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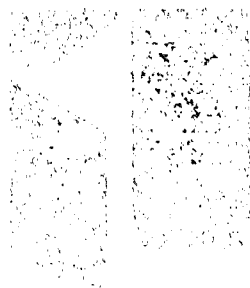
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ABSTRACT

Schools are finding it increasingly difficult to successfully meet the diverse needs of all students at risk of school failure. Changes in demographics and the nature of children's needs call for reaching beyond the school's boundaries and mobilizing a broad array of resources in the larger community. This document extends work on the coordination of community-based and social service agencies begun in 1990. It discusses 11 of the most promising collaborative efforts of school-community linkages, ranging from localized efforts that concentrate social services on a single school site to a countrywide coordination and management of services. These programs include: (1) Project Learn (Phoenix, Arizona); (2) Murphy School District (Phoenix, Arizona); (3) Page High School (Page, Arizona); (4) Southwest Community Network (Phoenix, Arizona); (5) Castlemont Corridor Substance Abuse Prevention (Oakland, California); (6) New Beginnings (San Diego, California); (7) Coordinated Youth Services (San Rafael, California); (8) K-Six Early Intervention Partnership (Fresno, California); (9) Children's Cabinet (Reno, Nevada); (10) Early Intervention for Ensuring Student Success (Salt Lake City, Utah); and (11) Elementary At-Risk (Ogden, Utah). Each profile is based upon program descriptions and written documentation provided by site staff, telephone interviews with coordinators/directors, and site visits. Information from site visitations include some or all of the following categories: historical development, structural organization and goals of the collaborative, a description of the community it serves, the services each program provides, evidence of outcomes that can be provided, and perceptions of possible similar programs in other areas. (6 references) (LAP)

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School-Community Linkages in the Western Region

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STUDENTS AT RISK PROGRAM

Far West Laboratory for Educational Research and Development

The Students At Risk Program at Far West Laboratory is one of four field services programs designed to serve the region comprised of Arizona, California, Nevada, and Utah. The program focuses on improving the educational opportunities of students who are least likely to attain their full educational potential.

School districts, universities, state departments of education, and other agencies use our resources, technical assistance, and reports to improve and extend existing programs or to design and initiate new ones. Current research and development activities address issues such as the organization of schools for students at risk, the setup and delivery of programs for potential dropouts, involvement of the private sector in education and the coordination of special services for low achieving students.

The Students At Risk Program maintains a Regional Resource Center which monitors regional needs and resources, disseminates information and products, makes referrals to other agencies, and provides technical assistance. With a collection of over 600 reports and documents, the Center provides summaries of recent reports and research; identifies and disseminates information on promising approaches and programs for high-risk students; acts as a broker between agencies in the region and nationally; and provides technical assistance on program development and evaluation.

The Students At Risk Program also coordinates the work of the National Network of Regional Educational Laboratories on the theme *Kids at Risk*. As part of this collaboration, the laboratories exchange information on products and programs and co-sponsor conferences. This work enhances the efforts of all the laboratories to provide services for at-risk students in their respective regions.

For more information, call or write:

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SCHOOL-COMMUNITY LINKAGES IN THE WESTERN REGION

**Larry F. Guthrie
Bonnie L. Scott**

1991

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INTRODUCTION

Background and Rationale

Schools are largely ill-equipped to mount a comprehensive approach that successfully meets the diverse needs of all students at risk of school failure.

Students seldom drop out just because of poor grades, but rather for a complex of social and emotional reasons. Their lives extend beyond the school grounds into families, communities, and cultures, where they are exposed to powerful influences out of the school's reach. Thus, truly comprehensive approaches must reach beyond the conventional boundaries of public education and mobilize a broad array of resources in the larger community.

For many children, severe physical, emotional, and social needs will outweigh the educational opportunities the school can provide. Changes in demographics and the nature of children's needs have placed additional burdens on the school and its associated agencies. For this reason, Far West Laboratory's Students At Risk Program is examining a variety of approaches to school-community linkage in the western region.

A vast array of social service agencies serve children and youth at risk. These include the county welfare agencies, child protection agencies, juvenile courts, youth employment programs, health and mental health programs, child care programs, and early childhood development agencies. In California, over 160 programs in 35 agencies and

seven departments have been set up to serve children. Very often, however, agencies are compartmentalized, services are overlapping and uncoordinated, and children are incorrectly referred or underserved (Guthrie, G.P., & Guthrie, L.F., 1991; Heath & McLaughlin, 1989; Hodgkinson, 1989; Kirst & McLaughlin, 1989; Schorr, 1989). These problems require attention.

There is a growing regional interest in coordinating and improving services for children. In fact, several communities have set up procedures for periodic networking and information sharing. To substantially reduce fragmentation and improve the quality of services, however, coordination of community-based and social services will have to go beyond mere information sharing. Communities must think in terms of new community structures that encompasses planning, joint funding of projects, creation of horizontal (rather than vertical) linkages, development of accountability systems, and the real involvement of community members, parents, students, and businesses (Gardner, 1989). They will have to recognize the client as the central focus of interlocking and interdependent services (Hodgkinson, 1989).

Collaboration can be approached in a variety of ways: (1) a professional coordinator (case manager) within the school district might coordinate the services of several agencies and match them with the needs of the students; (2) services of various agencies might be housed (co-located) within or near the

school; (3) through consistent communication and joint projects, all agencies might coordinate with each other; or (4) an advocacy group may be formed to assess the community's needs, implementing projects and coordinating agencies in order to meet those needs.

An example of the first type of collaborative is the Children's Youth Services Council (CYSC) in San Rafael. At CYSC, a non-profit organization, professional case managers coordinate the services of several agencies in order to better meet the needs of students in their districts. This coordination is done in two ways: 1) case managers from two of the agencies have been brought on site in order to facilitate coordination and 2) weekly case reviews are attended by representatives from several agencies in the community. Service plans for students and their families are developed at these reviews on a case-by-case basis. Cities in Schools in San Rafael has a somewhat similar case management approach, except that a professional coordinator on the school site coordinates services among the various outside agencies for individual cases.

A second approach to collaboration is to house agencies within or near the school. This is the strategy used by the Department of Economic Services (D.E.S.) in the Murphy Elementary School District in Phoenix, as well as at New Beginnings in San Diego. D.E.S. has placed 20 agency staff in a district building to serve students and families from the district's four schools. Each school also has a team composed of a counselor, nurse and community worker, who makes referrals to the D.E.S. site as needed.

Some approaches stress sharing of information with one another to facilitate service delivery. At the Page High School in Page, Arizona, this communication is facilitated through monthly Round Table discussions among school and social service staff. In addition, counselors and para-professionals at the school serve as case managers for the students.

Project LEARN in Phoenix, and the South West Community Network (SWCN) in Avondale, Arizona, illustrate a fourth model. These collaboratives act primarily as advocacy groups and rarely provide direct services. Project LEARN allocates money to service agencies on an ad hoc basis, as a result of needs assessments done for individual schools. SWCN's role is to assess needs in the community and try either to deploy or create services to fulfill those unmet needs. This strategy has resulted in the development of a counseling center in Avondale and the creation of a multi-agency home construction project.

Not all collaborative arrangements fit neatly into one of these categories. The Children's Cabinet of Reno, Nevada for example, is a hybrid of the second and third model. Here, a private, non-profit agency has co-located several agencies on one site to facilitate coordination, and through monthly staff meetings, keep each other informed of the latest developments within each agency.

Because the conditions in rural communities present special challenges for those engaged in children's services, we have sought out both urban and rural collaboratives. Rural communities often lack the variety and quality of services

found in cities and are seldom equipped to meet the various special needs that only small numbers of children might have. For those agencies that do exist, attracting and retaining qualified professional staff present additional problems, which are then compounded by the long distances, limited public transportation, and inadequate roads that limit access to and coordination among services.

Current Status

This report extends work on the coordination of community-based and social service agencies begun in 1990. We have identified more than 40 school-community linkages which are working to improve coordination of services. These range from localized efforts that concentrate social services on a single school site, to county-wide coordination and management of services. As the project continues, we are seeking nominations of programs for our study

from school and social service administrators in the region.

The following is a report on 11 of the most promising collaborative efforts up to this point in our investigation. Profiles are based upon written documentation and program descriptions provided by site staff, telephone interviews with program directors/coordinators, and intensive site visits. Thus far, we have visited five sites, interviewing project directors, administrators and line workers of participating agencies and schools, and observing various program activities. During each site visit, our primary concern has been with obtaining information about the historical development, structural organization and goals of the collaborative, a description of the community it serves, the services each program provides, any evidence of outcomes that can be provided, and perceptions of potential replication of the collaborative in other areas.

PROJECT LEARN

Location: Phoenix, Arizona

Contact: Vivian Diaz
Coordinator

Address: United Way
1515 East Osborn
Phoenix, AZ 85064

Phone: (602) 263-7701

History/Description of Collaboration

The Local Educational Assistance Resource Network, Project LEARN, is a collaborative of 28 agencies and representatives of school districts, coordinated through the United Way Chapter in Phoenix. Project LEARN provides brokerage for schools "at risk," coordinating service delivery through the schools and service agencies. Thirteen Phoenix schools are currently receiving supplemental, flexible funding from Project LEARN that enables them to contract with various other agencies to meet specific needs, e.g., coordination, counseling, ESL classes, emergency assistance, health care, parent or teacher support or training, child care, information and referral. It is not Project LEARN's goal to be a permanent funder, but rather, to improve schools' access to social service agencies so they can more effectively provide social, health, academic, and other services to the at-risk population. To do this, the nearly 30 participating agencies have set up cooperative funding arrangements and have opened lines of communication with the schools, teachers, and families.

The idea for Project LEARN grew out of a volunteer "Think Tank" of community leaders and educators. That

group realized that coordination with Social Services was missing and formed a Steering Committee for Project LEARN, which has been operating now for two years.

In order for a particular school to be involved in the collaborative, it must support the presence of agencies on its campus and open lines of communication with all individuals involved. When a school contacts Project LEARN for help, a planning meeting is arranged in which the school considers its overall needs and services. Two Project LEARN staff meet with the school administrators in two 3-hour sessions to prioritize and clarify their school's needs. Then, for example, if one of their primary needs is for adult English as a Second Language (ESL) classes, Project LEARN might supplement existing school resources by contracting with a particular community agency that offers ESL classes.

The project takes a "tailored" approach to brokering and service delivery. In other words, Project LEARN does not carry a kit of services to schools, but rather, assesses needs and develops a response on a case-by-case basis. Once the connection is made, Project LEARN coordinates service

delivery through the school and service agencies. Case management remains the school's responsibility.

Services

In addition to the specific services the various agencies provide, Project LEARN, through its constituent agencies, also. Last year, for example, the Project LEARN coordinator and several agencies held an information fair for the public in conjunction with the Cinco de Mayo celebration. Emergency Fund and Medical Fund programs have also been developed, as well as a Latch Key Program for children. Another agency, Community Information and Referral, holds referral training sessions with school faculty, put together a directory of services, and operates a "hotline" for referrals.

United Way funded a grant written by Project LEARN and other agencies to hire an ESL program coordinator. This coordinator then worked through Project LEARN to provide child care for parents taking ESL classes and arranged for transportation from the school and the Red Cross.

Goals

A short-term goal of Project LEARN is to broaden the types of service areas coordinated by them. The program administrators hope to add health care and arts enrichment programs in the future. Another goal is to capitalize on existing school staff, such as the school nurse, more effectively. Since data are often duplicated among agencies, Project LEARN also intends to implement a better data management system.

Outcomes

In the last year (1990-91), Project LEARN reported 3,941 episodes of service. Episodes of service include delivery of a service, case management, discussion with teachers and training.

The program's most pressing need is for a formal evaluation, which is currently being conducted by Vicki Romero Associates of Scottsdale. Romero describes this as a "process evaluation." Because of overlapping projects and activities within Project LEARN, she is reluctant to promise student or service provider "behavioral outcomes."

Funding

Funders of Project LEARN include United Way, the City of Chandler, Arizona Community Foundation, Fry's Food and Drug, private contributions, and federal money. This money is then allocated to direct service agencies. The "Catch 22" for getting funding is that potential funders want to see behavioral outcomes, which are difficult to show, and they are also unaccustomed to writing grants to a traditional "grant-maker", rather than directly to service providers. Project LEARN sees an economy of scale in what they are doing, however. By coordinating an activity in several schools, they spend less than if each school worked independently.

Project LEARN's budget is \$100,000, an average allocation per agency of about \$3,000. Indirectly, each school is receiving \$10,000 through this collaboration, which, without the collaborative in place, would cost about

\$18,000 to \$20,000 per school. Because United Way covers overhead costs for all the agencies involved, the schools do not have to absorb this extra cost. Project LEARN estimates that it would take about \$30,000 per school site to implement complete systemic change.

Replication and Expansion

The national headquarters of United Way has expressed interest in replicating their program in other communities, but they have not yet set up the mechanism for this. Replicating will be made easier, however, because the organizational structure of United Way agencies is

similar across the country. One current problem with regard to replication is that Project LEARN does not have the resources to distribute information about their collaborative effort to other communities interested in doing the same.

An important aspect of expanding this project to other schools will be to identify deficit areas of schools' needs and perhaps try to "tailor" the services to particular schools from the very beginning. It is also important to decide early on how the expansion program would be orchestrated in schools and who is going to make the decisions.

DEPARTMENT OF ECONOMIC SERVICES MURPHY SCHOOL DISTRICT

Location: Phoenix, Arizona

Address: Administrative Center
2615 W. Buckeye
Phoenix, AZ 85009

Contact: Robert Donofrio
Superintendent of Murphy
Elementary Schools

Phone: (602) 484-4002

History/Description of Collaboration

In July 1991, the Arizona Department of Economic Security (D.E.S.) reassigned 20 staff members from its central office in Phoenix to a new site in the Murphy School District, in order to address the needs of children and their families more effectively. To maintain communication, a Round Table discussion group is held twice a month for school staff and social service workers to discuss procedural problems within the collaborative. By scaling down the size of the social services unit and locating it within the local neighborhood, the district and D.E.S. hope to provide families with easier access to services, promote better communication among agencies, and reduce anonymity of families with the various agencies.

Located in the economically disadvantaged south-central section of Phoenix, the four-school, K-8 district is one of the city's neediest. Ninety-five percent of the 2,450 children are living below the poverty level, and an estimated two-thirds eventually drop out of school. Ethnic breakdown of the student population is 77 percent Hispanic, 13 percent Caucasian and 8 percent Black.

The district's newly-remodeled building is nearby the superintendent's office and only 100 yards from one of Murphy's four schools. The D.E.S. office provides families assistance with subsidies for day care, food stamps, AFDC, and ACCESS (Arizona's version of Medicaid), and distributes "Emergency Assistance" funds to families facing short-term crises. In addition, staff run a Food Bank and "clothing closet," offer ESL and GED classes, and provide job training and day care. Those children and families living in the 85009 zip code, which encompasses all of the Murphy School District, are eligible for services at the office.

For the new assignments, the Department of Economic Security consciously recruited employees who were willing to work outside their traditional role and extend their functions. D.E.S. also provided 8-10 hours of orientation for the teachers, informing them about the work of D.E.S., various eligibility requirements, and the referral process.

In addition to the social services office, each of the four schools now has a core team on site, consisting of a counselor, a nurse and a community

worker. This group runs in-service focus groups to provide training for teachers, in addition to their other responsibilities. The community worker keeps updated on individual students and does follow-up with students and families. This community worker will eventually be the primary referral agent in each school.

Services

D.E.S. is funded by the general state budget, and the Murphy office is allocated \$1,500 a month to distribute as "emergency funds" for families. Though D.E.S. distributes these checks, the school decides where the money goes, since, at this point, teachers tend to know the families' situations better than the social service staff.

Over 1,400 families are part of Murphy's D.E.S. system, but it is not yet clear exactly how many have been referred to services at the new site. The school superintendent estimates, however, that 400 parents a week have been coming for social services since the beginning of the school year.

Murphy's D.E.S. program is the brainchild of Linda Moore Cannon, Director of the Department of Economic Services for the state of Arizona, and Robert Donofrio, Superintendent of the Murphy Elementary School District. Following a planning meeting two years ago, they organized several community collaboration meetings, attended by 40-

50 representatives from D.E.S., health agencies and other school districts. Eventually, Linda and Robert decided to take the initiative and implement the Murphy project.

Goals

The district and D.E.S. hope to stabilize families through this collaborative arrangement—to break the cycle of poverty in order to allow children an environment in which they can learn, and to improve parents' literacy. Four objectives were developed for this collaborative: (1) identify abuse cases; (2) develop a "wrap-around" (morning and evening) Headstart program, supplemented with D.E.S. funds; (3) improve infant/toddler care; and (4) develop collaborating services.

Outcomes

Since the D.E.S. office has only been operating in the district for a few months, outcome data on students and families are not yet available. However, the social service workers reportedly love the collaborative arrangement: Dealing with smaller numbers of children and families allows them to get to know their clients better; now they actually see the children whose families they are assisting. They are also able to avoid some duplication of information retrieval because of their close proximity to representatives of different departments.

PAGE HIGH SCHOOL STUDENT SERVICES PROGRAM

Location: Page, Arizona

Contact: Roy Stringfellow
Assistant Principal

Address: Page High School
P.O. Box 1927
Page, AZ 86040

Phone: (602) 645-4138

History/Description of Collaboration

The Student Services Program at Page High School is a multi-service collaborative, originally implemented as part of the high school suspension program. The program uses case managers, Student Study Teams and "round table" discussions among agency and school representatives in the community to address students' needs on a case-by-case basis.

The town of Page is eight miles south of the Utah border, near Lake Powell. Northwest of a Navajo reservation, the school's student enrollment is 60 percent Navajo and 35 percent Caucasian. An influx of tourists in the summer expands the town from 7,000 to 75,000.

In 1988, when Page High School hired its new principal, Larry Wallen, the school had a traditional counseling program that focused on scheduling students into classes and college advisement. Wallen soon converted the counseling services into a "Student Services" program, however, and began to form linkages with other agencies in the community. First juvenile services and probation, and then other agencies, started to coordinate their services with those of the school. The program has

now developed into a multi-service collaborative that involves over 12 separate agencies that meet once a month for discussion and planning.

The school's most formal connection is with Child Protective Services, which supports a school liaison. Informal gatherings originally organized by the liaison, have since evolved into the monthly "round tables," where agency activities are updated and shared, and individual cases are reviewed. These meetings provide an important communication link and case-management forum.

In the school program, three counselors and three para-professionals act as case managers. Student study teams (SST) consider cases on a case-by-case basis, meeting at least twice a week, but often every day. Each SST is composed of teachers, counselors, police officers, ministers and parents. Students are identified for services based upon academic performance, truancy, contact with juvenile services or police, discipline problems, or indications of family dysfunction.

An important feature of the Page program is its strong ties with the local community. It has links with many local,

state and Navajo agencies and organizations:

- ◆ Department of Economic Security/Child Protective Services
- ◆ Navajo Social Services
- ◆ Lake Powell Institute
- ◆ Page Community Guidance Center
- ◆ Page Policy Department
- ◆ Arizona Department of Public Safety
- ◆ Coconino Juvenile Probation Department
- ◆ Coconino Superior Court/Juvenile Division
- ◆ Alcoholics Anonymous
- ◆ Vocational Rehabilitation-Coconino County
- ◆ Navajo Police
- ◆ Federal Witness Protection Program

The key to much of this collaboration effort is communication and information sharing. While issues of jurisdiction, confidentiality, and other regulations do arise, staff from the various agencies work to ensure that they don't interfere with the delivery of services. They frequently share information and cases, and discuss how procedures and regulations should be employed. In molestation cases, for example, the police will alert the school as to what they can do for the child without jeopardizing the investigation. Alternatively, the school will alert the police about a possible molestation case and provide all necessary information. Advantages of more formal agreements are being considered, but Page has not yet taken steps in this direction.

A case-management/tracking system to indicate the current status of a student and/or family also is yet to be developed. Currently, the responsibility for keeping track of students rests with the school counselors.

Community

Because of the new power plant nearby, the standard of living for many Navajo has risen in recent years. Some in the Caucasian community view the Navajo as a threat to their employment. The reservation is over-crowded and geographically very isolated. Many students have to travel to school by bus; some as far as 80 miles one-way every day. Many of the Navajo young people are eager to leave the reservation, but they see few opportunities to do so.

Although the school's dropout rate is relatively low (from 6 percent to 13 percent, depending on how calculated), an estimated 50-60 percent of the school's 900 students are at risk. About 175 students are currently being served by the Student Services program. While the problems that plague urban communities (like youth gangs and drugs) are scarce, alcoholism among students and teenage pregnancy are serious concerns for the community. Cases of alcohol abuse out-number drug-related incidents 15 to 1, and the teenage pregnancy rate is 17-20 percent per year.

SOUTHWEST COMMUNITY NETWORK

Location: Avondale, Arizona

Contact: Karlene Darby
Vocational Special
Needs Specialist

Address: Arizona Department of Education
1535 West Jefferson Street
Phoenix, AZ 85007

Phone: (602) 542-3450

History/Description of Collaboration

Southwest Community Network (SWCN) was established to improve the coordination and availability of services in Maricopa County. The network's function is to promote public understanding of human service problems, disseminate information on human needs and resources, implement community studies to help resolve problems, plan and coordinate human services and develop new services as needed. Among the projects developed through SWCN thus far are a Counseling Center for high school students and a Building Trades Program, in which students remodel and construct homes.

The community around Avondale suffers from poverty and underemployment, drug abuse, and low education. Over half the population of Avondale's 17,000 residents live below the poverty level, and a fifth are out of work. Less than 3 percent have college degrees. About 55 percent of the residents are Hispanic and 10 percent are Black. Avondale was originally a home for many migrant worker families, but now, most residents commute to Phoenix or work in service jobs, the defense industry, or in the nearby nuclear plant

One of the other problems faced on the "Westside" of Phoenix is that politicians and decision-makers, those responsible for funding, tend to ignore the poorer, less politically organized communities on the west side of the city. Because these communities are smaller, more rural, and somewhat dispersed, they can not wield the political clout of consolidated communities like Mesa and Scottsdale.

In 1983, social service providers and educators in the area decided to meet once a month to share information and network among themselves. This group gradually became involved in seeking more equitable funding in the county and tackling issues such as drug abuse and school dropout. They began talking to city planners and departments around the area who were responsible for getting funds and started developing programs for the schools.

The first issue the SWCN addressed was the drug problem, including needs for counseling and behavioral health. They held meetings with a likely funding source, the Community Organization for Drug Abuse, Mental Health and Alcoholism Services Inc. (CODAMA), which distributes money for the state. CODAMA awarded the group \$25,000

for needs assessment and planning and, eventually, funded a counseling center. The Counseling Center includes a core facility on the Westside, which coordinates with other (separately-funded) agencies in Phoenix that operate satellite offices. Frequent networking among behavioral health staff network in the various agencies is a key feature of the program.

Currently, the Network has 45 paid members who meet once a month. The membership consists of residents and representatives from most of the public agencies and human service providers in the area, including schools, colleges, police, all levels of government, and potential funding sources. Specific human services providers represented include Avondale Community Action Programs, Tolleson Community Action Programs, Conocimiento (an experimental child/family development program), Long-Term Care for Senior Citizens, Red Cross, United Way, and the Department of Economic Security.

SWCN's 12-member board meets once a month and sets policies and directions for the group. The Executive Director, the only paid staff member, is supported by the Maricopa County Board of Supervisors. He works as a liaison between SWCN and other agencies and is responsible for administering grants, identifying funding sources, distributing information to the membership, and coordinating public meetings. He is also developing a resource library.

Services

The Network has supported and organized several collaborative projects,

including the counseling center and a building trades program.

The Counseling Center serves 1,300 families a year, with one full time case manager, two community aides (caseworkers) and a supervisor. The case manager has a caseload of 46 families a year. Staff at CC may act as a liaison between the school and the family if the family does not feel comfortable interacting with the school.

In addition, the Counseling Center coordinates Parks and Recreational services, leisure services, neighborhood events, Human and Social Services, the Senior Citizen Center and the Community Action Program (emergency food, clothing and shelter). It provides the only counseling service available in the community with a sliding fee scale, which means that people have received services who would not have been able to afford them otherwise.

Originally, the Counseling Center occupied space in modular buildings at the high school. Counselors went into the schools to work with troubled students, providing a service previously unavailable to students. After a year, the Center moved to its present location in central Avondale, but continues to provide counseling to students in the schools.

The Counseling Center is now independent of SWCN, having merged with Catholic Social Services (CSS), which also provides counseling in the community. The Center is still funded through CODAMA, however, and counselors continue as members of SWCN and attend the monthly meetings.

The Building Trades Program evolved through the initial efforts of Karlene Darby, a Vocational Specialist at the State Department of Education, and Harold Branch, Director of SWCN. Two projects have been implemented through this program; a high school extension of a vocational education class, in which 15 students work two hours a day on the home site for school credit, and the Summer Work Program, in which 10 at-risk youth are chosen through JTPA to build homes full-time during the summer.

Two houses have been built in the community for families who could not have otherwise procured bank loans. Moreover, the students on the project have benefited greatly. When the project began, they were among the most at-risk in the school; most were involved in gangs, and some students would not talk to each other because of gang affiliation. By the end of the program, however, many had become buddies. They learned a skill as well; at least one student was hired into an apprenticeship program. One mother said this was the best thing that ever happened to her

son—he was planning to drop out of school because he thought he could always get a job as a carpenter. Now he knows the importance of staying in school.

Goals

SWCN's purpose is to identify unmet needs in the community and develop ways of addressing them. In the short-run, SWCN may in fact deliver direct services if the community has no resources. The Counseling Center, for example, represented a direct service program of SWCN when it was first established.

In the future, SWCN hopes to become more of an advocacy group that can provide leadership in the community and to legislators. Turf-related problems, such as working outside of municipal boundaries, is an issue of concern, and SWCN is working to bring the various players together. Increasing involvement of the private sector, and orchestrating public hearings and forums on critical local issues are planned as well.

CASTLEMONT CORRIDOR SUBSTANCE ABUSE PREVENTION PROJECT

Location: Oakland, California

Contact: Michael Wong
Project Coordinator

Phone: (510) 568-7721

Address: Board of Supervisors of Alameda
County
1221 Oak Street
Suite 536
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History/Description of Collaboration

The Castlemont Corridor Substance Abuse Prevention Project (CC) has been undertaken with the knowledge that the drug crisis in Oakland is at epidemic proportions. Programs have been developed by CC and implemented on school sites as well as in the neighborhoods, to assist students and families in the area. A case-management approach is being used in the schools to more effectively handle family issues.

Portions of Oakland are plagued by high unemployment, low-paying jobs and poor housing. The Castlemont area in Oakland was chosen for this project because it was determined to be the area most at-risk; for example, it had the highest incidence of drug-related crimes, violence and homicides in the city. Forty percent of the city's police calls come from Castlemont, 34 percent of the city's drug "hot spots" are located there, and 96 percent of students at Castlemont High School are AFDC recipients.

"Risk-taking" and "cooperation," are the watchwords of the Castlemont Corridor project. It draws on existing

resources as well as newly created ones, calling for cooperative, coordinated alliance of government, neighborhood, non-profit, public, private, business and religious interests to begin to impact the substance abuse crisis on a long-term basis for a small geographic area.

CC began a one-year investigation of the drug problem in 1986. Information was gathered through discussions with residents, neighborhood leaders, pastors, the police, drug abuse counselors, school administrators, a district attorney, ex-drug offenders, judges, the Probation Department, and Parks and Recreation. Membership on the Castlemont Corridor Coordinating Council now consists of these individuals.

With the realization that no one agency or organization has sufficient resources to address the drug problem, the Coordinating Council was established to build a collaborative model to streamline the delivery of services for children, families and the elderly. The Council is also viewed as "an incubator for public policy"; for example, CC was instrumental in banning assault weapons.

Services

CC is made up of three main components: (1) the school; (2) the playground; and (3) the neighborhoods; with each component utilizing specific strategies and programs. Programs at the school site offer substance abuse education and training, mental health and substance abuse therapy, and case-management. Job training programs, peer mentoring/education, a conflict resolution program for teachers and students, and an adult mentor program are also available.

Playground after-school recreation programs and a Police Activities League Urban Clubhouse have been developed as part of the second component. These programs are designed to allow supervision of children in neighborhoods where no adult supervision is typically available from 3 p.m. to 6 p.m.

To address the needs of the neighborhood, a Mutual Response Team (MRT) was organized. The MRT is a

round table of community members and agency representatives that addresses the most pressing problems in the Castlemont area. The MRT currently serves five neighborhoods in the area through projects like a crisis intervention program, several neighborhood support networks and clean-up projects.

Outcomes

The project is being evaluated using aggregate data as well as individual tracking. With help from the Social Services Agency, Mental Health and Probation Departments, Oakland Police Department, Office of Parks and Recreation, U.C. Berkeley and the University/Oakland Metropolitan Forum, CC hopes to have a measure of effectiveness in 4 years. Data from schools, law enforcement, mental health and protective services will be utilized to this end. A controlled study design is also being used to track 786 students in the Oakland area, to estimate rates of participation in the project and amount of service delivered.

NEW BEGINNINGS

Location: San Diego, California

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Assignment

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History/Description of Collaboration

New Beginnings (NB) is a school-based collaborative designed to meet the needs of students and families at risk in the Hamilton Elementary School attendance area in San Diego. Using a case-management approach, NB seeks to fundamentally change the way in which services are delivered. Rather than merely co-locate services, NB hopes to create a new system that integrates services and addresses the needs of families and children, with a focus on prevention.

Hamilton Elementary School serves about 1300 students a year. Because of crowded conditions, the school operates a full-year, 4-track curriculum. It is located in the City Heights area, which has one of the highest crime rates in San Diego. Over 60 percent of Hamilton families are involved with social services, probation or city housing and 10 percent of these families are known to four or more programs in these agencies. Over 300 referrals are made to Child Protective Services each month because of child abuse and neglect. The area is also ethnically diverse; 35 percent of Hamilton's students are Latino, 25 percent are Indochinese, 25 percent are

African American and 12 percent are Caucasian.

Key features of the collaborative effort include (1) a cadre of Family Service Advocates (FSAs) on the school site, that serve as case managers and provide ongoing services; (2) an Extended Team of support service providers at participating agencies; and (3) a management system that involves primary decision-makers from participating agencies. The new system is designed to provide (1) improved registration and assessment of children and their families; (2) an expanded set of appropriate services; and (3) parent education and adult education classes.

A collaborative effort of the city and county governments, school district, community college, and housing commission, New Beginnings is the product of an extensive planning process. Over two years ago, administrators from the Department of Social Services and the San Diego City Schools began a discussion of how services might be better coordinated. Subsequently, a feasibility study at the Hamilton school site examined the types of needs families had and to what extent there were overlaps in services across agencies.

The management structure of New Beginnings involves an Executive Committee and a Management Council. The Executive Committee consists of department heads of the county, city, school district, and community college who meet once a month to discuss issues of implementation and policy across the system; they do not focus on the logistics of implementation on a particular site. The next level of decision-making is the Management Council, which meets twice a month. The Council is composed of mid-level representatives from each agency who discuss implementation at the school site, including issues of collaboration, administrative costs for services, and staffing.

Staff were placed at the demonstration site in August, 1991 and three FSAs began working full-time in September. One FSA has experience working with CPS, and another with GAIN. A third FSA was previously the school counselor. In addition, a representative from the community college is working six hours a week to develop parent/adult education plans. Currently, staff consists of the three FSAs, a coordinator, an administrative assistant, a secretary, a nurse practitioner (previously the school nurse), the community college parent involvement specialist, and two part-time GAIN workers, who assist with clerical work at the Center as their job training.

The Extended Team, to which referrals are made, consists of designated staff at the various partner agencies, including DSS, Health, and Probation. Thus far, six people across the agencies have been specifically assigned to New Beginnings. Although they are based at their home agencies, they facilitate

services in their departments for Hamilton families. At DSS for example, AFDC, Food Stamps, and Medi-cal have been integrated into one unit to more effectively serve Hamilton families. Probation has two supervisors on the Extended Team: one for Adult and one for Juvenile Probation. The Housing Department and the Department of Health make up the third and fourth component of the Extended Team. Health provides no primary services as such, but helps to coordinate WIC (Women and Children), Children and Health, the Public Health Center, CHYHC (Child Health and Youth Clinic) and CHDP (Disability Prevention Program).

Staff training for the FSAs and the Extended Team is ongoing, involving an orientation to the center and discussions concerning documentation of services, confidentiality issues, cultural orientations of the various agencies, case management, structure of the community, the New Beginnings concept, and unique aspects of Hamilton school. Once a week, members of NB also attend a case consultation meeting to review cases.

FSAs may interview a parent in their home if a teacher refers the family to them, they may serve a family just one time or, if the family has a complex of issues, they may select a family for case management. Since some problems (like homelessness) may be too difficult for New Beginnings staff to handle, FSAs may also refer a family to some part of the Extended Team or to an outside agency.

The Rainbow Center, formed in connection with the County of San

Diego and the Pan-Asian Committee, provides mental health counseling from a multi-cultural perspective. Although located on site with New Beginnings, it is not technically a part of the NB collaborative. The Rainbow Center employs three part-time mental health workers (at 10 hours a week), who are bilingual in Spanish, Arabic, Vietnamese, Lao or Hmong. New Beginnings and the Rainbow Center send each other referrals as necessary.

Replication

Plans are underway to extend the New Beginnings concept to three local communities, Vista, El Cajon, and National City. Executive Committees and management-level planning committees are being formed with grant money from Health and Human Services. Over a two-year planning period, county staff will coordinate planning meetings and organize a feasibility study.

COORDINATED YOUTH SERVICES COUNCIL

Location: San Rafael, California

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Director

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History/Description of Collaboration

The mission of the Coordinated Youth Services Council (CYSC) is to improve service delivery for high risk children and their families. In doing so, CYSC has created a coordinated system with centralized intake, assessment, and case management that is multi-disciplinary, non-jurisdictional and client/family centered. Children aged 5-18 and their families are eligible for CYSC's services. Selection criteria include abuse and neglect, domestic violence, substance abuse or delinquency.

CYSC has been 3-4 years in the planning, with representatives from Juvenile Probation, Community Mental Health, and several local non-profit agencies, including Full Circle Programs, the Alcoholism Council, and the Braun Institution (day treatment for children). This council developed a plan to place, at a single site, representatives from Probation, Social Services, Public Health, and Mental Health. CYSC would hire case managers to work across these boundaries. Though no one from the Marin County Office of Education (MCOE) would be on site, they would be very closely connected. The original purpose of CYSC was to provide direct services, reduce the number of contacts

needed to various offices such as Medicaid by obtaining a waiver, and transcend some of the regulations that required duplication of effort. Others on the council wanted CYSC's effort to be directed more toward legislative change, so this difference in goals has been a source of some tension.

The Marin Community Foundation turned down a grant proposal submitted to them by the council, and funded a planning grant instead. During the planning process, the decision-making moved from a middle manager level to higher levels within the public agencies. This group then attended the council meetings to develop a plan and to set up a demonstration site. The council currently consists of representatives from five public and 10 private agencies.

Services

CYSC has a 3-year grant from the Marin Community Foundation to document gaps in services within the community and test a revolutionary concept for service delivery. Implementation of CYSC has to some extent resulted in a "hybrid" of the original model. The Department of Social Services (DSS) and Community Mental Health (CMH) each assigned one full-time person to the CYSC site. In

addition, CYSC hired two 1/2-time case managers, two case aides, one administrative assistant and one graduate psychology intern. Probation was unable to place a probation officer within CYSC, and Public Health has not yet managed to assign anyone to the site. However, representatives from both agencies attend case reviews and coordination meetings, and Public Health expects to assign a nurse to the CYSC team soon.

Not having case managers from all four agencies on site has meant extra work for CYSC and agency line workers on staff. The caseload of 60-85 families is "crushing" the line workers because of the additional amount of coordination across agencies that is required. In less than nine months, CYSC has already reached the proposed caseload limit. Probation brought in about nine "juvenile" cases and seven "adult" cases, DPH brought in 12-14 cases, DSS brought in about 44 cases and CMH brought in about 17 cases. CYSC has also taken on nine cases from MCOE and a few Special Education cases as well.

CYSC line-workers choose the families based on the following criteria: a family must be involved in at least two public agencies, the child must have a "family" with the authority to sign papers, and the family must be willing to work with CYSC and come to a consensus about their service plan. Families are not selected based on their prognosis for success. In fact, many of the cases CYSC takes are specifically cases deemed "unsuccessful" using traditional casework methods. CYSC is still deciding how to deal with confidentiality issues. One option will be to hire a

"contract" employee who can then access cross-data files.

Representatives from all four agencies attend weekly case review meetings. In some instances, a principal or teacher from an outlying school may also attend if they have a child in their school that is being discussed at the review. Representatives from Full Circle Programs and Step II, local non-profit agencies, attend the case reviews when appropriate. Cases cycle through the review process, such that each case is reviewed every 4-6 months, depending on emergent family crises and impending deadlines. As a rule, two families are discussed during each weekly review.

Goals

Since the "hybrid model," with only two of four agencies in-house, is not an ideal arrangement for CYSC, the collaborative is currently considering three different options. Within the next 2-3 months, the Project Committee will decide whether to: (1) continue under the current arrangement with minor modifications (e.g., limiting the number of "coordinated" agencies involved in the collaboration); (2) adopt the original 4-agency model and assign two new case managers on-site to share the family cases; or (3) place all agency staff back into their original agencies and use CYSC case managers only as coordinators of the case reviews. Agency representatives would then attend these reviews only as needed. CYSC's Executive Director, Lin Barrett believes that clients would not be served as well in this last case, however. Access to files would be cumbersome, if not impossible, and tasks would be split up among

people, such that the real collaborative quality of the original project would be lost.

A fourth option under consideration is to place 4-5 agency representatives on site and assign one case manager to run the case review process with parallel agencies outside CYSC. This would free up the case managers' time somewhat, strengthen support across agencies (links among staff), and also allow for an increase in the case load, though not at the same level of service.

Outcomes

R.T.Z. Associates is evaluating CYSC and is in the process of developing a management information system for the collaborative. While no outcome data are yet available, the evaluator eventually plans to report changes in

students' GPA, truancy, recidivism, and number of days in foster care, for example.

Anecdotally, staff at CYSC have reported that more families come to their appointments now because they have noticed a difference in how they are being treated. Instead of simply "documenting families' failures," case managers are diligently pulling families into the center to provide them with the services they need. In some instances, CYSC has been able to arrange for specialized treatments and assessments for certain families, who then recognize that they are receiving a higher level of service. According to CYSC, the collaborative arrangement prevents families from "splitting up agencies," pitting one against the other, because the line workers are on site together and can easily talk to one another.

K-Six Early Intervention Partnership

Location: Fresno, California

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History/Description of Collaboration

The K-Six Early Intervention Partnership is a school-based program that serves high risk students through an early intervention, family-centered approach. Several agencies cooperate using a pooled public/private funding base to provide services and case management for families both in the home and in the school.

Fully operational in nine elementary schools, the project is partially implemented in six other schools as well. Services are provided for 2,800 children per year, or 40 percent of the total school enrollment. About 1,500 of these students have been identified as "extremely high risk" and therefore eligible for case management services, which are delivered to approximately 15 percent of this group.

For each school with a K-Six program, approximately 70 percent of the students are ethnic minorities, 40 percent have limited English proficiency, 40 percent are children living in single-parent homes, and over 50 percent are classified as educationally disadvantaged. Drug and alcohol dependency in the community is high, unemployment is at

12 percent, and roughly one-fourth of the residents are on public assistance.

Through the Department of Social Services, social workers, mental health specialists and juvenile probation officers have been assigned to each school site, forming a team with school personnel. High risk students are identified by computer analysis as well as teacher and parent input, and then a case plan is developed for each student. Parents, child, school and significant others are all involved in a process coordinated by the case manager. Each child's progress is monitored through regular home and school visits, consultation with other team members and service providers, and periodic family reassessment. Fresno Tomorrow offers attendance incentives, community and family advocacy, cross-age tutoring, cultural enrichment, family literacy training, mentoring, parent involvement workshops, parenting/household management education and training, parent and child support groups and recreation.

The program's goals are to increase academic and social literacy of high risk children, promote regular school attendance, reduce chronic transiency, strengthen family functioning, empower

parents to serve as effective partners in education, increase community accountability for children, identify fiscal and regulatory barriers to the provision of services, and develop and demonstrate effective means to overcome those barriers.

The K-Six concept was developed in 1984 by a community task force studying the problem of school dropouts. Their first recommendation was to develop a multi-disciplinary/interagency school-based early intervention pilot project, which was subsequently implemented in 2 elementary schools through the cooperation of the Board of Supervisors, County Administrative Office, Health Department, Probation Department, and the Fresno Unified School District. In 1988, the program was adopted by Fresno Tomorrow, Inc. and expanded.

The Fresno County Board of Supervisors exercises legislative control over the program and approves program budgets. K-Six is governed by the Boards of Education in four school districts and administered by the school Superintendents. Each school has a program administration team to oversee operations, consisting of the DSS K-Six Supervisor, line workers and school administrators. A Program Steering Committee of middle managers from all involved agencies facilitates program coordination.

Funding

The Annie E. Casey Foundation funds Fresno Tomorrow, Inc., a youth services collaborative, which helps coordinate the K-Six program as well as other youth programs. Eighty-five percent of the K-Six program's \$1.2 million dollars in

funding is acquired through redeployed monies from local resources. It is estimated that the average cost per family served is about \$375.

Outcomes

Fresno Tomorrow reports several indicators of success. Of those children selected for case-management, referrals for misbehavior have been reduced by 70 percent per child. Parent-initiated contacts with the school have increased from two contacts a year to two contacts a month. The program also reports a 40 percent reduction in unexcused absences. Of the 60 high-risk children who were case-managed in a K-Six program and are now in high school, none has dropped out of school or become a teenage parent.

In order to facilitate implementation of K-Six in additional sites, the program has been careful to address issues such as staff resistance and parent suspicion. Because school cultures often do not readily accommodate outside staff (who are not under the supervision of a site administrator), K-Six provides four months of pre-implementation planning and holds frequent on-site meetings prior to implementation.

Parents of at-risk youngsters are frequently uncomfortable with school staff visiting their homes. To address this potential challenge, K-Six stresses the child's school performance as the reason for K-Six intervention, uses bilingual/bicultural staff as much as possible, and provides services at school if parents at first reject in-home intervention.

K-Six claims widespread replicability in any community, whether urban or rural, with traditional or year-round schedules, and with any type of grade division structure. Being successful, however, requires a strong commitment to pre-implementation planning and on-going program monitoring at all levels of

decision-making. Focused efforts by the county institutions and school districts are absolutely crucial for this program to work. The K-Six model is currently being adopted in four other California counties: Alameda, San Diego, Santa Clara and Santa Barbara.

CHILDREN'S CABINET, INC.

Location: Reno, Nevada

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Director

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History/Description of Collaboration

The Children's Cabinet, Inc., (CC) is a private, non-profit entity whose mission is to coordinate existing services for children and families and develop new programs to fill gaps in services. Housed in its own building (the Family Resource Center) near the Reno airport, the Children's Cabinet operates and coordinates a wide range of programs and services for at-risk youth and families. All services are provided from a multi-disciplinary, family-focused point of view and made available either in the community or at the Center.

Washoe County has over 2,000 children referred through its agencies each year, due to family problems. The high school drop-out rate is 22.4 percent. In Nevada as a whole, over 10,000 child abuse cases are reported each year, 10 percent of its students live in poverty and 10 percent of teen girls become pregnant.

The centerpiece of the Cabinet is a truancy program, the Centralized Assistance and Referral (CAR) project. A collaborative effort between the Cabinet, law enforcement, schools, and

juvenile probation, CAR focuses on comprehensive intake screening and referral. The three police agencies in the Reno area all bring truants to CAR rather than to the probation department. Through a link with the school district computer, CAR can immediately check a student's attendance and probation status and then set up a plan for the student. CAR staff may screen as many as 28 youths a day, but only about 15 percent are repeaters. Because of CAR's reputation in the community, they are seeing more and more walk-ins. In the last year, CAR documented an increase in attendance, a decrease in school dropouts, and a 65 percent reduction in burglaries, perhaps due to the truancy program. In addition to CAR, the Cabinet operates several programs for youth as well a variety of family services. Examples of these are described below.

The Children's Cabinet was designed to be an independent service center separate from the Welfare Department and Probation Office. Youths and many parents are more comfortable dealing with the Family Resource Center than with the various state or county agencies. To encourage participation, the new building is designed to resemble a house.

The impetus for the Children's Cabinet was provided by Michael Dermody, an industrial developer, who originally wanted Reno to set up an emergency center similar to one in Las Vegas. He and a local judge pulled together representatives from various public and social service agencies to discuss options: County government, the school district, the Department of Mental Health, Juvenile Probation and Social Services, and State Welfare. For the most part, these people had never talked to one another before.

Their first effort was to set up a multi-disciplinary team of service providers who accepted only the toughest cases from the collaborating agencies and then developed a service plan for each case. Despite the initial enthusiasm, this strategy did not work. The plans always involved money, and the agencies continued to disagree about who should take responsibility for costs. The multi-disciplinary team eventually evolved into a state-sponsored program, the Children's Resource Bureau (CRB), which is housed at the Children's Cabinet's Family Resource Center.

Services for Youth

As recently as 1987, truants in the area received only sporadic and inconsistent attention. After researching model programs around the country, the truancy task force, composed of staff from CC, law enforcement, and the schools, modeled a program after one in Utah that focuses on de-institutionalizing status offenders and truants. The board accepted the project and CC soon received state funding to work with status offenders. In September, 1987, the Children's Cabinet began the Centralized

Assistance and Referral program (then called the Truancy Center). In addition to the truancy program, services for youth include the Children's Resource Bureau mentioned above and the Homeless Youth Advocate project.

The Children's Resource Bureau, the former multi-disciplinary team, now operates as an independent diagnostic assessment team, composed of a psychologist, child development specialist, and social worker. Case plans are sent to the state, which then decides on implementation. Under this new arrangement, services are provided from a single budget, staff are full-time, and they conduct all screening and assessment themselves.

The Homeless Youth Advocate project was developed with the school district. The focus is primarily on homeless children living with their families in campgrounds and seedy motels, because these are the families who are most overlooked. The goal is to get the children in school, solve any transportation problems and work with the families to solve rent or food problems.

Services for Families

Soon after the truancy program was established, the Children's Cabinet turned next to expanding its parent training and counseling services. In 8-week sessions, two hours a week, trained volunteers educate other parents regarding communication strategies and approaches to discipline. Classes are divided by age of the child (young children, pre-schoolers, teenagers) and special classes are held for Spanish-speaking parents.

The Children's Cabinet contracts with the probation department to provide free counseling for families on site. The counselors offer some direct service and also supervise post-graduate counselor interns from the university, who in turn provide free counseling hours. At present, six interns are working 10-12 hours a week, and one second year MSW student is working 20 hours a week. Although no long-term counseling is available, counselors are able to provide families with an average of 4-5 sessions. If necessary, families will then be referred to state or other non-profit agencies or to residential treatment. Family counseling programs have translated into improved school-parent relationships and better attendance and grades.

The Family Preservation Program, which works to avoid placement of children in foster homes or in institutions, is one of the largest programs of CC. Jointly funded from federal and county sources, the program only takes referrals from the Child Protection Agency, Social Services and teens referred by the Probation Department. Masters-level therapists provide 90-day, short-term in-home services, around the clock. The program's 96 percent success rate for keeping children at home has prompted the legislature to fund two additional staff.

Another example of collaboration is the Child Care Resource Council (CCRC)

which started in July, 1991. Based on a parent-choice model, CCRC offers parents referrals for child care and provides information about what to look for in child care. CCRC is currently developing a subsidy program to help parents pay for their child care. CCRC is considered a "Delegate Agency"—an agency within an agency. Because many single-issue non-profits in Nevada fail in the first couple of years, CC has agreed to provide CCRC free space, supervision, and bookkeeping support, so that the newer agency can concentrate on developing its set of services. CCRC has already added four staff and was recently awarded a large Federal Child Care contract.

Goals

Children's Cabinet's three-year plan is to begin a school-linked Adolescent Health Care program to deal with teen pregnancy, AIDS, STDs, and teen suicide. CC also wants to set up neighborhood offices and city recreational programs in areas where gang activity is on the increase, such as Northeast and Southeast Reno. An office in Northeast Reno is scheduled to re-open by January, 1992, and offices in Incline Village and Las Vegas are also planned. Including private agencies is another goal, in response to community criticism of their exclusive focus on public agencies.

EARLY INTERVENTION FOR ENSURING STUDENT SUCCESS

Location: Salt Lake City, Utah

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History/Description of Collaboration

This program is a three-year pilot project for students in grades K-3 in seven Utah schools. The project is designed to address increasing caseloads in the social and health services and the need for school-based services. The goal of Early Intervention for Ensuring School Success (EIESS) is to develop a structured, integrated, school-based collection of services and case-management approach for at-risk students. At present, the number of students served in this project range from 300-400. Funding for the projects came from the Departments of Health, Human Services, and Education.

A few years ago, Utah State Representative Lloyd Francin and other concerned individuals noticed that caseloads in social and health service programs were increasing and that nothing was being done to prevent the loads from spiraling further. In discussions with teachers and agency staff, it became apparent teachers could more accurately assess at-risk children in the primary grades (K-3), and that schools needed to be the focus of service delivery. Therefore, the resulting

legislation (HB234) focused on grades K-3 and on school-based services.

A state council, consisting of the Executive Directors of Health and Human Services and the Superintendent of Education, funded seven projects in 12 schools. Each project has a Coordinating Council made up of parents, representatives from the Health Department, DHS, Mental Health and Substance Abuse, school personnel and community members. This council's role is to develop and implement a range of coordinated services for children and their families. Each project also has a case-management team composed of school and agency representatives, who develop case plans for children at risk. Parent involvement is a major component.

Confidentiality has not been an issue because of the top-down support structure and because the initiative came from the legislature. Lawyers of the various agencies were brought together to address these issues and determined that all those involved would be considered staff of each other's agencies. Moreover, parents of students who participate are asked to sign a confidentiality release form.

Services

The schools have become the center of the community. They offer a wide array of services and programs such as immunization, parenting classes, health services on site, family intervention and counseling, self-esteem training, clothing assistance, food and nutritional assistance, mobile lending library, reading and literacy tutoring programs, latch-key programs and recreational projects.

Outcomes

After the first year, the most successful schools showed an increase in reading and math achievement, fewer referrals to special education classes and a decrease in socially inappropriate actions for both

acting out and withdrawn children. Teachers reported an increase in contact with parents as well.

Key features of successful implementation included securing legislative (top-down) and local (bottom-up) support. The schools were allowed to design their own programs, based on site-specific needs, but the basic structure of the intervention was prescribed. Several lessons have been learned: (1) students and families need to have a full array of services available; (2) treatment follow-through is important; and (3) prevention, academic, and health care components are necessary. Another finding was that a motivated principal is a must; without a good leader, the change process will not be implemented.

ELEMENTARY AT-RISK PROGRAM

Location: Ogden, Utah

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School Psychologist

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History/Description of Collaboration

The Elementary At-Risk Program, first implemented at the beginning of the 1988-89 school year, provides school-based services and case-management for elementary at-risk students, their families and their teachers. The program's goals are to avoid duplication and broaden services provided to families through coordination with other district programs as well as with state and community agencies. Elementary at-Risk supports a mainstreaming approach to service delivery and maintains flexible procedures for referral and assessment.

The Ogden School District serves 12,110 students, approximately half of whom are considered to be at-risk. Of the students in this district, 36 percent come from low-income homes, 42 percent are considered transient, over 20 percent are minorities and 11 percent are classified as handicapped. Eight of Ogden's 15 elementary schools are Chapter 1 schools. The number of homeless children in Ogden rose 26 percent from 1989 to 1990, with only 5-28 percent of those children attending school in 1990.

For many years, Ogden elementary schools did not have counselors. As the

population grew poorer, too many children were coming to school with problems that classroom teachers were unable to handle. Rather than try to reinstate the traditional counselor approach, the district implemented a more clinical model: youths are referred and assessed, families are involved, direct services are provided, and agencies work collaboratively on cases.

The Students-At-Risk-Board, which consists of representatives from Social Services, Mental Health, Juvenile Court, the Health Department and Substance Abuse, meets monthly to review critical cases and decides how best to manage each case. Counselors and teachers are also encouraged to attend. The Board serves as a forum for planning interagency collaborative efforts throughout the district as well.

Services

The Elementary At-Risk Program seeks to effect positive changes in students' self-esteem, pro-social actions, attendance and work completion rates through counseling and within-class interventions. In addition, an attempt is made to alter the child's total environment by providing consultation and training to parents and teachers, and

by networking with the various agencies that are in a position to impact the family.

Most services have a clinical orientation and include therapy for children, and consultation and training for parents and teachers. The program provides a thorough assessment of needs, comprehensive service delivery, and consistent monitoring of progress with needed mid-course corrections. It also permits a high level of individualization based on each student's needs.

While curricular reform is not directly addressed by the program, specific interventions have been adopted that have a direct, positive impact on academic achievement. For example, great use is made of within-class contracts which motivate students to increase work completion rates and decrease activities which interfere with learning.

Each school building is assigned a case manager who receives referrals from teachers and other staff, observes referred students in classroom situations, interviews parents, and conducts psychological evaluations. Other activities of the case manager include parent/teacher consultations, writing behavior management plans, making referrals to agencies, directing services and providing follow-up. Caseloads for case managers vary from building to building, but average 60-70 per person per year. The case managers meet with each student at least twice a week and follow-up is conducted the next school-year.

Referrals are actively sought from K-1 teachers. Case managers provide teachers with profiles of symptoms (e.g., acting out in classroom, failing to complete work, attendance problems), and instruct them in how to recognize the less obvious signs of difficulties (e.g., abuse, neglect, depression). When making a referral, a teacher completes a district evaluation form and submits it to a child study team or the at-risk staff. The parents are then contacted and assessment begins through the use of interviews, observations and/or tests.

Presently, the program is able to serve all of the students who are referred. As caseloads have increased, staff have become more "creative" in dealing with students' needs. For example, in one case a very active parent was trained to deal with some of the milder cases.

Any new case manager is closely supervised at first and is required to attend weekly meetings and discuss cases on a regular basis. The school psychologist, Cher King, supervises the new case managers.

Outcomes

A formal evaluation of the program has been conducted every year for the last three years. Criteria used to judge the program's effectiveness are changes in drop-out rates, attendance rates, achievement scores and the number of students in categorical programs. Analysis also involves the number of referrals to principals, administrators, courts and police, evaluations from students, parents and teachers, teacher satisfaction, and feedback from principals.

Teacher feedback on student progress shows that 85 percent of students show some signs of positive change. Students appear to initiate and complete assigned work, and the number of referrals to Special Education has declined.

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