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CENTER FOR THE FUTURE OF CHILDREN • THE DAVID and LUCILE PACKARD FOUNDATION

The Future of Children

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SCHOOL
LINKED
SERVICES

EXAMPLES OF INCENTIVE-BASED PROGRAMS TO IMPROVE EDUCATIONAL OUTCOMES FOR INNER-CITY YOUTH

The Cincinnati Youth Collaborative (CYC, Cincinnati, Ohio) is a comprehensive program to provide incentives to Cincinnati youth to stay in school and excel. The Collaborative, originally a joint initiative of the Procter & Gamble Corporation, the Mayor's Office, and the Superintendent of Cincinnati Public Schools, now involves others from the corporate sector, the United Way, the Private Industry Council (PIC), area universities, and area residents. While corporations -- concerned about the quality of potential employees -- provided start-up money for the CYC, the program has been picked up by the state, with funding provided in the schools' operating budget.

Working with the school system, the collaborative identified the school cluster with the most severe problems of truancy, dropouts, and low performance. Children in this cluster, which includes a public housing development, are now offered personalized incentive contracts in which they agree to improve grades, attendance, and/or behavior. Those fulfilling the contract are awarded \$50 per semester; another strong incentive is the promise of college scholarships for those who graduate. Other services include extensive mentoring and tutoring by volunteers, a truancy project, closer ties between school and parents, and a College Information Center. A summer "Earn and Learn" program keeps young people in school for half-days and on job sites (with a stipend) for half-days. Incentives for teachers include professional development trips to innovative school sites across the country. Plans for expansion of services include neo-natal counseling, nutrition services, and a pre-school, along with literacy, job preparation and employment services for adults.

The Omaha Housing Authority (Omaha, Nebraska) works with residents of public housing developments, local businesses, and volunteers to provide incentives that promote educational attainment and aspirations. "Operation Shadow" pairs housing project youth with employees who serve as mentors and role models. Communication with local schools has been enhanced, and parents can be sanctioned if their children don't attend school, but there is first an effort to determine whether absences may be due to lack of food, clothing, or babysitting -- and to provide assistance in such cases.

Incentives include scholarships earmarked by local colleges for project residents. Every child with a perfect school attendance record receives a \$100 savings bond at an end-of-year ceremony. These bonds, as well as recreational and parent/student activities, are funded partly with a \$1 surcharge on public housing residents' cable TV fees (but the Housing Authority director had negotiated a deep discount on cable TV rates for public housing residents, so they feel no adverse impact). A rehabilitated recreation center includes a study room with books lent by the public school system, and four personal computers donated by local businesses. There is also a volunteer sports coach. The study center is staffed by volunteers, who tutor students in math, reading and social studies. A resident relations coordinator helps residents with parenting and housekeeping skills. As a result, residents now benefit from previously unavailable educational and social services, modernized physical facilities, and the opportunity to participate actively in decisions which affect them and their children.

New Jersey's School Based Youth Services Program (SBYSP) provides comprehensive health, counseling, and employment services in or near secondary schools to improve student attendance and academic performance and reduce drop-out rates. The program targets students aged 13-19, many of whom are considered to be at risk of dropping out of school, becoming pregnant, using drugs, developing mental illness, or being unemployed. SBYSP emphasizes local governance and broad-based community

support. Currently, the program operates at 29 sites in New Jersey, at least one in each of the state's 21 counties, primarily in low-income urban and rural areas.

The array of services offered at each project depends on local needs. However, all sites must provide core comprehensive services, including crisis intervention, individual and family counseling, primary and preventive health services, drug and alcohol abuse counseling, employment counseling, job training and placement, referrals for health and social services, and recreation. Recreation activities help involve a broad range of students, not just at-risk students. Parental consent is required; parents can specify services for which they do not give consent. Family planning services, funded locally, are offered in 65 percent of the local projects. All SBYSP sites must offer services after school hours, on weekends, and in the summer. Governance varies: schools manage 11 of the 29 local projects; the rest are managed by entities such as medical schools and hospital, mental health and other local agencies, a private industry council, and others.

California's Healthy Start is being designed to provide a comprehensive range of integrated health, mental health, employment, child welfare, and other support services at or near schools for at-risk students and their families to increase students' success in school and opportunities for future employment. Whether a specific school serves as the site for service delivery or the center for coordination and service referral, school restructuring is expected to include reorganizing staff, merging categorical programs, and increasing broad-based community involvement. Coordination with teachers and health and social service agencies is a fundamental element of the program at the level of the school and community, as well as at the level of the state government. The California Department of Education plans to build a statewide system of local Healthy Start projects by offering funding and technical assistance to county offices of education and school districts, beginning with a total of \$19 million for planning and operational grants to have been awarded in June 1992.

The California state government requires that local projects provide a minimum of any four support services among an array of services such as primary and preventive health services; family planning and prenatal care; drug and alcohol abuse counseling; crisis intervention; individual and family counseling; child protective services; foster care; probation services; employment counseling, training, and placement; and recreation. Selection of services and other decisions are made locally by partnerships of parents, teachers, representatives of community agencies that will provide support services, and other members of the community.

Kentucky Integrated Delivery System (KIDS) provides social and health services for children in primary grades and their families directly at school sites to improve students' attendance and academic performance and, in the long term, to prevent their dropping out of school. The program also redefines the responsibility of the principal, who plays an active role in all KIDS activities in addition to his or her role in the academic program. By the end of the 1989-90 school year, KIDS was operating in 14 pilot sites in Kentucky. One of the first was in the rural communities around Owensboro.

KIDS features strong case management. A full-time case manager works on-site at the school. The KIDS case management team, composed of social service providers and representatives from community agencies, identifies families with young children who, without early intervention, are considered likely to drop out of school. The team shares relevant information about the children and families, and recommends services of social workers, mental health counselors, public health professionals, and others. The home-school coordinator plays an active role, since home visits supplement the services provided at school.

The School Development Program (SDP) allows parents and school staff to apply principles of child development to support healthy development of children and promote learning. James Comer of Yale University developed the program for inner-city schools to overcome poor student performance by restructuring school governance, providing mental health support services, and raising parent involvement. Some 150 schools across the country have adopted the program.

The program uses teams of parents and school staff to address the underlying problems of family stress, weak social and intellectual skills among students, and staff needs for organizational skills and knowledge of child development. Parents, teachers, and other staff on the governance and management team establish policy guidelines for the school (including curriculum and staff development), conduct planning and resource assessment, coordinate school activities, and plan the annual social activity calendar with the parents' program team. The mental health or support team, typically composed of a classroom teacher, special education teacher, social worker, and school psychologist, integrates mental health principles with all school activities, for example, giving suggestions to individual teachers to help them manage problem behaviors among students. The third team, the parents' participation program team, works at three levels: organizing broad-based activities to involve large numbers of parents, having approximately one parent assist each teacher in the classroom, and involving a few parents directly in school governance.

Appendix 3: An Example from France

"ZEPs:" EDUCATIONAL PRIORITY ZONES IN FRANCE

Background. In 1981, French education authorities began implementing a policy to create "Educational Priority Zones", known in French by their acronym "ZEPs" ("Zones d'Education Prioritaire"). By 1990, when the program took its present form, there were 552 ZEPs in France, including 6450 schools (mainly pre-primary and primary schools). Most ZEPs are in big cities (but about 18 percent are in rural areas). Schools are at the core of the process, and the main goal is to improve academic achievement; however, other government and private agencies are called upon to coordinate their services with those of the school. ZEPs receive additional resources (teacher slots and operating subsidies).

The ZEP, with its education goals and focus, operates within a wider social urban development program called "Developpement social des quartiers" (DSQs, or Neighborhood Social Development), intended to facilitate integration of all government-provided services consistent with national and local education policy. The DSQ addresses non-education elements (housing, employment, child and maternal health). While all DSQ-designated areas are eligible to be designated as ZEPs, the intent is to keep the number of ZEPs low so as not to dilute resources.

Criteria for defining a ZEP include economic indicators (unemployment rate, income level); "sociological context" (immigrant or one-parent families); school achievement (dropout rate, retention rate); geographical features (inner cities, isolated communities); and cultural aspects (number and quality of cultural or sports facilities). A ZEP typically includes pre-school(s), primary schools, and a secondary school or schools.

School teams (including teachers and other staff members) design projects and submit a coordinated, three-year plan that defines education goals, the means for reaching the goals, and ways of evaluating success. Award of ZEP status and resources depends on the nature and quality of projects submitted. Once approved, the school plan constitutes the basis for a contract between the staff members and their supervising authorities. School councils with representatives of teachers, parents, local agencies play a key part in implementation.

Resources are allocated and results assessed on the basis of the ZEP plan. Resources may be allocated either to a ZEP support establishment or to any of the individuals schools. Project-related funds are allocated for a period of three years.

Some areas generally given priority in ZEP plans are:

- o improvement of reading and writing abilities; language development;

- o enriching the living and learning environment, including rehabilitation of housing and provision of cultural, sports, commercial, and recreational facilities, and police services;
- o children's out-of-school activities during vacations, breaks, and after-school;
- o improving student motivation and excitement about learning;
- o better vocational guidance;
- o new ways of organizing learning, school time and school space; integrating subjects.

Specific education-related activities and improvements vary according to individual needs and plans. Examples include:

- o inventory of available resources and assessment of needs;
- o tutoring (in-school and out);
- o development of cultural facilities and activities, including outings, exhibits, and workshops, with emphasis on the creative arts;
- o better nutrition;
- o after-school care;
- o improving school buildings;
- o day care;
- o "mothers' clubs;"
- o parent education and involvement.

Appendix 4: Tentative Cost Data (Notes)

General

Planning grants: \$50,000 - \$250,000 total over one to two years. The smaller figure is for a relatively small site, includes \$ for consultants, meetings, facilitator, materials, etc. Assumes in-kind staff time is donated by participating agencies. The larger figure is for a larger site/city, including a fairly sophisticated needs assessment with data collection, survey, maybe focus groups.

Operational grants: Assume waivers in place, 15-25 sites (half of which to scale); operating costs represent an increment of perhaps \$150,000 to \$300,000 over and above resources normally available. Includes salaries, some equipment and supplies.

Depends greatly on scale: e.g., Pew Foundation initiative, goal to saturate a community, begin w/early childhood, catch all related schools, implement new programs with new services funded: Net cost of \$10 million for a city over several years in addition to existing programs.

Also, varies greatly with extent of health services provided (and reimbursement).

Source: Bill Morrill, Mathtech;
National Resource Ctr. for Service
Integration

New Jersey School Based Youth Services Program

\$200,000 per site per year (check ??) (30 districts, \$7.5 million overall per year)

Breakdown (for a high school of some 2000 kids):

Mobile unit if no adequate site available in school: \$70-80,000 (also need small office inside school).

If site exists, renovation (e.g., old gym locker room) and furniture can cost \$50-100,000.

Medical supplies and setup: \$10,000 initial; \$3,000 per year thereafter.

Staff: \$35,000 + benefits for coordinator
\$35,000 + benefits for nurse-practitioner (if required at site)
\$32,000 + benefits for youth-family counselor or MSW
(depending on site, employment counselor, outreach worker, clerical)

[NOT FINISHED]

Source: Roberta Knowlton, NJSBYSP

New Beginnings

\$45,000 planning grant (augmented by \$
y220k in-kind for feasibility study)

Start up operational costs: \$375,000 (not counting staff reassigned from other agencies).

One-time costs: \$300,000 facilities

\$100,000 MIS development (hardware, software)

\$ 50,000 Orientation materials

\$ 50,000 Development of pre-screening eligibility system

Subtotal: \$500,000 (of which ca. \$100,000 in kind; \$185k foundations, \$55k local business; \$150k not known.

Plus \$170k grant for first year of evaluation.

Source: Morrill et al. (Jehl?)

Annie E. Casey/New Futures

\$2 million per city/site per year over 5 years (total of \$10 million per city). A site may involve parts of a whole city, however. Generally, 2-4 schools with intensive services and coordination per city. Some city-wide services (e.g., Dayton, OH adolescent health center serves whole city).

Target of 100% local match (some in-kind). (Savannah GA did even better than 100%-- 25% cash; 75% in-kind; others did not meet).

About half of the budget for school reform or school support efforts. Hiring of new staff, addition of new programs, staff development (including teacher travel to observe innovations).

\$2 million not seen as enough in a big system to endure the headaches of change, and responsibility for outcomes. e.g., with the MIS and data collection activity comes public knowledge (and outcry) about dropout rates, retention rates. School systems as biggest source of inertia.

Source: Gary Wehlage, U.Wisconsin

Florida site

\$500,000 over 2 years (\$200k first year; \$300k second) "get off the ground" cash funding (does not count MIS, facilities, relocated staff)

Source: Richard Silva, HHS

California: SB 620 (Healthy Start grants)

Planning grants up to \$50,000 (total) for up to two years

Operating grants up to \$300,000 (total) for three years

One-time "start-up" grants: up to \$100,000

So, maximum available to a site is \$450,000 over 4-5 years.

Local match required (25%) -- cash or in-kind.

Source: Materials provided by California

Education Dept.;

Jeanne Marie Solak

Robert Wood Johnston, similar school-based health centers:

\$150,000 - \$200,000 cash (basically includes salary and benefits for one full-time coordinator and several part-time service providers, plus materials. Does not include rent or utilities.

Source: Carolyn Marske, Mathtech (National Resource Center for Service Integration)

ERRATA

Page 21, right column, second paragraph:

line 15: ". . . and teaching of health.⁹" should read ". . . and teaching of health.^{9,10}"

Page 37, "Estimated Expenditures on Children for Fiscal Year 1989" graph: "Federal" and "State and Local" legend symbols should be transposed (light blue for Federal; dark blue for State and Local).

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