

DOCUMENT RESUME

ED 415 331

UD 032 113

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 TITLE A Blueprint for School-Based Services. School of the Future: Dallas.  
 INSTITUTION Texas Univ., Austin. Hogg Foundation for Mental Health.  
 PUB DATE 1997-00-00  
 NOTE 32p.; For related documents, see UD 032 108-115.  
 AVAILABLE FROM Hogg Foundation for Mental Health, c/o Publications Office, The University of Texas, P.O. Box 7998, Austin, TX 78713-7998; phone: 512-471-5041; fax: 512-471-9608.  
 PUB TYPE Reports - Descriptive (141)  
 EDRS PRICE MF01/PC02 Plus Postage.  
 DESCRIPTORS Adult Education; Agency Cooperation; \*Ancillary School Services; Community Involvement; Counseling; \*Delivery Systems; Elementary Education; Elementary Schools; Financial Support; \*Integrated Services; Job Training; Junior High Schools; Middle Schools; Minority Groups; Preschool Education; Program Evaluation; Program Implementation; \*Urban Schools  
 IDENTIFIERS \*Dallas Independent School District TX; Hogg Foundation for Mental Health TX; School Based Services; \*School of the Future (Hogg Foundation); Shopping Centers; Texas (Dallas)

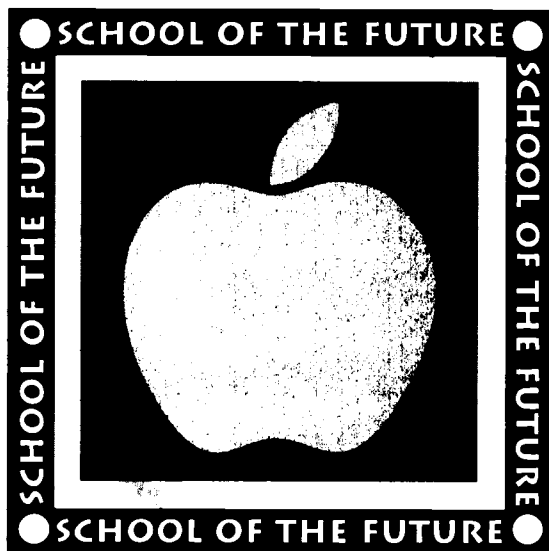
ABSTRACT

The Hogg Foundation for Mental Health created the School of the Future (SoF) project to enable selected Texas schools to coordinate and implement school-based social and health services on their campuses and to demonstrate the effectiveness of this method of service delivery by evaluating the project. At each of four urban sites consisting of a middle school and one or two feeder elementary schools, SoF worked to bring school-based services to the students and their families. This booklet describes the SoF project in a low-income minority area of southern Dallas. In Dallas, SoF had a unique base for providing services--a former shopping mall that was transformed into a youth and family center that houses two schools and a variety of health and human services. The booklet tells how services were selected for the center, contracts were negotiated, and renovations made. As the 5 years of funding by the Hogg Foundation wound down, it was apparent that the center would continue, supported by the Dallas Independent School District and renamed the School of the Future Youth and Family Center. By fall 1994 a wide range of services had come together at the center, including adult basic education, family counseling and outreach, Head Start and Even Start, a health clinic, a job training facility, and several health and disability assessment centers. Agencies were eager to move into the center, but as with any new program there were obstacles to overcome. Once Hogg Foundation funding was over, the school district assumed responsibility for the center, and planned for it to be the first of 14 projected youth and family centers. (SLD)

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# A BLUEPRINT FOR SCHOOL-BASED SERVICES

ED 415 331



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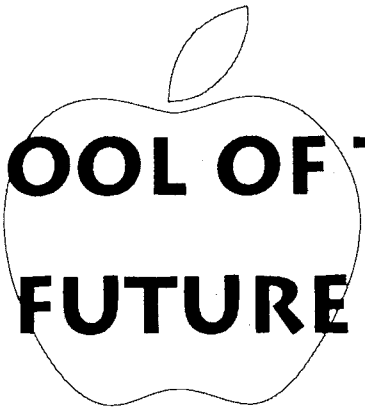
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**A BLUEPRINT FOR SCHOOL-BASED SERVICES**



**SCHOOL OF THE  
FUTURE**

*Louise Iscoe*

# PREFACE

When the School of the Future began, there were almost no services in southern Dallas for children and their families. Unemployment was high, child care was limited, and health care and recreational facilities were virtually unavailable. So much was needed that it was difficult to know where to begin.

But in 1990 we did begin. We had some good things going for us: a school system—the Dallas Independent School District—that was concerned about bringing needed services to the schools; a foundation—the Hogg Foundation for Mental Health—that saw southern Dallas as a fitting place to pilot test a program of school-based services, and a vacant building in a former shopping mall now owned by the district that had space where we could bring this “supermarket” of services together.

Along with the interest and the space, however, we also had problems to deal with and barriers to overcome along the way. That is probably true of any project in which two large organizations work together to achieve the same goals. It is also true when working with small and mid-size agencies and organizations that, as service providers, have their own goals to meet and rules and regulations to follow. Over the past four years we have tried to view these problems and barriers as challenges, and for the most part we have managed to overcome them and move on. At times it was overwhelming; there was always so much to do. But the results have been well worth the efforts.

The story of how we have worked together to bring a variety of health and social services together into the School of the Future Youth and Family Impact Center is a rewarding one. It also can be a useful one, for it exemplifies how people who are willing to cooperate and collaborate in the interest of children and their families can deal with problems and remove barriers in order to accomplish what they set out to do.

Marcia M. Booker  
*Coordinator*  
*School of the Future, Dallas*

# INTRODUCTION

*In Summer 1990, the Hogg Foundation for Mental Health created the School of the Future. Like a number of programs, this innovative project is designed to enhance the lives of children in poverty and their families, in this case by providing an integrated array of health and human services that use the schools as the centers for service delivery. Unlike most programs, however, it has a longitudinal evaluation component built in to document the project's process and outcomes so that it can provide the accountability necessary for determining the most effective methods of helping young Texans.*

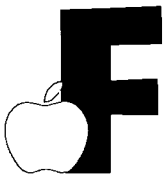
*Four years of this five-year project have been completed. In these years, each site has integrated a number of different programs on its campuses to meet the particular needs of its community. Although it is too early to determine the long-range benefits of these projects, it is not too early to describe some of the key programs at each site and show the impact they are having in the development of the School of the Future as well as on the children and families they serve.*

*That is the purpose of this report. It is the third in a four-part series that is highlighting a key program at each of the project sites—Austin, Dallas, Houston, and San Antonio. The programs described were selected by the coordinator at each site for their unique aspects as well as the crucial roles they have played in the development of the School of the Future in the given community.*

*The first report focused on San Antonio and its exemplary Parent Volunteer Program, the second on Dallas and its unique base for providing services—a former shopping mall that has been transformed into a youth and family center that houses a variety of health and human services. This report features the health clinic at the Houston site's middle school, with a look at how and why the clinic was created and the ways in which it is not only improving the students' health but also their attendance and attention in class.*

*Hogg Foundation funding for the School of the Future project will conclude in the summer of 1995. In Houston, however, it will continue for at least one additional year under the auspices of the Houston school district, and the potential for continued funding is high. Whatever the outcome of the project as a whole, the health clinic's future seems secure as an integral part of Hogg Middle School and a fitting legacy for the School of the Future.*

Wayne H. Holtzman  
Special Counsel, Hogg Foundation for Mental Health



From the outside, the cluster of plain, windowless buildings, its parking lot filled with cars, looks much like any other shopping mall just off the interstate a few miles from the heart of the city. From the inside, however, Nolan Estes Plaza in southern Dallas is a mall with a difference. Gone are the clothing and specialty shops from its early days; gone, too, are the vacant storefronts and the broken fountain that marked its demise.

Today the plaza is no longer a dying center but a transformed one, alive with the sounds and commotion of children and activities. In place of the stores in one part of the mall are two elementary schools; in the other, the many services that comprise the School of the Future Youth and Family Impact Center. And in this transformation lies a story—and a challenge.

## **I**N THE BEGINNING . . .

The transformation of Nolan Estes Plaza began not with one idea but two—two similar concepts developed almost simultaneously by two major but very different organizations, the Hogg Foundation for Mental Health in Austin and the Dallas Independent School District (DISD).

In 1990 the Hogg Foundation, at the conclusion of a three-year study on the mental health of children and youth, embarked on a pilot program and evaluation of school-based social and health services in four cities—Austin, Dallas, Houston, and San Antonio. Named the School of the Future (SoF), the project called for:

- the integration of a broad spectrum of health and human services in public schools.
- involvement of parents and teachers in program activities.
- involvement of many organizations, both public and private, as partners.
- a strong commitment to the project by superintendents, principals, and other school administrators.
- a willingness to participate in the evaluation of the project.

The Foundation set aside \$250,000 for each site—\$50,000 per site per year for a period of five years—and an equal amount for evaluating the sites over the same time period. The next step was to obtain the cooperation of each of the specified school districts, then to select the specific schools in which the services were to be provided.

Around this same time, the Dallas school board began investigating ways in which to deliver social and health services to students and their families throughout the district. Its Commission on Educational Excellence had developed a blueprint for coordinating services in the schools and, in fact, it was starting to negotiate with several agencies to base social programs on school campuses. It also was determining ways to obtain and renovate space so that these ser-

vices could operate in schools on a permanent basis. The district's goals were to:

- provide a cluster of district services at selected schools serving students and their families from prekindergarten through eighth grade.
- establish problem-solving teams on each campus to address individual needs of students and their families and train staff members and parents in team building and problem solving.
- develop a cluster of community services tailored to the needs of neighborhood families and make them accessible through the schools.
- involve family members and school personnel in the planning process and in the identification of service needs.
- evaluate the impact of the program through attendance and achievement gains, changes in student behavior, increased parental involvement, and improved availability and utilization of community services.

With an eye toward future space needs, the school district in 1976 had purchased a shopping center that had closed down in South Oak Cliff, a low-income area in southern Dallas with a high percentage of minorities, single-parent families, unemployment, substance abuse, and crime. The community had virtually no medical, social, or recreational facilities, and many families lacked the knowledge or resources to take advantage of the few services that did exist. In the schools, attendance, achievement, and parent involvement all were low.

The DISD renamed the former mall Nolan Estes Education Plaza and opened two elementary schools there—McMillan, comprised of prekindergarten through grade three, with about 375 students, and Patton, serving about 210 students in grades four through six. A large majority of the students were African American, the others predominantly Hispanic, and most were eligible for the reduced/free lunch program. For a time, the district set up a high school at the other end of the mall, but by the late 1980s this school had been closed and the large three-story building it had occupied stood



almost vacant except for a few rooms on the lower level, where some school administrative offices were housed.

The concept, the timing, the community population—and the space—were right. The Dallas school system already had its long-range plans in place for developing school-based services when it was approached by the Hogg Foundation. What the Foundation proposed meshed well with the school district's plans. After working out myriad details with the DISD, aided by two school administrators, Allen R. Sullivan and Ruth Turner, who were serving as liaisons to the project, the Hogg Foundation obtained the vacant space at Nolan Estes Plaza as a site for the varied health and human services that would comprise its School of the Future project in Dallas. The two elementary schools at the Plaza, along with Boude Storey Middle School a few blocks away, would serve as the pilot schools.

"I visited the Plaza," wrote Wayne Holtzman, then president of the Foundation, to his executive committee in early 1990, "and was impressed with the tremendous amount of space that has just been released by the superintendent for use in the School of the Future. The coalition of agencies . . . will be dedicated to parent education, children, and youth." With this project, a major school system and a private foundation began a venture that called for collaboration and coordination to enable both to meet their goals for improving the education and mental health of children and their families.

## **COORDINATING THE ACTION**

Obtaining approval and space were essential first steps, but they were only a beginning. Several tasks, overlapping if not simultaneous, followed: to determine what types of services were most important for the neighborhood's population, to convince the relevant agencies that they should move their services to the school-based site, and to renovate existing space to meet the requirements of those agencies. Coordination was a key concept—the coordination

of services, of building renovation, and of program acceptance by school personnel and the community. Each element was essential to the success of the project.

The key player in pulling the ideas and the action together was the School of the Future Project Coordinator, Marcia Booker. Although she worked closely with and received support from both the Hogg Foundation and the DISD, she had the day-to-day responsibility for bringing together an appropriate mix of services, overseeing the renovation of large segments of empty space for housing them, and getting them to work together in a cooperative and coordinated manner that would result in a viable center for children and their families.

In Booker's long tenure with the DISD, she had risen from elementary school teacher to administrator in the Department of Special Education. Prior to her appointment as SoF coordinator she had served as the department's community liaison, a position in which she met and worked with health and human services personnel and served on boards of city, county, and state agencies and organizations. These contacts, along with her understanding of the system, were to prove useful in bringing together the services for the School of the Future. "It makes a difference if you know people," she has pointed out. "It saves having to meet them and to start from the beginning." Beyond the contacts, however, she also had the skills and the vision.

The coordinator met frequently that first year with two members of the DISD—the administration liaison and the director of student services—to discuss strategies for developing the center, and she met periodically with the school principals to get their ideas and feedback on SoF plans. The following year a planning and advisory committee was created to bring more neighborhood representatives into the planning process. Comprised of school principals, the SoF project coordinator, and representatives of parents, teachers, and support staff, the committee enabled members of different groups to play a participatory role in the development of the center and the overall School of the Future process.

## DRAWING THE PLANS

Physically turning a former shopping-mall-turned-high-school into a health and human services center for children and their families was an almost overwhelming activity that first year. The building was run down and, with its very high ceilings and tile floors, it was noisy and seemingly ill suited for serving the mental health needs of young children and their families. But it offered two critical ingredients: (1) space, which is in short supply in most schools, and (2) location, adjacent to two elementary schools and in the heart of the neighborhood to be served.

The first year primarily was one of planning. An initial task was to decide upon the best placement of the School of the Future offices as well as the health and social services that in time would be housed in the center. Space was allocated on an equitable basis to meet the various needs, and in spring 1990 the DISD approved the plan. Then, over the summer, the district reorganized and the designated space was reassigned to the school system's area administrative offices. Contracts were cancelled; it was back to square one. Once again space needs were reviewed and reallocated, and a new plan was submitted to the school district. Again approval was granted, and this time the space commitment to the project held firm.

Once it was determined what was needed for the reception area and administrative offices or what a potential service provider would need, Booker worked with DISD architects to draw up plans. To carry out the renovations, "I just kept calling to get someone who would come and do whatever it was that was needed," she says. A deceptively simple solution, this took considerable time as well as a thorough knowledge of how to work within a large, multilayered system. Agencies with special requirements, such as Head Start and the Dallas County Mental Health/Mental Retardation Child and Adolescent Services, designed their own rooms; others worked with DISD architects. The school district installed carpeting, painted walls and ceilings, and refinished the gym floors. Slowly, with the help of the DISD and the collaboration of participating agencies, large open

spaces were turned into rooms conducive to counseling, therapy, and other services for children.

“Space has been set aside at the Plaza,” the coordinator was able to write in a progress report at the end of the first year, “to co-locate a variety of community services at the site and make them more accessible to the students and their families. Head Start is the first agency to finalize its plans and will serve 60 students in the neighborhood in the fall of 1991. Negotiations are underway with other key agencies.”

## **DETERMINING THE NEEDS**

More than space needs had to be met before that first year’s report could be written. At the same time that designs were being drawn and contracts granted for building renovations, Booker was involved in another major and ongoing activity: identifying and negotiating with agencies that would fit into the center and best meet community needs.

The initial selection of services grew out of the findings of two surveys of family needs conducted the previous year. One was a community survey conducted by Youth Impact, Inc., a Dallas community service agency. Going door-to-door on selected streets in the neighborhoods served by the three SoF schools, the group interviewed 129 youths and 122 adults to learn what the residents considered the community’s major needs. The other, with support and training from the Hogg Foundation, was carried out by the neighborhood parents who had participated in developing the initial SoF proposal to the DISD board. Selected by the school principals on the basis of their active involvement in their children’s schools, they interviewed 100 parents from the area about their school and family concerns. In conjunction with this effort, the Hogg Foundation also supported a survey of parents and school staff regarding parent participation in the schools and other school-related topics.

The adults and youths interviewed were in accord. They identified child care, jobs, health services, and recreation and other wellness activities as the major long-term needs of the community's children and their families.

## **OBTAINING THE SERVICES**

There was never a problem attracting services to the School of the Future site. "It's just the opposite," according to the coordinator. "Agencies keep calling us to see if they can become part of the center." From the start, groups wanted to co-locate, to be a part of this new venture. Booker, through her former position as community liaison for special education in the DISD, had talked about the School of the Future at special education meetings, parents' meetings, and meetings of regional and local boards of the Departments of Human Services, Mental Health/Mental Retardation, and others on which she served. The SoF coordinator's and school administrators' initial presentations, along with the possibility of free space in an area in need of services, had considerable appeal.

A large portion of Booker's time was spent in talking to potential center occupants about the kinds of services they wanted to offer and then, if the programs seemed appropriate, negotiating with the directors and getting contracts signed. It took from six to eight months—from fall until spring of that first year—to go through channels, draw up plans, resolve problems, and do all that was needed to get these first agency providers secured.

Head Start was the first service to move into Nolan Estes Plaza under the School of the Future. This early childhood education program had been looking for a site in southern Dallas to serve some of the many eligible preschoolers from low-income families in that area. The SoF wanted to meet the community's need for child care, and it could provide the site. The match was a natural. Staff worked with the program's administrators, enabling them to meet the stringent

federal requirements for classroom and recreation space. They also negotiated for two half-day programs to coordinate with the morning and afternoon half-day prekindergarten programs at McMillan Elementary. In this way, four-year-olds in the McMillan program could attend Head Start the other half of the day, eliminating mid-day transportation problems for the children of working parents as well as solving the problem of how to care for youngsters during the hours their prekindergarten class was not in session. In addition to this shared enrollment approach, the contract with Head Start provided for a full-day program at Nolan Estes Plaza for eligible neighborhood children.

"It was hard to resist joining the SoF center," according to Wanda Smith, director of Head Start of Greater Dallas. "Marcia worked with us to get space and to get it free. We paid for renovations. This met part of our nonfederal share of funding. Elsewhere we pay by the square foot." Beyond that, she added, "It gives us a chance to provide an enormous array of services for our families."

Head Start exemplifies how the School of the Future from the beginning has worked collaboratively with agencies to develop this one-stop center for children's services. The DISD provided the space, the program was responsible for renovating the space and for handling on a continuing basis its prorated share of utilities and custodial services, and the SoF coordinated administrative details. During the contract negotiation phase, the school board further cooperated by setting district-wide policy mandating that space for school-based services be provided rent free, a policy that has bolstered the idea of co-locating health and social services on school campuses.

The second provider to move into the center addressed another identified need: jobs for young people. JTPA (Job Training Partnership Act program of the Private Industry Council) joined the School of the Future in early 1992. Unlike Head Start, JTPA does not occupy space full time at Nolan Estes Plaza. Rather, representatives are on site from January through spring, when opportunities for summer employment become available, to provide information and training

for eligible students and others, ages 16 through 21, who live in the southern Dallas area. The program also conducted a job fair at Boude Storey Middle School that first year to help neighborhood youths find summer employment.

Meanwhile, as programs were being sought to serve the community through the School of the Future, the City of Dallas was attending to the third identified need—health care. Through its program of Community Oriented Primary Care Centers, the city built a community satellite of Parkland Hospital across the street from Nolan Estes Plaza. This neighborhood health center, Bluiitt-Flowers, was opened in 1991 to provide routine and minor emergency care for families, eliminating the need to go across town to Parkland except for severe health problems. While this did not answer the need for health education and preventive care for children and adolescents, it partially filled an identified service gap and enabled the SoF to concentrate on obtaining other, less costly services before focusing on physical health.

In addition to Head Start and JTPA, several other services were obtained during 1991-92. Still others were in the process of negotiation or had completed contracts with the SoF and were renovating space prior to their move on site. Some of these agencies enabled students to obtain services from their off-site facilities until they were relocated at Nolan Estes Plaza.

By June 1992, near the end of the project's second year, the school district wrote to the Hogg Foundation: "Most agencies have signed cooperative agreements, and services are being provided at the site or services are available at agency offices if improvements have not been completed."

## **ATTRACTING THE CLIENTS**

Head Start, which was the first program implemented under the

School of the Future banner, had a ready-made constituency. The 22 children in each of the half-day prekindergarten classes were enrolled the other half of the day in the Head Start classes as soon as they were opened, and the full-day program quickly reached its maximum enrollment of 60 preschoolers.

For counseling and therapy programs, students were referred by teachers, parents, and the courts. Common reasons for referral included emotional and behavioral problems, health issues, and drug problems. All referrals first went through the schools, then to the center.

It was more difficult to sell the idea of a student service center to the middle school than to the elementary schools. Without encouragement from the principal who was then at Boude Storey, there was little incentive for students to go to the center. With programs offered only during the day, it was inconvenient for parents, many of whom are employed and cannot easily get time off to attend family counseling sessions. For the first three years, very few students at Boude Storey, which is located just a few blocks away, took advantage of the newly available services.

## **E** VOLUTION OF THE CENTER

### **THE FLOOR PLAN**

From the outside, Nolan Estes Plaza looks little different from the rather nondescript shopping mall it once was. Inside, however, all vestiges of its former existence are gone. The School of the Future Youth and Family Impact Center is light and airy. White paint brightens the hallways and program areas. Carpeting cuts down the noise level; standard ceiling-high partitions define spaces for counseling, therapy, classrooms, and offices. Baffles or pieces of wall board visually lower the high ceilings, better defining the spaces for services.



# NE AGENCY'S STORY

*"We still need several things for that family—more diapers for the baby, a pair of shoes and a jacket for the toddler, and some size 8 school clothes for the teenage girl. But we've worked hard with the young mother and have lined up child care so she can go back to school."*

*Vernetta Dean, caseworker, was on the phone. As the only professional on the staff of Family Outreach of Southern Dallas, she was reporting to Child Protective Services (CPS) about one of the families her agency was helping. What she didn't say, but what the CPS worker understood, was that once again this volunteer agency had intervened to prevent child abuse and help a family get on a positive track.*

*Family Outreach is a national volunteer agency that has been working to prevent child abuse and neglect for more than 20 years. When the Dallas branch of the agency, which already had several outreach offices in the city, began considering an additional location, a board member suggested northeast Dallas. In the interest of obtaining space, he mentioned this to one of the school district administrators. She, seeing the group as a natural for the School of the Future, in turn told the the SoF coordinator of the potential expansion. Shortly thereafter, Coordinator Marcia Booker was on the phone inviting Family Outreach board members to "come talk."*

*The SoF had brought a number of intervention services to Nolan Estes Plaza, but Booker wanted to attract some prevention services, as well. Family Outreach fit that bill. The agency uses trained volunteers to do home counseling with families at risk of abuse and link them with needed resources. Its need was for office space for the caseworker and a part-time secretary and a larger room*

for training sessions and parenting meetings.

*The board members did come and talk, and everything progressed rapidly from there. After agreeing that the agency's services would be valuable for students and their families as well as help round out the services offered in the center, Booker and Family Outreach began working out the details. The initial discussion concerned neighborhood—SoF is in southern Dallas, not northeast, but the need was equally great—and renovation. There was need to remove the old high school chemistry lab, take out pipes, paint walls, and generally make the area habitable for volunteers and families.*

*Once the contract was signed, renovations could begin. And, with Booker's cooperation, so could services. What this meant for Family Outreach, according to Dean, was that there was no need to delay helping families deemed at risk of child abuse. "First we worked out of a box," Dean recalls, "then Marcia helped us move into an office next to her own, then finally (when renovations were completed) we moved upstairs. But we could provide services all the while."*

*The agency is continuing the tradition of cooperation set by the coordinator. Except for the telephone, which is in use throughout the day, Family Outreach uses its large room primarily in the evening. In the daytime it shares its space and equipment—TV, VCR, and office materials—with a program sponsored by St. Paul's Hospital that provides prenatal care and teaches life skills to homeless pregnant women. Family Outreach gave Easter baskets to the participants this year, according to Dean, "as our way of saying we're glad to have you here." In the evening, when Family Outreach holds parenting classes for the families it serves, the volunteers use the Even Start Program room downstairs for child care.*

*To encourage cooperation among the services, Booker brings together key people on site for occasional meetings so they can get to know one another. One result was that "We invited Project Kids to*

*our fund raiser carnival," notes Dean. "They came, and they put out materials to publicize what they do." The event was so successful that they plan to participate again next year.*

*Vernetta Dean is sold on the supermarket concept for services. "You can run next door, for example, to get drug abuse information or to the health center for materials on AIDS. The advantage is that other services are right here. But," she adds, "attitude is important. We all need to be open with each other. If you're open to sharing, it works. We're learning that if we share, we all benefit."*

A covered walkway leads to the center's entry, located on Level 2 of the three-story building. Just inside the main entrance, a School of the Future sign above a DISD logo identifies the SoF information and referral offices. Pictures of children brighten the walls in both the hall and offices, and green plants thrive on the desks and tables. A round table with several chairs and a bookshelf of materials on children and families welcome visitors to the reception room. Adjoining the reception area are small offices for the SoF coordinator and the project assistant. Representatives of school-based agencies who are on site once a week share a third office. A conference room is located just down the hall.

The service providers furnish and decorate their respective areas as they wish. Some have comfortable couches and chairs for adult parenting or counseling sessions; others resemble traditional schoolrooms with instructional materials and children's art work decorating the walls.

According to the master plan, Level 1 is for recreation, health, and fitness; Level 2, prevention, intervention, and treatment services in addition to information and referral; and Level 3, education, training, social services, and health screening and evaluation. Many of the areas have more than one occupant, for sharing is an essential element of this multipurpose center. During the day, for example, Level 2 is occupied by MHMR therapeutic treatment services and classrooms for children with severe mental health problems who are unable to attend regular school. Also serving children on this level are assessment teams for Project Kids and Dallas County Child and Adolescent Services.

But when these services close at the end of the day, their rooms do not stay empty. Instead, other providers come in to offer family therapy, parenting education, and group counseling for older children and adults. Project Kids' quarters are well-suited for child care for youngsters whose parents are participating in evening programs. By coordinating the sharing of space, the School of the Future is able to bring twice as many services on site as it would if each agency had sole use of its rooms.

# THE PROGRAMS

By fall 1994, a variety of needed services had been brought together at Nolan Estes Plaza to comprise the SoF Youth and Family Impact Center. An annotated directory would show the following programs:

- Adult Basic Education - General Educational Development (GED) classes mornings, afternoons, and evenings throughout the week for persons on AFDC, JOBS participants, and adults in the community.
- Counseling, DISD Department of Special Education - individual, family, and group counseling.
- Dallas Epilepsy Association - community education, counseling, information and referral, and social services for persons of all ages with epilepsy and their families.
- Even Start - a cluster of services for parents of children ages one to seven, including literacy training, parenting education, and enrichment materials to increase learning activities for children at home.
- Family Outreach of Southern Dallas - home visits, counseling, and parenting programs by trained volunteers for families deemed at risk for child abuse and neglect.
- Head Start - half-day and full-day preschool education with social, health, and parent involvement components.
- Health Clinic - open daily for health screenings and physical examinations. Coordinates with Bluit-Flowers, a Community Oriented Primary Care Center across the street from Nolan Estes Plaza, for in-depth problems and minor emergencies.
- JTPA (Job Training Partnership Act program) - information and guidance for summer employment for students.
- Office of Drug Programs - resource library and information available daily for students and their families on drug prevention and overcoming drug abuse.
- Project KIDS - assessment and evaluation of infants, classes for infants with developmental delay, and parenting classes and counseling for participating families.
- Regional School for the Deaf - hearing assessments and weekly family education and involvement activities for families of

hearing-impaired children.

- Therapeutic Day Treatment Program, Dallas County MHMR - half-day and full-day therapy programs with academic instruction for children unable to remain in a regular classroom; part-day transition classes for children returning to regular school.

The one major need yet to be met is recreation. The first level, where the former high school's gymnasium was located, is still to be developed. Under consideration with the Dallas Parks and Recreation Department is a plan to restore the gym and develop an after-school recreation program for neighborhood youngsters. At present the only programs on this level are the DISD's Parent Resource Center, which was located there at the time the SoF began and is used by the project primarily for bilingual workshops, and an alternative certification program that provides teacher training for persons without an academic background in education for working with emotionally disturbed children.

In addition to the two elementary schools, one of the city's magnet schools is located in the plaza. With a need for more space, this math and science high school expanded into two classrooms on the third floor of the SoF site, but it will relinquish these in another year when the large new building is completed that will house all of the Dallas school district's magnet programs. That will give the SoF additional space for service programs. Meanwhile, some of the students at the magnet school serve as mentors and role models for children at Patton Elementary.

Of all the programs planned or contracted to join the center, only two have not worked out. One moved out when it lost its funding and was no longer able to provide services; the other, a wellness center, was put on hold because it required more extensive resources than it was able to obtain, but it is still being considered.

Despite the variety of services that have been brought on board since the project began, the center does not yet offer the complete array of services that has been envisioned. Specifically, the new advisory

board and the coordinator would like to have more job opportunities for parents, probably through a tie-in with the Texas Employment Commission. They would like the site to serve as a training office for the DISD's unskilled workers such as cafeteria and housekeeping employees. And they would like to have more preventive services. The coordinator recognizes, however, that most agencies wait until there are real problems before they intervene, for agency policies and resources generally dictate that approach.

Family Outreach of Southern Dallas, which works with at-risk youngsters and their families, is the one preventive program in the center, but the new health clinic also has a strong preventive component. With the coordinator's encouragement and help, the clinic director will get out in the community to promote wellness and good health care. Included in the plans for the clinic are parenting education about good health, help for parents to obtain immunizations for their infants and young children, and vans that will enable community residents to get to the facilities that provide the services that they need. The advisory board is dedicated to keeping the clinic continually before the community. As Booker notes, "We want to keep it on people's minds . . . and remind them about keeping healthy."

The health center opened in late fall 1994. The staff have started going into the schools to show how the referral system works and explain the new and simplified form that will make it easier for students and their families to obtain services. A flyer about the clinic and a referral form have been sent to each school in DISD's Area 2, where the center is located. In addition, the coordinator and clinic director are looking for physicians who will donate time to the clinic, and they are already looking ahead to expanding the resources when the magnet school moves out of the adjoining space next year.

As the space in Nolan Estes Plaza gradually is being filled with services, Booker is looking carefully at the small amount of empty space that remains. As she points out, "We have very little space for offices but we do have space for services for children and their families."

## THE CHALLENGES

Although some agencies have been eager from the beginning to move into the center, one-stop shopping did not take place overnight. As with any new program, there were problems to be dealt with and barriers to overcome. Initially, changes in the structuring of the entire school district necessitated making new plans after the original ones were thought to have been finalized. Changes in upper-level school personnel, especially the DISD superintendent and the principals at two of the pilot-site schools, called for renewed efforts at “selling” the School of the Future project to administrators who had not been participants in the beginning and were hesitant about buying into a new concept.

The physical development of the center has been another long-term effort, evolving over the four years since the project began. A challenge unique to the SoF center was, and is, making sure that a proposed program fits the center’s needs. Need for the particular service is, of course, primary. Beyond that, however, the agency must meet the center’s policy of space sharing, that is, letting another service use the space when the main agency does not have time scheduled for its use. Cooperation is an essential component of the School of the Future.

Some of the challenges encountered, especially in the beginning, were barriers common to innovative social service programs, especially those involving extensive collaboration. Among them are the following:

- People are suspicious. As Booker points out, “In this community, so many programs have come and gone that it was hard for people to believe that this one wouldn’t leave, too.” As the project has grown—and now is showing its staying power by becoming the flagship for the city’s Youth and Family Impact Centers—belief that it will continue also has grown, but it has been a slow process.



- Participants are slow to buy into the project. A number of teachers and staff feared, based on past experience, that a new project meant more work for them, and they were not enthusiastic about the idea of additional social services in the schools. Others resented the fact that the decision to implement the project was made downtown at “the White House,” as the administration building is called, rather than with their local collaboration and input.

- Innumerable details must be attended to. Even with the coordinator’s assistance, it wasn’t—and isn’t—easy to work out all the details. With Head Start, for example, the need to be adamant about requirements to meet federal guidelines added to the complexity of working out the contract. This did not deter either the SoF coordinator or the Head Start director. “Of course there are barriers when you’re getting started,” asserts Wanda Smith. “There always are when you are working with a bureaucracy.” She credits Booker—her long tenure in the district and her knowledge of “what buttons to push”—with following through and obtaining all that was needed to meet Head Start approval. Other agency directors made similar statements.

- Policies and procedures differ. As a result, programs planning to work together tend to have different eligibility requirements for clients and training qualifications for teachers and providers. Often, guidelines don’t mesh. The Texas Departments of Human Services, Mental Health/Mental Retardation, and Protective and Regulatory Services each has its own regulations to follow, and the problem is further complicated if federal funding is involved. As Booker points out, “It is hard to come up with common ground.”

- Agencies seek to protect their turf. “Even now, with the big picture,” notes the coordinator, “one of the main problems is turf. School district personnel seem to think that if we put agency service providers in the schools, there won’t be a need

for them.” The fact that agency therapists provide individual counseling after school hours is particularly threatening to some counselors despite the fact that this does not take away from group counseling which school counselors conduct during the day.

But most barriers are not insurmountable, and School of the Future staff keep finding ways to alleviate them. To encourage faculty and staff to buy into the SoF, “We give them incentives, such as making money available to them,” says the coordinator, enabling them to carry out mental health-related projects that otherwise they would not be able to do.

For example, the middle school principal, concerned that many youngsters not only disregarded homework but also were flaunting that fact, wanted to start an after-school program for students who consistently failed to complete their homework. With the coordinator’s help, he was able to use School of the Future funds to hire two of the school’s skilled teachers, one in math and one in language arts, to conduct an after-school tutoring program for youths who do not complete assigned homework. For the past year, an average of 15 students has attended daily. The principal points out that “these students learn that there are consequences for their actions. And more are carrying books home this year.” Booker sums it up this way: “The teachers are more satisfied when the kids get their homework done, the parents feel better because most of these parents aren’t able to help their children with school work, and the kids do better in school as well as learn the consequences of their actions. As a result of this program, everyone’s mental health is improved.”

The project coordinator has provided a wide range of incentives through the SoF. For students, these have ranged from stipends for youths from the math and science magnet school who tutor younger children to end-of-year celebrations for at-risk youngsters. For teachers, incentives have included enabling counselors to attend special training conferences and bringing professionals to talk to elementary-school faculty about different topics such as recognizing and

helping children with Attention Deficit Hyperactivity Disorder.

Use of the center by middle school students and their families is being encouraged by making changes in the center itself. In fall 1994 the center extended its hours until 7:30 in the evening and began offering additional services. Now, for example, teenagers are sent to Nolan Estes Plaza by the courts for afternoon sessions that last from 4:30 p.m. to 7:30 p.m., so students need not miss school nor parents miss work. Other students are sent to the center when “nothing else works” so that they—and their families—can get more help. Both the principal (the second since the project began) and the dean of instruction at Boude Storey agree that the School of the Future is helpful, and the principal plans to assign a school administrator as a liaison to refer students for counseling on a more frequent basis.

There have been, and continue to be, other challenges. Delays, for example, are frustrating but not unexpected—delays in building renovation and construction, in completing negotiations, and in bringing a program to fruition. Money, or the lack of it, is always a problem. Conflict of interest is another. The school district, understandably, wants to see academic achievement and improved attendance; yet even in five years time it is difficult to see if social services designed to improve the mental health and quality of life of children and their families will bring about these desired improvements.

Beyond the major barriers and challenges, Booker is well aware that “many problems are just everyday things that you’ve got to handle when they come up.” And whatever plans she may have made, she knows that flexibility is important. “You don’t sit down and make your road map,” she says, “and then just follow it. There’s something new every day.” Marcia Booker exemplifies the importance of having a knowledgeable, competent, and experienced coordinator for a School of the Future Youth and Family Impact Center.

## THE STRENGTHS

Through the School of the Future Youth and Family Impact Center, the strengths of the supermarket concept have become apparent in southern Dallas. Among them: everyone knows where it is, someone is always there to help out, it provides services that are not available elsewhere in this community, and it eliminates the need for cross-town transportation to get human services, a problem that is endemic in most low-income areas.

Different populations appreciate different aspects of the center. Young mothers, for example, recognize the advantages of one-stop shopping, using the SoF as a community center where they take GED and Adult Basic Education classes and also get assessments for their infants. Older parents see it as a place where their children can continue to get services when they go on to high school. What is more, according to the middle school principal, due to the center's ambience, "some parents are so comfortable there that they drop by just to visit."

Annie Busby, former parent volunteer and now a DISD teacher assistant with special needs children, notes that "Some kids love coming here because it's the only place they can really be children." A key advantage from her viewpoint is that so many services are "in hollering distance. If a child is out of control, an MHMR counselor is brought in. If a child needs medication, the health clinic is here. If a parent needs child care so she can attend GED classes, care is available. And if there is a special need, the coordinator's office is just down the hall." It is a decided advantage that youngsters with extreme emotional or behavioral problems who are unable to be in a regular class can receive therapy during one part of the day, special classroom instruction during another, without having to leave the center.

Another major advantage, according to Busby, is the coordinator. "Marcia has the knack," Busby says. "All children gravitate to her. She's calm all the time. Kids think if anything goes wrong, she can

fix it, make it right. When she walks down the hall, she seems to calm things down.”

Service providers cite a number of advantages to the supermarket approach as exemplified by the School of the Future. School counselor Gloria Lockett points out that “Before, it was hard to find resources. It’s easier having resources right here; you can get help when you need it.” For the children she sees, this might be play therapy, family counseling, or day treatment, all of which are available at the center.

For Mattie Bundy, a special education specialist with the DISD and a licensed professional counselor, having facilities together not only makes it much easier to access other needed services but also provides support for the providers and the potential for transferring cases, should the need arise. She sees another key advantage: Because of its neutral setting and lack of television, “The center may be the only place a family communicates.”

The coordinator finds that services are more cost effective when they are grouped together and easier to monitor. The only weakness that she sees is lack of total acceptance by school and city personnel. This is something that has to be built over time as the project proves its merit.

It is already doing that. Staff of Head Start, for example, “totally believe in the School of the Future concept” and often refer families of the preschoolers to other services in the center. “When all of the services are operational,” says Wanda Smith, “it will be one of the best things possible.”

Family Outreach of Southern Dallas is equally sold on the supermarket concept. As Vernetta Dean, caseworker, says, “You can run next door, for example, to get drug abuse information. The advantage is that other services are right here.”

# **A** LOOK TO THE FUTURE

There is a new banner over the entrance to the three-story building at Nolan Estes Plaza: School of the Future Youth and Family Impact Center. After providing the model for school-based services in Dallas, the School of the Future Project has been subsumed by the DISD as the first of 14 projected centers for youth and families. Now, with so many services already in place, it is serving as the flagship for this city-wide effort. Also opened as a Youth and Family Impact Center this past year was Lemmon Avenue Bridge, a program which has been providing a variety of services to youth in its neighborhood for several years. A third center, North Oak Cliff, is to be opened in the near future.

In this expanded form, the School of the Future has grown from 3 to 21 schools, incorporating the 2 high schools, 2 middle schools, and 17 elementary schools in the DISD's Area 2. They are under the leadership of Dr. Frederick Todd, assistant superintendent, and his staff who also are housed at Nolan Estes Plaza. The plaza itself, which started with nothing but two elementary schools, now has a variety of services in place, and plans are underway for more.

Every community doesn't have an unused shopping mall conveniently waiting for school district purchase and use. Dallas, in fact, may be unique in that respect. But virtually all communities do have buildings, storefronts, or other unused space, sometimes within a school itself, with the potential for revised or mixed use. And every community can determine the needs of its own neighborhoods, then follow up by identifying and recruiting the organizations that can best provide services to meet those needs.

Over the years, schools throughout the country have expanded their educational programs to include a number of components that are tangential to basic education. Indeed, there are those who believe that schools have gone too far, and they are not yet ready to incorpo-

rate health and social services into a school's offerings. But that is not the issue here. What can be learned from the School of the Future in Dallas is that when school districts are willing to work with other organizations, sharing their ideas and coordinating their plans and actions for community services, they can make great strides in helping shape a more positive future for the children they serve.







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Author(s): <b>Louise Iscoe, Scott Keir, and Susan Millea</b>	
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