eligibility for free or reduced price meals. New Beginnings is also playing a key role in a regional data-sharing project, which will allow individuals in authorized agencies to share data necessary to better serve children and families.
New Visions for Public Schools (New York, NY)

New Visions is a privately subsidized effort to create small, nurturing, academically strong schools throughout the New York City school system. Founded in 1989 as the Fund for the New York City Public Education, New Visions for Public Schools works with educators. In 1992, the fund sent out 16,000 letters inviting a wide variety of interested New Yorkers to help design new educational settings. The fund ran technical assistance workshops and trips to successful New York City schools to help community-based teams develop their own ideas. Nearly 300 proposals were submitted by parent organizations, education officials, teachers, community organizations, unions, colleges and universities, and students. Sixteen were eventually selected for implementation grants. Today, 41 of an anticipated 50 schools are in operation. New Visions funding allows these public schools to supplement school district support and to leverage additional cash and in-kind resources.

No two New Visions schools are the same. Each one is organized around a distinctive and unifying theme. Local 1199 School for Social Change, for example, is a four-year high school developed by a hospital and health care employees union. About 350 students study a comprehensive curriculum organized around public policy development, public health issues and the history of the labor movement. An adolescent and family health-care clinic and training program for medical residents operates on site and provides services to students and their families. Along with other community health facilities, community organizations and labor-affiliated organizations, the clinic provides a laboratory in which students can directly experience the issues they are studying in class.

Students build strong basic and conceptual skills in an entirely different way at the New York City Museum School. There, 151 students spend three days a week at participating museums moving among exhibits that shape and bring to life an interdisciplinary curriculum. What pulls these and other New Visions schools together is their small size, their close connection to the community and the high expectations they have for their students.

Readiness-to-Learn Initiative (Washington State)

In 1990, a governor's task force on reforming education observed that not all children across the state entered school on equal footing. In 1993, the state's Education Reform Act authorized a Readiness to Learn initiative, and $8 million in state funding was appropriated to fund 21-month grant proposals from local, community-based consortia to ensure that children come to school on their first day and every day thereafter ready to learn. Localities were expected to use Readiness to Learn funding as seed money to promote collaboration among public and private providers and the creation of new delivery systems to better meet the needs of children and their families.

Twenty-two communities were initially selected for funding by the Family Policy Council, a collaborative effort of five state agencies committed to integrated family services -- the departments of education, social services, health, labor and economic development. The Department of Public Instruction administers the grants. Local collaboratives are free to pursue a wide range of strategies as long as they lead to activities that are family-oriented, culturally relevant, coordinated, locally planned, outcome-based, creative, preventive, and customer service-oriented.

Currently more than 31 consortia have developed linkages with both public- and private-sector agencies, including colleges, universities and the business community, and reach 7,500 children and families each year. At each site, family workers provide assessment and ongoing support to students and families and work closely with interagency teams to help them meet academic, employment and socio-emotional goals.

School-Based Youth Services Program (New Jersey)

The Department of Human Services (DHS), concerned about problems facing teens -- pregnancy, unemployment, substance abuse, school failure -- began planning its School-Based Youth Services Program in 1986. Twenty-nine sites were operating two years later and today 48 sites serve 15,000 young people annually. Located primarily in high schools but also in some elementary and middle schools, the program is broadly focused on youth development.

According to planners, its goal is "to provide adolescents and children, especially those with problems, with the opportunity to complete their education, to obtain skills that lead to employment or additional education, and to lead a mentally and physically healthy life."
In launching the program, DHS gathered both facts and political support. Problems were well documented and the cooperation of other state departments including labor, health and education were secured early. With public commitment from the governor, DHS continued to build a statewide base of support among major education, business and child advocacy groups as well as with representatives of labor organizations in the schools. Legislative backing was enhanced by an agreement to locate at least one center in every county in the state.

Respect for young people and a willingness to build off their strengths -- essential aspects of a youth development approach -- were evident in program planning. Teen focus groups were asked for their input. Young people said what they most wanted were "caring adults [who] would listen to them, be non-judgmental, and help them with decision-making, not make decisions for them." They wanted more to do after school and on weekends, And to avoid embarrassing anyone, activities should be available to everyone.

Planners have taken this counsel seriously. Crisis intervention, health, employment services and recreational activities are open to every student at every site. Relationships with young people are built on the basketball court as well as in the health clinic -- and they take place nearly round the clock, all year long.

**Vaughn Family Center/Pacoima Urban Village (San Fernando, California)**

The Vaughn Family Center is located within the Los Angeles Unified School District in an elementary school that has been granted charter school status and has a much higher than usual degree of budget and decision-making authority. Initiated by a collaborative sponsored by the local United Way and an educational foundation, it was designed as a model for restructuring the delivery of health and human services to children and families. Along with case management, family support and health services, it also offers leadership development, job training and employment services.

As residents have assumed greater roles in the design and delivery of services, the focus has broadened into the creation of an "urban village" aimed at community development as well as service delivery. While maintaining its school-based center, the Vaughn initiative has extended its work into a nearby housing project and is giving more attention to poverty and economic issues affecting residents.

**West Philadelphia Improvement Corps (Philadelphia, Pennsylvania)**

The West Philadelphia Improvement Corps (WEPIC) was born in 1985 during a seminar on Urban Universities and Community Relationships at the University of Pennsylvania. Students proposed a summer service learning corps that would involve local teenagers in community improvement projects along with Penn students and faculty. The work was scheduled to begin two months later with 50 students from five neighborhoods. But a citywide crisis -- the fire-bombing of dozens of homes in a confrontation between police and a radical community group -- cut even that minimal planning period in half. Aware of Penn's plans to launch a summer program, the city announced that a new youth corps would accept every young person who had been affected by the conflagration. WEPIC took shape in less than a month involving 112 students.

Since its overnight creation, WEPIC has evolved from a youth corps into its primary mission building university-assisted community schools that provide education, recreation, social and health services for all members of the community, as well as revitalizing the curriculum through community-oriented, real-world problem solving. The initiative receives its $1.4-million budget from a variety of foundations and public-sector grants.

Thirteen elementary, middle and high schools provide sites for WEPIC activities during and after school hours. Activity areas are chosen by school principals and staff. Each site creates its own projects within WEPIC's general approach, which calls for problem-based, hands-on learning focused on community improvement. Focus areas include health, the environment, conflict resolution and peer mediation, desktop publishing, and extended-day apprenticeships in the construction trades. Extended-day and school day programs, reaching several thousand students each year, emphasize the integration of service learning with academics and job readiness and are often connected to the schools' thematic curricula.
Appendix D
A Beginning Look at Major School-Community Partnerships in Los Angeles County

Examples of School-Community Collaborative Arrangements Made by the Healthy Start Projects in Los Angeles County

Reporting School Districts: ABC Unified, Alhambra City Elementary SD, Antelope Valley Union High SD, Azusa Unified, Bellflower Unified, Covina Valley Unified, Culver City Unified, Duarte Unified, Glendale Unified, Lawndale Elementary SD, Lennox Elementary SD, Long Beach Unified, Los Angeles Unified, Monrovia SD, Newhall SD, Norwalk/La Mirada Unified, Palmdale SD, Paramount Unified, Pasadena Unified, Pomona Unified, Rowland Unified, Wilsona Elementary SD

I. City Departments and Agencies

City Attorney’s Office, Fire Departments (Pomona), Health and Human Services (Bellflower, Culver City, Gardena, Norwalk, Pasadena), Housing Authority (Los Angeles), Info Line, , LA Bridges, Los Angeles Commission for Assault Against Women , Library (Monrovia), Police Departments (Azusa, Culver City, Gardena, Monrovia, Los Angeles, South Gate), Parks and Recreation (Glendale, Huntington Park, Los Angeles, Monrovia, Norwalk, Pomona), Public Safety (Norwalk). Also, most projects indicate a connection with their city governance body.

II. County Departments, Agencies, and Specified Programs

Children and Family Services (DCFS), Health Services (DHS), Library, Mental Health (DMH), Office of Education (LACOE), Parks and Recreation, Probation, Public Social Services (DPSS), Sheriff; also mentioned: L.A. County Board of Supervisors

Specific Programs Cited: Child Health and Disability Prevention(CHDP), Early intervention project, LACOE Head Start Family Service Center, Info Line, LA County San Antonio Health Clinic, specific comprehensive health and medical centers, specific mental health centers

III. Other Agencies/Projects/Programs Concerned with Health and Human Services

A. Counseling/Mental Health/Support/Substance Abuse Services

Airport Marina Counseling Service, Alcohol and Drug Council of Greater Los Angeles, Antelope Valley Council on Alcohol and Drug Dependency, Asian American Drug Abuse Program, Calif. Women’s Commission on Alcohol and Drug Dependencies, Carson Child Guidance, Casa de Esperanza Mental Health Center, Center for Gender Sanity, Chaparral Counseling Services, Children’s Institute International, CLARE Foundation, Coastal Asian Pacific Mental Health Service, Community Counseling Services, Community Family Guidance Center, Council on Alcoholism and Drug Dependency, Didi Hirsch Mental Health Center, Foothill Community Mental Health Center, Gardena Drug and Alcohol Abuse Prevention Task Force, Glen Roberts Child Study Center, Girl Scouts Grass Roots Alcohol and Drug Education (GRADE), Greater Long Beach Child Guidance, Hathaway Children’s Services, Helpline Youth Counseling, High Risk Youth Program, Hope In Youth, LA Center for Alcohol and Drug Abuse, Legal Aid, Margarita Mendez Children’s Mental Health Center, National Council for Alcoholism, New Horizons Psychological Center, Pepperdine Educational Psychology Clinic, Project HEAVY West, Psychology Trauma Center, Reiss Davis Child Study Center, Rosa Parks Sexual Assault Crisis Center, San Fernando Valley Child Guidance Clinic, San Fernando Valley Community Mental Health, South Bay Center for Counseling, South Bay Child Neglect Treatment Program, South Bay Center for Counseling, Tri-Cities Family Guidance Center, UCLA Neuropsychiatric Institute, Victory Drug, Western Region Asian Pacific Counseling Center, Youth Intervention Project

B. Family Support/Guidance/Resource Help/Housing

ACTION: A Parent & Teen Support Program, Association to Aid Victims of Domestic Violence, AVANCE Human Services, Because I Love You, Building Up LA, Center for Improvement of Child Caring, Centro de Desarrollo Familiar, Centro de Salud Hispano, Child Care Resource Center, Children’s Bureau of Southern California, Children’s Center of Antelope Valley, Children’s Home Society, Chinatown Service Center, Community Family Guidance Center, El Monte Resource Center, El Nido

C. Gang/Violence/Juvenile Correction Programs
Alternatives to Living in Violent Environments, Bellflower’s Against Gangs, Centinela Valley Juvenile Diversion Program, Gang Alternative Program, Harbor Area Gang Alternatives Program, Juvenile Assistance Diversion Effort, Mad About Rising Crime (Santa Clarita Chapter), Peacebuilders

D. Medical Centers/Health Centers/Health Projects/Hospitals/Dental Clinics
Alhambra Hospital, Alamed Health Services, American Cancer Society, American Red Cross, American Dental Care, American Indian Clinic, Antelope Valley Hospital Medical Center, Behavioral Health Services, Bellflower Medical Center, Bellwood General Hospital, Buddhist Tzu-Chi Free Clinic, BUILD Rehabilitation, California Hospital Medical Center, Cedars-Sinai Medical Center, Centinela Hospital, Century Freeway Clinic, Children’s Dental Center, Children’s Dental Clinic, Children’s Dental Health, Children’s Hospital Los Angeles, Citrus Valley Health Partners, City of Hope, Clinica Mrs. Oscar Romero, Clinica Para Las Americas, Community Health Foundation East Los Angeles, C.O.A.C.H., Daniel Freeman Hospital, Del Amo Hospital, Every Child’s Healthy Option (ECHO -- Citrus Valley Partners), East Valley Community Health Center, El Proyecto del Barrio Clinic, Foothill Presbyterian Hospital, Koryo Health Foundation, Francisca Clinic, Glendale Adventist Medical Center Community Services, Glendale Healthy Kids Program, Harbor Free Clinic, Harbor/UCLA Public Health Dept., H.E.A.R.T., Henry Mayo Newhall Memorial Health Foundation, Holy Cross Medical, Huntington Park Cluster Health, Kaiser Permanente, La Puente Valley Medical Group, Little Company of Mary Hospital, Marshak Universal Medica Center, Mercy Medical Center, Northeast Community Clinic, Northeast Valley Health Corporation, Northridge Hospital, Pacific Clinics East, Pediatric & Family Medical Center, Peninsula Recovery Center, Pomona Valley Hospital Medical Center, Queens Care, RFK Institute for Family Medicine, San Gabriel Valley Medical Center, San Pedro Peninsula Hospital, Santa Marta Hospital, South Bay Children’s Health Center, South Bay Free Clinic, South Gate Dental Group, UCLA Jules Stein Clinic, UniHealth Foundation, St. Francis Medical and Children’s Center, Tarzana Treatment Center, 31st District PTSA Clinic, Valley Care, Valley Community Clinic, Valley Family Clinic, Valley Presbyterian Hospital, Victory Drug and Surgical, Vision Care Watts Health Foundation, Visiting Nurses Association, Westside Women’s Health Center, White Memorial Medical Center, Wilmington Community Clinic, Women-Infant-Child (WIC) (also some projects have enlisted the aid of volunteer medical professionals)

E. Support for Schools and Communities
Alliance for Human Enrichment, Americorps, Council of PTAs, California Conservation Corps/Clean and Green, CA School Employees Association, Central Neighborhood Association, City of Long Beach Neighborhood Improvement Strategies, Committee for Multi-Racial Projects, Esperanza Community Housing Corp., Estrella Community Development Corporation, Focus on Youth, Glendale Literacy Coalition, Institute for Human Potential, LA Alliance for a Drug-Free Community, Los Angeles Educational Partnership, Madres Unidas-United Mothers for Santa Clarita, Mar Vista Gardens Housing, Mothers of East Los Angeles, Monrovia Teachers Association, MSF Community Services, Neighborhood Watch, 186th Area Homeowners Assoc. & Community Action Network, Operation Safe Community, PTA chapters, PTSA chapters, Parent Action Leadership Team, Parent Support Teams, parent volunteers, school district support programs and services, student volunteers, Volunteer Center, Watts Labor Community Action Committee, Westminster Neighborhood Association

D-2
F. Vocational Programs


G. Youth Development/Recreation/Enrichment


IV. Other Resources

A. Businesses/Chambers of Commerce/Service Clubs


B. Philanthropic Organizations/Charities

Armenian Relief Society, Assistance League of Santa Clarita, Bressee Foundation, Catholic Charities/Loaves and Fishes, Crail-Johnson Foundation, Do It Now Foundation, Friends of EAGLES Centers, Lifeguard Food Ministry, Oldtimer’s Foundation, Palmdale Education Foundation, Salvation Army, Santa Clarita Valley Service Center, Santa Clarita Valley Food Pantry, United Way

C. Religious Organizations/Ethnic Associations/Committees

All Peoples Christian Center, Ascension Parochial Parish and Branch AME Church, Bellflower Ministerial Fellowship, Church Mentor Network, Congregational Church of the Messiah Community Volunteers, First Christian Church, Palmdale Churches, Whosoever Will Christian Center, Word of Life Outreach Ministries, Armenian Evangelical Social Services Center, Asian Community Service Center, Asian Pacific American Dispute Resolution Centers, Committee for Armenian Students in Public Schools, Latin American Civic Association, Martin Luther King Dispute Resolution Centers, Samoan Affairs Council, United Cambodian Community, Watts Latino Organization

D. Universities/Colleges

American Association of University Women, Antelope Valley Community College (School of Nursing), Azusa Pacific University, Biola University, California Institute of the Arts, California School of Professional Psychology, California State University Dominguez Hills, California State University Long Beach, California State University Los Angeles (School of Nursing), California State University Northridge, Cerritos Community College, College of the Canyons, College of Osteopathic Medicine of the Pacific, El Camino College, Foothill College (Special Education Local Community College Citizenship Center), Glendale Community College (Service Learning Center, Citizenship Center & Volunteer Center), International Institute of LA, Josephson Institute, LA Harbor College, Loyola Marymount University, Mission College, Philips Graduate Institute (California Family Counseling Agency), UCLA (America Reads, Center X, Department of Family Medicine, School of Law, UAP Program), USC (Dental School, Inter Professional Initiative, Joint Education Project, School of Medicine, School of Social Welfare
A Few Profiles

In addition to the information about school-community partnerships that can be gleaned from the Healthy Start project data, some perspective is gained by reviewing the 1995 catalogue of Programs to Enable Learning and Teaching done for the LAUSD by the School Mental Health Project at UCLA and the 1995 compilation of Collaboratives for Children, Youth, and Families in LA County (2nd ed.) done by the LA County Children’s Planning Council.

The following are a few profiles to illustrate a range of activity.

INTEGRATED, SCHOOL-LINKED SERVICES

Healthy Start, Monrovia Unified Schools

The community of Monrovia has adopted a primary focus on its children -- adopting the vision that all children and their families deserve to have access to affordable health and human service support. The Monrovia City Council is actively committed to becoming an "America's Promise" city. This national program, headed by Collin Powell, endorses cities that proclaim a commitment and dedication to sharing of resources and pooling strengths for the betterment of children. In concert with the city, the Monrovia Unified School is “committed to devoting its energy and resources to support and provide: a safe orderly, positive, powerful learning environment, with educational programs which foster the maximum development of each student's desire to learn, academic potential, vocational interest and talents, social, civic, and cultural understanding and sense of self worth.” The school district superintendent and administration also acknowledge and advocate for addressing students' health and human service needs as a means for removing barriers that hinder students' capacity for learning.

The Healthy Start Project of Monrovia is designed as a citywide integrated and comprehensive service delivery program. The various interventions provided by the Healthy Start Staff and the Healthy Start Collaborative Members are developmentally-oriented and designed to address needs identified through student and parent focus groups and structured interviews, as well as with recognition that the population served has over a 60% poverty rate and that most students are scoring at or below the twenty-fifth percentile on achievement tests.

The collaborative includes 18 local Program Directors, concerned community activists, and other community leaders. This includes community-based organizations program directors, public and private agencies such as the West San Gabriel Valley Health Council. Los Angeles County, SPA 3. Youth and Family Network, and Youth Advocacy Task Force. The city and county municipalities provide tangible support through financial provisions and systemic shifts in consolidating and blending of responsibilities for services.

Examples of collaborative’s endeavors to reach designated goals and achieve measurable outcomes include:

- A Case Management Team consisting of the District Attendance Officer, a Nurse Practitioner, a police officer, the Healthy Start Program Director, Social Workers, Licensed and Credentialed counselor meet to coordinate services for families, discussing with the family their strengths, problems and background. The school, community, or individual family members refer an average of 10 cases weekly. Each case is evaluated and plans are developed with the parents that are holistic, linking the child and family with providers who can supply the needed services. The case manager communicates with the family to establish rapport and assure that the prescribed services are accessed. prescribed services are accessed.

C The Early Mental Health Initiative "Special Friends" program was established in 3 elementary school to address the minimally at-risk student. Healthy Start case management services are utilized to refer families to services when their needs extend beyond the scope of this program.

C A Cross-Age Mentoring Program matches trained and supervised high school students with elementary students to foster resiliency.

C Numerous adult/parent enrichment opportunities are provided, targeting the hard to reach parent. Among the subjects covered are: Teaching Your Child How to Read, Parenting Tips for African American Families, Stress Management, and Fostering Appropriate Responses to Your Angry Child. The Los Angeles Department of Children and Family Services, Family Support Program through Santa Anita Family Services funds these services.
Kindergarten Outreach involves community volunteers visiting the homes of new kindergarten students welcoming them to the community of education and providing them with valuable information while encouraging the parent to be involved in their child's school.

The local food bank, Foothill Unity Center, has initiated a case management program that provides a direct link to Monrovia's students and families, identifying families in crisis, tracking, coordinating with the school district and initiating access to service that foster family self-sufficiency, addressing domestic violence, basic needs and family displacement issues.

An extensive family counseling program staffed by local non-profit counseling agencies provides services at the Healthy Start Family Service Center, at the school site, and at local counseling center at no cost or a significantly reduced fee. Individual, Family and Group Counseling are offered. Children's groups include: Anger Management at all grades, Grief Group, Stress Reduction and Test Taking Skills and self-esteem Enhancement. Over 300 individuals access these services annually.

- The Child Health and Disability Program provides free physical exams
- In Partnership with the Los Angeles Office of Education a massive immunization effort has resulted in over 1000 immunizations being given last year.
- A dental fund helps needs families receive dental services for their children
- A physician medical network is being established to match children and families to needed medical assistance with physicians, dentist, and other health care providers in the West San Gabriel Valley who "fall between the cracks" of governmental sponsored programs. This network screens and connects families to physicians who have agreed to donate services to a designated number of families annually.
- Medi-Cal and Healthy Family applicants can be screened and assisted in the application process at the Healthy Start Family Service Center.

Healthy Start continuously sponsors summits and community forum to connect the community to local leaders and politicians, providing depth-full understanding that links to the "Pulse of All Community Members"

SAFE SCHOOLS

School Law Enforcement Partnership Cadre -- a partnership for school safety (sponsored by the California Departments of Justice and Education)

Designed to help meet the challenge of providing safe and orderly campuses, the cadre’s intent is to pull together resources of the school, law enforcement, juvenile justice agencies, businesses, parents, and others in the community. There is a particular focus on serving schools, school districts, and county education offices; law enforcement agencies; juvenile probation departments; and juvenile court schools. The goal is to encourage interagency partnerships, programs, strategies, and activities that can promote safe schools, improve attendance, and encourage good citizenship. To achieve all this, a Cadre of professionals has been trained to provide free personal technical assistance and resource materials to schools, law enforcement organizations, and other youth-serving agencies. Services include telephone consultations, audiovisual and printed materials, program planning and development, inservice workshops, and facilitation of presentations. Concerns addressed include forming school/law enforcement partnerships, substance abuse prevention, gang awareness and prevention, school-community violence prevention, hate motivated violence prevention, conflict management, vandalism reduction, school security and safe school planning, child abuse reporting and prevention, truancy and dropout reduction, crisis response, suicide prevention.

Assistance and materials for forming partnerships are available from the Cadre at no cost. Services can be obtained by contacting: Safe Schools and Violence Prevention Office, California Dept. of Education, 560 J ST., Room 260, Sacramento, CA 95814 (916) 323-2183

Website -- http://www.cde.ca.gov/spbranch/safety/safetyhome.html

OR Crime and Violence Prevention Center, Office of the Attorney General, California Dept. of Justice, P.O. Box 944-2550 (916) 324-7863 Website-- http://www.ns.net/caag/cvpc/
**HEALTH INITIATIVES**

**Young and Healthy**

Through collaboration, the Pasadena Unified School District has developed a school-based health services program which is tightly linked to the community. The program is the result of a combination of intensive community organizing around children's health issues, district leadership, and foundation support. Pasadena has a medical community broad enough to meet the entire community's health care needs. Nevertheless, difficulty in accessing health care is an issue for underserved populations. Thus, Pasadena developed the CHAP (Community Health Alliance of Pasadena) Clinic and Young & Healthy, an organization of volunteer doctors willing to provide services free of charge to uninsured children.

Creation of the CHAP Clinic arose initially from concerns of the Black Businessmen’s Association which led to a community-wide examination of health access issues. The Community Health Alliance, a collaborative of numerous health and social service providers, was formed to consider solutions to the problems of health care access. Benefit from broad community support, the Alliance incorporated to become a 501 (c)(3) organization and put out a request for proposal to build a clinic at the site of a former community hospital. The city agreed to buy the building and Huntington Hospital was awarded the bid to renovate the facility to create a clinic and social service center. Kaiser, which is headquartered in Pasadena, put $500,000 dollars into the project.

A similar community process is demonstrated by the birth of Young & Healthy (Y&H), a collaboration of volunteer physicians who have committed to caring for any child who needs care but has no means to pay for it. The impetus behind creating Young & Healthy was manifold. In 1987, All Saint’s Church conducted a health need assessment which suggested that health access was a major issue in the community. With over one third of school children uninsured, school nurses had nowhere to refer children who needed basic primary care. The director of the church’s outreach program took the lead in meeting with members of the community. A second key player was the head of the emergency room at Huntington Hospital who daily saw the effects of children not having access to primary specialty care (high ER utilization resulting in great costs to the system and decreased health outcomes due to the lack of prevention). He suggested that local doctors volunteer their time to see children who would not otherwise have access to care outside of the ER. He worked within the medical community to gather support while a task force, working under the auspices of the church, worked not only to get foundation support, but to raise awareness and develop support in the community for the idea.

After two years of planning and building community support, grant funding was obtained, a director for the program was hired and the idea was piloted at the 3 districts. The impetus behind creating Young & Healthy was manifold. In 1987, All Saint’s Church conducted a health need assessment which suggested that health access was a major issue in the community. With over one third of school children uninsured, school nurses had nowhere to refer children who needed basic primary care. The director of the church’s outreach program took the lead in meeting with members of the community. A second key player was the head of the emergency room at Huntington Hospital who daily saw the effects of children not having access to primary specialty care (high ER utilization resulting in great costs to the system and decreased health outcomes due to the lack of prevention). He suggested that local doctors volunteer their time to see children who would not otherwise have access to care outside of the ER. He worked within the medical community to gather support while a task force, working under the auspices of the church, worked not only to get foundation support, but to raise awareness and develop support in the community for the idea.

After two years of planning and building community support, grant funding was obtained, a director for the program was hired and the idea was piloted at the 3
schools in the district identified as having the greatest unmet medical needs. The program evolved so that a school nurse, knowing a child has no insurance, could call Young & Healthy for a referral. Young & Healthy would then meet with the family to ensure income eligibility (although income is only self-reporting) and discuss the referral process. The first year of the program, only 600 appointments were made. By the second year of the program, which by then was extended to the entire school district, 1,200 appointments were made. By its fifth year, Young & Healthy made 4,800 appointments in one year and now has over 400 doctors on their referral list.

Recognizing changes in health care in general, as well as how services are being accessed in the community, Young & Healthy has altered its program to better meet community needs. The focus is moving toward more emphasis on speciality and dental care referrals, each of which now makes up to 30% of the appointments. Young & Healthy works with USC to get mobile dental vans to a district school twice yearly and works with families to inform them of various health insurance options. The program is widening its client base by outreaching to homeless shelters, battered women’s shelters, and foster homes.

Through the generosity of the California Wellness Foundation, the district is able to run a central District Primary Care Clinic, which is open during the day and some evenings, staffed by a nurse practitioner. In general, the clinic provides care to students who have no insurance. In addition, the district has five Healthy Start sites, each of which also has a clinic staffed by a nurse practitioner and provide acute and preventative care services to students and community members.

**Partnership for Preteen Hepatitis B Immunizations**

LACOE is conducting a school based project to reduce the incidence and dangers of Hepatitis B to preteen students and prevent related chronic health problems. The project, called Partnership for Preteen Hepatitis B Immunizations (PPHI), helps students from needy families comply with the new California law requiring proof of Hepatitis B vaccine (HBV) series of three doses by seventh grade entry. PPHI is built on a collaborative network, including LACOE, school district providers, parents, and community based organizations, such as hospitals, clinics and community service clubs. PPHI is also providing other immunizations and, whenever possible, capitalizes on opportunities to provide proactive health assessments, health education and linkages with appropriate systems of care. Merck Vaccine Division awarded a $100,000 grant to PPHI implementation. At present, PPHI is linked with 27 school/communities. The goal is to provide 10,000 students with a series of three HBV doses during 1998-9.
HEALTH INITIATIVES (cont.)

Medicaid Demonstration Project’s Proposed Healthy Students Partnership Program

Los Angeles County, in concert with Los Angeles Unified School District (LAUSD), has proposed an amendment to the County’s existing Medicaid Demonstration Project to incorporate a new Healthy Students Partnership (HSP) program. The Medicaid Demonstration Project’s principal objective is to transform the County’s health delivery system to better and more economically serve Medicaid recipients and Los Angeles County indigents. To do this, the system is reducing expensive inpatient capacity while substantially increasing ambulatory care. The ambulatory care network being built is community-centered, based on public/private partnerships, and is prevention oriented and accessible.

The HSP program proposes to add public schools to this developing network as a means to better address the documented needs of children and youth for ambulatory care County survey data convincingly show that when people perceive they require medical care, poor and near-poor uninsured people are almost twice as likely as those with coverage to go without care. Among the most significant barriers reported are lack of a regular medical care provider; knowledge about coverage options; transportation; and ability to pay. Cultural attitudes and beliefs about health care also play a role. These obstacles are particularly significant for uninsured children, estimated to number 696,000 in Los Angeles County. Of these, approximately 560,000 are estimated to be from poor or near-poor families; and a substantial majority of these are in families with children in public schools. Making ambulatory care services readily available to these children at school, even if their families are unable to pay, serves to overcome the barriers between them and needed medical care. That is the primary objective of the HSP program.

A second objective is for schools to be an avenue through which uninsured families can learn about health coverage options and receive help with enrollment. LAUSD and other school districts have found that many uninsured students qualify for programs such as Medi-Cal or Healthy Families, but haven’t enrolled for a variety of reasons, including lack of information, application complexity or cultural mores. Through schools, the Healthy Students Partnership program will seek to overcome these obstacles and thereby facilitate health plan enrollment of a substantial number of uninsured students. As a result, among other things, HSP would offer a transition path for students into Medi-Cal managed care and the Healthy Families programs.

At least 35 of the County’s 81 school districts have expanded their capability to attend to students’ health and well-being through initiatives such as the Healthy Start program (which provides an excellent base for ambulatory care service expansion), Early Mental Health Initiative (“EMHI”), Child Health and Disability Prevention Program (“CHDP”) and school-based clinics. For example, LAUSD, which has 43% of the County’s total kindergarten through 12th grade enrollment, but an estimated 54% of the total poor and near-poor students, has a growing number of school-based clinics, 120 Healthy Start program sites (representing 65% of the County total). Thirteen LAUSD sites currently serve more than 74,000 students in partnership with the County and private providers. These sites provide more than 36,000 health and mental health visits annually.

The HSP program will seek to meet students’ health care needs by expanding school-based ambulatory care services through the Medicaid Demonstration Project. In that spirit, the concept of the Healthy Students Partnership program was approved unanimously by the Los Angeles County Board of Supervisors on October 20, 1998, and also unanimously by the Los Angeles Unified School District’s Board of Education on October 27, 1998.

As proposed, LAUSD will pioneer implementation of the program. The rest of the County’s 79 districts, which are diverse in size, poverty levels and involvement with expanded health programs, will be invited to participate and will be provided with technical development assistance in accordance with their individual needs, with coordination through the County’s umbrella agency, the Los Angeles County Office of Education. The County and participating school districts will enter into the HSP program through a memorandum of understanding, which spells out the collaborative relationship and provides for joint governance. Mechanism for community input will be a regular feature of the program’s governance. Participating districts will expand school-based and school-linked ambulatory care services using a flexible model of care developed from real experience. Participating sites will be able to select from a formulary of ten proven ambulatory care delivery and support components to develop a platform of service which fits the circumstances and needs of the locality. The components may be staffed by the school district, the County, public/private partnership providers or a combination of these.

At-School Service Components: Primary Care and Medical Home

- A. School Complex Core Clinic
- B. Nurse-Practitioner Clinic
- C. School-Based Primary Care Clinic
- D. Mobile Primary Care Clinic
- E. School-Linked Primary Care Provider

At-School Service Components: Specialty Care

- F. School Complex Specialty Service Clinic
- G. Mobile Specialty Service Clinic

Support Service Components

- H. Case-Finding/Management through Reinforced School Nursing
- I. Health Care Plan Outreach, Counseling and Case Tracking
- J. Integrated Referral System Linkage
Primary and selected specialty care services will be targeted to students from poor and near-poor families. Their eligibility for the free/reduced-cost lunch program will also establish their eligibility for HSP program services. Other needed services will be provided through linkage to the COUNTY’s integrated public/private partnerships provider network.

The HSP program will require initial planning within each school district for the comprehensive and systematic expansion envisioned by HSP. But some school districts already have individual projects on the drawing boards. Those ready for implementation and consistent with HSP may be fast-tracked. Primary target areas will be those in which students enrolled in the free/reduced-cost lunch program constitute 75% or more of total enrollment. Seventeen of LAUSD’s 22 administrative clusters and 15 of the other school districts would be targeted. Secondary targets include an additional seven clusters and 20 other school districts with lunch program eligibility between 50% to 75% of the student population.

The proposal is to finance the HSP program through Federal Medicaid matching funds for current health care expenditures of LAUSD (estimated not to exceed $105.6 million in total expenditures for 1998/99) and other participating school districts (estimated not to exceed $64.6 million in total expenditures). Federal financial participation for HSP in FY 1999/2000 would not exceed $85.2 million. Evaluation will include measures of health care system performance (e.g., access, quality, continuity, cost and eligibility assistance outcomes) and educational program impact (including attendance, immunization rates and compliance with school entry medical physical examination requirements).

**Early Mental Health Initiative (EMHI)**

EMHI is a prevention-oriented initiative designed to enhance the social and emotional development of children (kindergarten through third grade) manifesting problems such as minor school adjustment and interpersonal difficulties. By responding early to minor problems, the intent is to minimize costly services at a later time. After screening to identify appropriate students, the process involves a supervised paraprofessional taking the student to a play room setting. The adult is trained to listen empathetically and respond in a nondirective manner. The play sessions are meant to create a nurturing relationship through which the youngster comes to feel good about self, others, and school. The approach calls for encouraging a close working relationship with parents and teaching staff to build alliances that promote mental health and social and emotional development. School-based supervisors/trainers (school psychologists, counselors, social workers) work collaboratively with staff of cooperating mental health agencies in the community. Contact: Consultant at LACOE 562/922-6394.

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**TRUANCY AND BEHAVIOR PROBLEMS**

**The School Attendance Review Board (SARB)**

SARB is a multi agency mechanism that includes children and family services, probation, law enforcement, parents and/or other community representatives, community-based organizations, child welfare and attendance personnel, school guidance personnel, and the district attorney’s office. The SARB process is intended to enhance efforts to meet the needs of students with attendance and behavior problems and promote use of alternatives to the juvenile court system.

The process starts with identification of attendance and/or behavior problems followed by classroom, school site, and district level interventions. SARB is specifically charged with finding solutions to unresolved student attendance and discipline problems by bringing together, on a regular basis, representatives of agencies that make up the board. This involves efforts to understand why students are experiencing attendance and behavior problems and taking steps to correct the problems. SARB also surveys available community resources, determines the appropriateness of the services, and makes recommendations to meet the needs of referred students.

Assistance from SARB may be requested when attendance or behavior problems have not been resolved through existing school and community resources. Referrals are made by contacting the principal, supervisor of attendance or local SARB chairperson. Contact: local SARB by telephoning the LA County SARB at (562) 922-6234.
**SCHOOL-TO-CAREER PROGRAM**

**Business Summer Institute for Students**

The Academy of Business Leadership, associated with Southern California Edison, has collaborated with the Los Angeles County Youth Development Partnership for two consecutive summers to offer a Business Summer Institute for students. The Institute is designed for eight weeks, six hours per day, with school-based learning given on the campuses of the University of Southern California and California State University at Los Angeles. Work-based learning takes place at companies such as Edison International, The Times, KCAL, Disney, etc. The intent is to expose students, on a weekly basis, directly to business and industry. At the Institute, students are immersed in an intensive curriculum, focusing on entrepreneurship, investment, and finance. The specific focus is on skills for starting, managing, or working at a successful business. This includes skills for personal goal setting, computer use, leadership, communication, and image and presentation. Students undertake "hands-on" projects, including practical exercises in developing a business plan and stock portfolio management. Volunteer business professionals offer training and mentoring in a variety of business related fields. Follow-up data on participants find that grade point averages go up, several have started profitable businesses, 99% of the participants graduate from high school and 78% of these are now enrolled in colleges or universities. Participants state that the program helped them understand the importance of a college education, enabled them to set higher educational goals and develop career goals; and helped them develop leadership skills and understanding of the importance of ethics and values.

**GANG RESPONSE**

**Gang Risk Intervention Program (GRIP)**

“The philosophical foundation of GRIP is rooted in interagency collaboration. In particular, GRIP brings together police officers, community leaders, and school faculty and administrators, along with parents and students, to collectively address gang-related challenges. Through this process, all stakeholders share ownership, responsibility and accountability for the assessment, planning, implementation, and evaluation of respective gang-related initiatives.” GRIP serves students who are at risk of joining gangs, providing them direct support services intended to teach them how to live a healthy, responsible life that leads to success at home, school, and in the community. The goals are to (1) reduce the probability of youth involvement in gang activities and consequent violence, (2) establish ties at an early age between students and community organizations, and (3) commit local businesses and community resources to positive programming for youth. Projects are underway in the following school districts: Centinela Valley Union High, Covina-Valley Unified, El Monte Union, Inglewood Unified, Lennox, Los Angeles Unified, Lynwood Unified, Pasadena Unified, Pomona Unified, Whittier Union High, and Wiseburn, as well as under the aegis of New Directions for Youth in Van Nuys and SEY YES, Inc. in Los Angeles City.

Each GRIP project has a school-based advisory committee composed of educators, students, police officers, and other community representatives. The mandated components of the program are (1) a full time, paid community-based coordinator at a school or group of schools, (2) counseling for targeted at-risk students, parents, and families, individually and collectively, (3) exposure of targeted students to positive sports and cultural activities, promoting affiliation between students and their local community, (4) job training which may include apprenticeship programs in coordination with local businesses, job skills development in schools and information about vocational opportunities in the local community, (5) activities that promote positive interaction among students, parents, educators, and law enforcement representatives, and (6) staff development on gang management for teachers, counselors, and administrators.

**BUSINESS AND SCHOOL ALLIANCES**

**Partnerships and Adopt-a-School Program**

The Los Angeles Unified School District’s Partnerships and Adopt-a-School Program reports having 1200 alliances between schools and the business world. The intent is to improve educational standards and align classroom learning to workplace requirements by creating links between a school or school program and a business or community organization. The district outreaches to companies seeking their resources to enrich a school’s educational program through providing tutoring, mentoring, mini-course lectures, sharing hobbies, career counseling, incentives for attendance or achievement, career awareness, club sponsorship, parent workshops, teacher workshops, student employment, etc. Contact: LAUSD Partnerships and Adopt-a-School Office (213) 625-6989.
FOSTER YOUTH

Countywide Foster Youth Services Programs

In an effort to support children in their foster care and school placements, LACOE and some school districts (e.g., LAUSD) have implemented programs to support the youngster’s educational and emotional needs and reduce “foster care drift.” The State is providing funding to expand this initiative with the intent of making foster youth services available to every child and youth, ages 4-21, residing in a licensed children’s institution (group home). Schools have been identified as “a natural focal point for identifying foster children’s academic and behavioral problems and needs. Through interagency collaboration, one of the program’s most vital aspects, Foster Youth Service providers work with social workers, probation officers, group home staff, school staff and community service agencies to influence foster children’s day-to-day routine both during and after school. Their goals are to stabilize foster care placement and to enhance academic success.” The programs also “collaborate with, complement, and supplement” existing supports provided by the Title I Neglected and Delinquent Youth program and Healthy Start, as well as those provided by Systems of Care, SELPAs, and Independent Living Programs.

The programs are expected to assist students in working with the placing agency, the court system, public and private health/mental health agencies, and educational service providers and use a case management model. Specific goals are (1) improved pupil academic achievement, (2) reduced discipline problems and juvenile delinquency, and (3) reduced rates of truancy and dropout. Program must have a local advisory group and provide the following: (a) educational assessments, (b) collection of the “Health and Education Passport” (including location of a student’s records, last school and teacher, current grade level, and any information necessary for school enrollments), (c) tutoring, (d) mentoring, (e) counseling, (f) transition services (including vocational training, emancipation services, training for independent living), (g) mainstreaming to a public school setting, and (h) advocacy training for program staff, group home staff, and foster parents. Contact: FYS Coordinator, CDE, Education Options Office (916) 445-6217; or the consultant at the Division of Educational Support Services, Attendance and Administrative Services, LACOE (562) 922-6234.