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SCHOOL-LINKED HUMAN SERVICES

A Comprehensive Strategy for Aiding Students at Risk of School Failure

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The Honorable Edward M. Kennedy
Chairman, Committee on Labor
and Human Resources
United States Senate

Dear Mr. Chairman:

Since 1980, at least 8 states and more than 200 localities have developed programs that deliver a variety of health, social, and education services at or near schools to students—many of whom are at risk of failing in school or dropping out. These comprehensive school-linked programs are attempting to improve the educational performance and well-being of at-risk, school-age children by addressing their multiple needs in a coordinated manner at school sites. Some policymakers also see school-linked service delivery programs as efficient, cost-effective ways to link at-risk children and their families with prevention and early intervention services.

You asked us to

- review available information, studies, and evaluations to determine the kinds of multiservice, school-linked approaches focused on the school-age population and their families, the relative strengths and weaknesses of these approaches, and the circumstances under which each appears most appropriate;
- identify the problems and barriers encountered when using the school as a hub for delivering services; and
- determine the role the federal government could play in promoting promising school-linked approaches.

To address these issues, our review focused on programs designed to link students with at least three of four primary services—health, education, social services, and employment training—from the school site. Such programs are part of the broad spectrum of activities known as service integration.[1]

We reviewed the service integration literature on delivering human services collaboratively in schools, including evaluations of

[1]Service integration activities range from providing services from several agencies at one convenient location to creating state and local interagency service planning and budgeting functions. See Integrating Human Services: Linking At-Risk Families With Services More Successful Than System Reform Efforts (GAO/HRD-92-108, Sept. 1992).

comprehensive school-linked programs, and interviewed officials representing academic, political, and private-interest organizations familiar with this service delivery strategy. We also reviewed 10 comprehensive school-linked programs, most of which appeared repeatedly in the literature and were among the most widely recognized models nationally. Six of these programs—three sponsored by different states, one by a city, and two by the same private organization—were operated at multiple locations. Each of the remaining four programs was being implemented at a single site at two alternative schools,[2] a vocational high school, and an elementary school. (A complete discussion of our methodology appears in app. I.)

All 10 programs provided students (and sometimes families) access to a mix of services, such as prenatal and child care for teen mothers, immunizations, health screenings, job training and referrals, substance abuse and mental health counseling, parenting courses, food and housing assistance, adult education, family planning, and recreation to address problems that can interfere with student learning. To cover operational costs, these programs primarily used private and state dollars along with some federal grants and categorical program funds (e.g., Medicaid, Job Training Partnership Act, and Social Services Block Grant). Between 1990 and 1993, annual costs to operate each of the 15 program sites run by the 10 programs we reviewed ranged from $40,000 to about $5 million. (See app. II for a discussion of the programs we reviewed.)

Background

Researchers estimate that about one-third of the school-age population, or approximately 15 million children in 1992, is at risk of failing in school.[3] Academic failure increases the likelihood that these children will drop out of school. A 1989 study estimated that males who drop out can expect to earn $260,000 less and pay $78,000 less in taxes during their lifetimes than males who graduate from high school, while comparable estimates for female dropouts were $200,000 and $60,000, respectively. Studies have also shown that school dropouts are more likely to be poor, have costly medical problems as a result of their economic status, and require job training. Currently, many school dropouts populate U.S. prisons.

[2]Alternative schools educate special populations of children, enrolling, for instance, only pregnant or parenting youth.

[3]The school-age population includes persons 5 to 17 years of age. According to the Department of Education, those at risk of school failure include students from low socioeconomic backgrounds, minority groups, or those whose parents are not involved in their education.

Concern about the effect of school dropouts on the nation's budget, workforce, and ability to compete globally in the future is reflected in the National Education Goal to attain at least a 90-percent high school graduation rate by the year 2000. In October 1991, the high school completion rate for young people in the United States aged 19 to 20 was 84.7 percent and for those aged 21 to 22, 86.2 percent.[4] Though the difference between the current school completion rates and the National Education Goal does not appear to be great, many inner-city and rural areas have significantly lower graduation rates. Further, the Bureau of the Census has projected that the population of academically at-risk children will continue to grow. Because these children are more likely to fail and drop out of school, the 90-percent goal may be more difficult to attain than the data indicate. To assist the growing number of school-age children at risk of school failure, some experts have proposed comprehensive interventions that deliver a range of human services to students in schools.

Results in Brief

Many different models exist for coordinating human services in schools, and no two are exactly alike. Each is shaped by (1) the unique needs of students likely to use the program and (2) community preferences and attitudes about the services to be offered. Yet, despite the variety of program models these factors can produce, we found that strong leadership was a common characteristic of the comprehensive school-linked programs we reviewed. These programs were also similar in the following ways: program staff valued the views of school staff and used school staff as resources for identifying troubled youth; programs used interdisciplinary teams or persons other than school staff to connect students with a range of services that addressed their multiple needs; and program staff followed up with children, their families, and service providers to ensure that services were obtained and helpful.

Evaluations indicated that some comprehensive school-linked programs increase the likelihood that at-risk students will stay in school: of the six programs we identified with impact evaluations, five reported positive effects on student dropout rates, absenteeism, and academic achievement.[5] Among the research issues yet to be addressed are the short- and long-term costs and benefits of various types of school-linked programs

[4]These rates were computed as a percentage of those in each age group not currently enrolled in grades 1 through 12. These data are from the Bureau of the Census, Current Population Survey, October 1991, unpublished data.

[5]Impact or effectiveness evaluations estimate the degree to which program activities affect participant outcomes.

and the relative cost effectiveness of these programs compared with other dropout prevention strategies.[6] Because of the scarcity of impact evaluations for school-linked programs, we could not determine the circumstances in which certain types of school-linked programs would be most appropriate.

Few federally sponsored programs providing comprehensive human services in or near schools exist for academically at-risk children. The most widely recognized federal effort is Head Start—a preschool program. At-risk school-aged children, however, are served by numerous legislative initiatives and funding sources with a variety of objectives as evidenced by the 170 federal categorical programs that provide education and other services to elementary and secondary school children. Those federal programs that do coordinate the delivery of a comprehensive set of services for school-age children are often short-term (2- or 3-year) demonstration projects. Yet, many educators and policymakers believe that comprehensive services are necessary for at-risk children in grades kindergarten through 12 to address problems that impede learning.

The services integration literature includes a rich assortment of publications that explain the rationale for school-linked programs and describes the fundamentals of developing comprehensive school-linked programs. The literature also cites several potential problems with this service delivery approach. Some programs that we reviewed have avoided or overcome many of the potential problems and barriers associated with in-school service delivery.

Given the decreasing resources available for human service delivery, providing support for and guidance with developing impact and cost effectiveness evaluations of comprehensive school-linked programs could be an important role for the federal government to play in promoting effective comprehensive programs for school-age children. Officials representing 10 of 16 organizations we contacted stated that collecting and disseminating information on effective school-linked approaches would be an appropriate federal activity. These officials along with planners and directors of school-linked programs also suggested that the federal government provide (1) funding for planning and/or long-term program

[6]Dropout prevention programs traditionally have targeted older students and focused on providing them with vocational training and job-related experiences to encourage school completion. Others strive to improve academic instruction or curriculum for special populations (e.g., migrant youth) to accomplish the same goal. However, several drop-out prevention programs—the School Dropout Demonstration Assistance Program, the Comer School Development Model, Success for All, and Cities in Schools—also link school-age children with health and psychosocial services.

support and (2) technical assistance with developing and evaluating programs.

Principal Findings

Program Models Vary Because They Serve Youth of Various Ages With Differing Needs

The comprehensive school-linked programs we reviewed made a wide variety of services available to students in grades 1 through 12 (see app. II). To accomplish program objectives, program staff provided client-focused services appropriate for the age and circumstances of the program's target population. For example, two alternative schools for pregnant or parenting teens linked mothers with maternal and child health services on and off campus and furnished day care facilities to ensure that the young mothers were able to attend school. Plainfield High School, a traditional senior high in New Jersey, provided day care services for its student mothers in addition to other services and activities needed by or of interest to the larger population of students, such as counseling, tutoring, and recreation. At the Hamilton Elementary School in California, the New Beginnings program links students' mothers with coordinators of the Special Supplemental Food Program for Women, Infants, and Children (WIC) and sponsors parenting skills workshops. Professional program staff, known as family support workers, also help families resolve troubled relationships and deal with the effects of a member's substance abuse problems.

Though much of the literature describes these programs as holistic[7] approaches for addressing the problems that impede school success, the degree to which families are involved in the assistance given to students varied from program to program depending on student needs. All children who participate in these programs do not require the same level of assistance or counseling. Program services delivered could range from providing a sweater to an improperly dressed child on a chilly day to counseling a seriously depressed teenager throughout the school year. Therefore, families are included in counseling or provided services on an as-needed basis. At the New Jersey program in Plainfield, the staff said that some program participants initially come to the program site only to play a game or use the computer during free periods between classes. But by participating in this way, students develop a rapport with the staff and

[7]A holistic approach considers the whole set of needs of the client and provides services to address multiple and interrelated problems.

learn that these adults can be trusted and consulted if serious personal or family problems arise.

School-Linked Programs Are Shaped by Community Preferences and Attitudes

The attitudes or beliefs of community members (parents, school officials, religious groups, and politicians) can also influence program plans and the types of services provided. Planners or directors of school-linked service delivery programs we reviewed either designed their programs or modified their service offerings to ensure that they were consistent with community attitudes and mores.

For example, the literature describes the negative reactions from some advocacy and religious groups that school-linked programs—especially those that open health clinics—have faced over issues regarding the provision of family planning information and contraceptive devices. Some planners of school-linked programs prefer to avoid creating such tension in the community because it can bring unfavorable publicity and make program implementation and acceptance more difficult. A state official instrumental in developing the New Jersey school-based program said that the state decided to prohibit program sites from dispensing contraceptives and providing abortion services because it did not want any conflicts with antiabortion advocacy groups. A state agency official involved in planning the New Beginnings program stated that an elementary school was selected for this program's pilot initiative because planners wanted to avoid controversies that can arise when a program with a health clinic is implemented at a high school. Many of the school-linked programs we reviewed require parental consent before students can participate in program activities regardless of whether controversial services, such as providing contraceptives, are provided.

A program staff member at one of Kentucky's Family Resource and Youth Services Center cited reasons other than the likelihood of controversy for not providing more than family planning information through the program. She said that (1) providing contraceptives would duplicate services already being provided by other organizations in the community at the site of the Family Ties school-linked program and (2) students receiving assistance at the Family Connection program site have not asked for these services but would be referred to the state health department if they were to request contraceptives. Of the 11 program sites we visited serving middle and high school students, 10 refer students who want contraceptives or abortions to health providers off site. Program staff said that students who need intensive mental health treatment (e.g., for

extreme depression or suicidal acts) are also referred to the appropriate service providers in the community.

Common Elements Among School-Linked Programs Reviewed

Though comprehensive school-linked program models varied, almost all of those we reviewed were similar in the following ways. They

- hired strong leaders capable of building coalitions among school and program staffs and service providers;
- valued the views of school staff and used school staff as an important resource for identifying troubled youth; and
- employed a person or team of professionals who linked students with services, using formal or informal systems to follow up with students who had received services.

Strong Leaders Guide Program Activities

Program directors at almost all of the program sites we visited were able to (1) effectively "sell" the program to potential clients, financial backers, school staff, and social service agencies and (2) act as liaisons between social service personnel and educators who often approach the same problems in different ways because of differences in their academic and professional training.

Strong program directors took an active role in identifying service providers and other professionals who could work well with program participants. Directors encouraged these providers to assist students in ways consistent with the program's mission and goals. For example, the program director at the Plainfield, New Jersey, site told us that she had stopped working with certain service providers who did not deliver services to program participants with the same care and mutual respect that program staff give students.

Program Staff See an Important Role for Faculty in Program Activities

Program staff and planners we interviewed recognized that the observations of teachers and other school personnel help program staff to identify troubled youth and families. Teachers are the frontline workers who often see the indicators of serious personal or family problems in the classroom, such as low grades, spotty attendance, and poor behavior. However, individuals associated with many of the programs that we reviewed told us that school staff are initially reluctant to consult the school-linked program about troubled students or to refer them to the program for assistance because teachers and resource personnel do not understand the program's purpose or fear that it may diminish their own job responsibilities.

To increase teachers' trust and involvement, program staff attended regularly scheduled faculty meetings and briefed teachers individually and in groups about the program's purpose, goals, responsibilities, and advantages. They also enlisted the aid of principals and other program supporters to help quell teachers' fears. Over time, teachers' concerns about the programs diminished as they began to hear about and see the positive impact of program services on specific students.

Programs Use Case Management and Interdisciplinary Teams to Link Students With Services

Most school-linked programs use case management to assess and address client needs. Case management in this context generally involves (1) identifying the problem, (2) determining the appropriate service(s) necessary to assist the student, (3) providing the service directly or linking the student with the service, and (4) following up with the student to determine if services were provided and are effectively addressing client needs.

The case management approach decreases the need for all human services to be located in one place while increasing the importance of client referral and follow-up. School-linked programs use referral and follow-up to supplement program staff expertise, expand program resources, and ensure that students receive appropriate services. Though program staff are expected to be knowledgeable about the variety of social and health programs available in their communities, they are usually not trained to deliver all of these services. Staff will therefore refer students to professionals qualified to provide the assistance needed. For example, staff at several programs told us that they always referred students who were seriously depressed or who had attempted suicide to mental health professionals trained to deal with these serious problems. In such cases, program staff said that they followed up periodically with these students and service providers to ensure that the other problems students might be coping with were also being addressed.

Two of the 10 programs that we reviewed provided intensive services for students by using interprofessional case management teams. The Linn County Youth Services Team (YST) in Oregon and the Kentucky Integrated Delivery System (KIDS) connected students who had multiple, often severe, problems with services provided by team members. Program staff, teachers, and service providers and professionals from various disciplines (1) used criteria (such as teacher reports, disciplinary actions, and grade reports) to determine whether a student needed in-depth assistance, (2) gathered information about the student and the family to better understand the causes of the student's problems, and (3) developed and

documented a plan for addressing the student's or family's problems. KIDS program staff were responsible for following up with the students or families at specific intervals to ensure that services provided were meeting student needs. The Linn County Youth Services Team, on the other hand, delegated the follow-up function to the individual agencies that provided services to program clients.

Comprehensive Service Delivery Shows Promise, but More Study of School-Linked Programs Is Needed

During the past 30 years, client-focused service integration initiatives (moreso than system-oriented efforts) have succeeded at delivering an array of services to clients with multiple problems, linking families to existing services, and improving information sharing and service delivery planning. These programs were generally locally initiated efforts begun voluntarily by individuals and agencies with a strong, common interest in improving service delivery to children and their families.[8] Because many school-linked programs share these characteristics, they have the potential to improve access to services for children who need such services to remain in school. Yet after three decades, impact studies of most service integration programs are limited.

Changes in standardized test results, dropout rates, and school attendance are among the indicators used to determine the impact of comprehensive school-linked programs on school-age participants. Three of the six impact evaluations of comprehensive school-linked programs that we identified reported reductions in dropout rates among program participants. Evaluations of two other school-linked programs reported that the programs reduced problems that contribute to high dropout rates, such as low grades, poor aptitude test scores, and behavior problems. One study found that the program examined had no impact on participant outcomes. (See app. III.)

Though these studies generally indicate that the programs show promise, some questions about the school-linked service delivery strategy are unanswered. For example, the current body of research provides little insight about

- the minimum set of services that school-linked programs must provide or broker to improve the short-term educational outcomes of certain target populations (e.g., pregnant teens);

[8]Integrating Human Services: Linking At-Risk Families With Services More Successful Than System Reform Efforts (GAO/HRD-92-108, Sept. 1992).

- whether the location of the service delivery hub (i.e., in or near the school) has a greater effect on participant outcomes than a particular person, process, or service;
- how school-linked approaches compare in costs and benefits with (1) single-focused, in-school programs designed to improve academic performance and lower dropout rates and (2) community-based strategies that target youth and coordinate the delivery of multiple services at locations other than schools; and
- the long-term impact of school-linked service delivery programs on the life outcomes of at-risk children.

Moreover, additional studies of school-linked programs are necessary to determine their specific component(s) or characteristic(s) that contribute to positive participant outcomes. While dynamic leadership appears to be a critical program element, available research did not attempt to measure the impact of highly charged, dynamic program directors on the success of school-linked programs or determine whether school-linked programs can produce the desired participant outcomes absent a strong leader.

Available Data Focus More on Program Process Than Impact

Much information about how to start and implement school-linked service delivery programs is available in reports and journal articles and is generally based on program case studies and process evaluations (see app. III).[9] Few impact evaluations of comprehensive school-linked programs exist, and the type and quality of these vary greatly. We were unable to find any long-term impact evaluations of school-linked programs.

Longitudinal impact data about these programs may well not exist because many school-linked programs are too new to have measured any long-term outcomes. Of the 10 programs we reviewed, only 3 had been in existence longer than 5 years. In addition to age, program officials and experts whom we contacted also suggested several other factors that tend to discourage programs from undertaking both long- and short-term impact studies:

- Lack of funding. Programs lack dedicated funding for impact evaluations, which require extensive, long-term data collection and analysis and thus are expensive to conduct.

[9]Process evaluations describe the services a program provided, those who received the services, and how the program was implemented. Process evaluations are used to monitor program implementation and to identify operational improvements but are not designed to scientifically measure a program's impact on specific participant outcomes.

- Lack of support. Funding organizations neither require nor financially support impact evaluations.
- Differing program priorities. Program focus is typically on delivering services to students who need them and not on evaluating the results.
- Poor quality data and data collection problems. Problems arise in obtaining good data on participant outcomes because schools lack good recordkeeping systems; at-risk populations are difficult to track because they are highly mobile, live in dangerous areas, or lack telephones; and service agencies are reluctant to release information about their clients.
- Ethical dilemmas. Evaluators face ethical and legal challenges when they attempt to use a classical experimental design to study program impact. Such a design involves the random assignment of students who could benefit from the school-linked program to test and control groups, with the latter group excluded from receiving program services.
- Lack of expertise. Programs have difficulty finding an independent research organization with expertise in evaluating all components of a multiservice program—health services, social services, education, and employment training.

Program emphasis on process evaluations has created a void in the research on school-linked programs. To fill it, experienced researchers may need to complete a few carefully designed impact evaluations. Program officials and evaluators indicated that studies of four large-scale multiservice school-linked programs—New Beginnings, Cities in Schools, New Futures, and the New Jersey School Based Youth Service Program (SBYSP) are under way. However, only New Beginnings plans to perform an impact evaluation (scheduled to be completed in 1995).

Few Federal Programs for School-Age Children Have Comprehensive Service Delivery as Their Primary Objective

The federal government has promoted the concept of human service delivery as an integral part of the educational process for at-risk preschool children through Head Start—a nationally recognized $3 billion federal program administered by the Department of Health and Human Services (HHS). Head Start was designed to improve the academic and life outcomes of low-income preschoolers by providing a comprehensive set of services (education, medical, dental, mental health, nutritional, and social) for primarily 3-, 4-, and 5-year-olds in schools and centers.

However, no major federal program like Head Start exists for school-age children.[10] The National Education Goals Panel cites in its 1991 report 170 federal programs administered by 15 federal agencies that target educational and other services to children in grades kindergarten through 12.

These categorical programs vary in their comprehensiveness, with some providing only a narrow range of services to program participants. For example, the Even Start program, administered by the Department of Education, requires that participants receive developmental child care, adult literacy, and parenting training services but does not include job training services for parents or preventive health care as core program components. Programs such as Chapter 1 of the Elementary and Secondary Education Act of 1965 and the Job Training Partnership Act allow funds to be used for support services to program participants, but do not specify a comprehensive mix of core services that grantees should make available to students. Moreover, many federal programs are short-term demonstration programs that school-linked program directors find difficult to tap because of restrictive eligibility and burdensome paperwork requirements.

Yet, an increasing number of educators and policymakers indicate that comprehensive services may be needed over time to support academically at-risk children through elementary school and beyond. Some researchers speculate that delivery of these services may even help to extend the academic gains resulting from participation in preschool programs like Head Start. Researchers who conducted an evaluation synthesis of 210 reports on the impact of local Head Start programs concluded that the cognitive and behavioral gains of Head Start participants faded possibly because the elementary school environment did not support and stimulate educationally at-risk children as effectively as Head Start did.[11] Researchers who studied the long-term effects of Head Start on participants attending school in the Philadelphia School District reported

[10]Since the creation of Head Start in 1964, the Congress has authorized two major demonstration programs designed to support former Head Start participants and their families. Follow Through, authorized in 1967, was intended to provide elementary school students with comprehensive services similar to those provided by Head Start. However, most Follow Through programs emphasize the demonstration of a range of instructional techniques for children in kindergarten through grade 3. The Head Start Transition Program, authorized in 1990, provides funding for family service coordinators who facilitate communication between poor families and schools and help families obtain services. In fiscal year 1992, HHS and the Department of Education provided about $18 million and $8.6 million in demonstration grants for the Head Start Transition and Follow Through programs, respectively.

[11]The Impact of Head Start on Children, Families and Communities: Head Start Synthesis Project, HHS CSR, Inc., for the Head Start Bureau, Administration for Children, Youth, and Families (Washington, D.C.: June 1985).

similar findings and suggested that public schools take responsibility for sustaining children's learning and development once they enter school.

Some Programs That We Reviewed Avoided or Overcame Implementation Problems

The services integration literature cites several potential impediments to implementing school-linked approaches as compared with providing access to the same services at a community center or other facility not affiliated with a school. For example, school-linked programs risk

- becoming absorbed in the school bureaucracy and losing their authority to operate and finance the program independent of the school district;
- consuming the time and attention of school principals and senior administrators, causing them to neglect their supervisory and management responsibilities in the school or district; and
- being perceived negatively by students and parents who have had previous unpleasant school experiences.

School-linked program staff and planners we interviewed reported other problems with coordinating service delivery in schools. They said that getting human service agencies and schools to share information, resources, and space were major obstacles because these entities are not used to collaborating with professionals in other disciplines and fear losing control over activities they have traditionally performed. Directors of programs in Texas and Oregon described agency resistance to sharing data about clients, stating that human service agencies often disclose few details about students referred to them for assistance, which hampers the ability of program case managers to do follow-up work with students and their families.

Other officials said that agencies are often hesitant to assign staff to work with school-linked programs. Program planners and researchers suggested several possible explanations for such resistance: (1) little understanding of the school-linked program's purpose and operating methods; (2) conflicting agency mandates that discourage, but may not actually prohibit, collaboration; and (3) a perceived need to protect agency turf and/or client privacy.

However, strong leadership in concert with certain practices or policies of the school-linked programs that we reviewed helped these programs to avoid the potential problems listed above and to overcome several others they experienced. Table 1 describes some of the specific actions these

programs took to address impediments related to implementing school-linked programs.

Table 1: Possible Implementation Problems With the School-Linked Service Delivery Approach

Potential implementation problems/barriers	Strategies programs have used to avoid or overcome problems	Program(s) using strategies
A strong school bureaucracy threatens program independence.	Use nonschool personnel and funds to operate program; develop program goals consistent with school goals; clearly define roles and span of control during planning phase.	NJ-SBYSP, KIDS, CIS[a]
A portion of the target population views schools negatively and does not attend school.	Offer similar services at a site away from school campus.	NJ-SBYSP (Pinelands)
Programs can be time consuming for school managers.	Hire nonschool personnel to manage and operate program; meet periodically with school managers to address specific concerns.	New Beginnings, NJ-SBYSP
Program access is limited after school year ends.	Offer similar services at site(s) away from school campus; establish working relationships with community service providers (e.g., public health clinics) willing to assist students during holidays, weekends, and summer months.	NJ-SBYSP
Student and community needs differ.	Agree on primary target population and query sample of this group to determine types of services and programs they desire.	NJ-SBYSP, New Beginnings
The school lacks adequate space for the program.	Erect bungalows or portable classroom units on school grounds.	New Beginnings, FLC[b], NFS[c]
The school lacks adequate resources to operate the program.	Secure funding through grants from governments and private organizations; use human service agencies' staff to deliver program services.	NFS (Lawrence and Savannah), New Beginnings, YST, KIDS

(continued)

Potential implementation problems/barriers	Strategies programs have used to avoid or overcome problems	Program(s) using strategies
Service providers seldom collaborate.	Get commitment for the program from high-level agency officials; establish interdisciplinary teams to address student and family problems.	New Beginnings, NJ-SBYSP, KIDS
Confidentiality concerns exist.	Avoid discussing this issue until all service providers involved in the program have established an effective working relationship; prohibit teachers and parents from having access to program records; hire personnel other than parents and school staff to maintain program participant files; establish a policy that requires students to be notified before parents are contacted about serious problems.	KIDS, NJ-SBYSP

[a]Texas Communities in Schools.

[b]The Family Learning Center, Leslie, Michigan.

[c]The New Futures School, Albuquerque, New Mexico.

The Role of Dynamic Leaders in Program Implementation

The comprehensive service delivery programs that we reviewed were generally guided by strong program leaders, in some cases at both the local and state level. These leaders were able to galvanize community and political support for the program and encourage collaboration among those involved in its planning or implementation.

Strong leadership appears to be a critical characteristic of promising school-linked programs. The absence of leadership could make programs difficult to model on a broad scale because competent but less than charismatic program directors may (1) less dramatically affect program management and participant behaviors and (2) require training and other supports to compensate for the skills and personality traits they lack. As noted previously, researchers have not examined the impact of strong leadership on program outcomes. However, based on the pilot and replication experiences of a comprehensive service delivery program called the Summer Training and Education Program (STEP),[12] evaluators

[12]STEP provided basic skills remediation, life skills training, work experience, counseling, and tutoring for poor, urban students aged 14 and 15 who were seriously behind in school.

concluded that the absence of exceptional program leadership may be less of an impediment than currently believed. In a 1992 report, they stated the following:

> Innovative programs can be replicated with consistent practices and results across large numbers of varying locations. Effective social programs are viewed by many as idiosyncratic and unique, dependent on exceptional local leaders and incapable of being brought to scale. The STEP experience suggests that this view may be in part a result of inadequate social investment in the packaging of substantive innovations, in the training of state and local staff in their operation, and in the use of quality-control mechanisms."[13]

Programs Could Not Solve the Problem of Uncertain and Inflexible Funding

The futures of several programs that we reviewed were in jeopardy because of uncertain funding. For example, a high school program in Boston was initially funded with a 3-year federal grant, after which the city was to assume funding for the program. However, the city was unable to supply the funds, and continuing the program is now heavily contingent on the annual renewal of the original grant. The program director said that were funding to dry up, the informal network of service providers critical to the program would collapse.

Similarly, an alternative school program in Michigan, heavily dependent on year-to-year state funding, was in jeopardy because of the state's financial condition. Because of the funding situation, the program's director spent considerable time on grant writing and other fund-raising efforts. Program staff we interviewed said that short-term financing is not only time-consuming to secure but also discourages thorough planning and evaluation.

Short-term funding encourages program coordinators to (1) abbreviate planning efforts so that service delivery can occur before the grant period and money end and (2) view longitudinal evaluation as a low priority when the program's existence is uncertain. Moreover, when service delivery is interrupted because short-term funding runs out, policymakers never know the long-term impact of programs or specific program components. HHS officials stated that short-term demonstration grants will not allow programs to perform the rigorous impact evaluations needed to make fact-based decisions about the merits of school-linked programs. Most

[13]Gary Walker and Frances Vilella-Velez, Anatomy of A Demonstration, Public/Private Ventures, (Philadelphia: Winter 1992), p. iii. For additional information about STEP see Richard DeLone, Replication: A Strategy to Improve the Delivery of Education and Job Training Programs, Public/Private Ventures, (Philadelphia: Summer 1990), pp. 25-27.

program directors told us that they did not have information about resources available to develop a more consistent funding base.

Coordinators of school-linked initiatives that have used federal categorical programs to expand their funding base described these programs as inflexible and difficult to use for comprehensive service delivery efforts. Several school-linked program officials cited narrow eligibility requirements and funding limitations that often conflicted with the philosophy and purpose of school-linked programs. For example, one Texas program director said that federal categorical grants are typically reserved for direct service providers. Although his program provides substance abuse screening and counseling services on site, it does not directly provide drug or alcohol abuse treatment. Thus, his program cannot qualify for federal substance abuse program funds. He also said that categorical programs that target high-risk youth are not available because his program is open to all students to ensure that those who receive program services are not stigmatized.

In contrast to a single funding stream, multiple funding sources used to finance school-linked programs complicate their development and implementation because funding used for such programs is usually short term (1 to 3 years) and narrowly focused. Short-term funding disrupts service delivery and discourages the implementation of impact evaluations.

Individuals involved with school-linked programs in some capacity (whether planner, director, staff, or researcher) most frequently suggested the following as appropriate federal activities, among others, for promoting these programs for school-age children:

- Provide (1) general funding for school-linked programs and other programs that support these efforts, (2) dollars for staff training and evaluations, and (3) technical assistance with developing and evaluating programs.
- Disseminate information about (1) developing school-linked programs—especially information describing programs that work—and (2) using federal categorical programs as funding streams for school-linked initiatives.

Conclusions

One of the National Education Goals is to increase the high school graduation rate to at least 90 percent by decreasing the number of

dropouts. Many students, however, face overwhelming personal and family problems that make it difficult for them to remain in school. Comprehensive school-linked service delivery appears to be a promising short-term strategy for aiding children with problems that distract them from their studies and put them at risk of dropping out of school. School-linked programs also appear to have the potential to support at-risk children after they complete preschool programs such as Head Start.

The limited amount of impact data on comprehensive school-linked programs forces policymakers and communities to make decisions about implementing these programs based on process data and intuition. The dearth of short-term impact evaluations of various types of programs coupled with the lack of long-term impact and cost-benefit studies virtually precludes comparisons of school-linked programs with alternative service delivery approaches. Until additional evaluations of program effectiveness are done, the full impact of school-linked programs on academic achievement, graduation rates, and life outcomes of program participants cannot be known. Few school-linked programs are planning to conduct the outcome-oriented research that policymakers and program planners need.

Although much information exists about establishing and operating school-linked programs, evaluative data are currently unavailable to measure two important attributes of these programs: (1) the short- and long-term effects of specific program components on different target groups and (2) the costs and benefits of school-linked programs. We believe that future research efforts should focus on the impact of school-linked programs as dropout prevention strategies and as alternative service delivery approaches.

Recommendation to the Secretaries of Health and Human Services and Education

To provide states and localities with better information about the extent to which school-linked programs can be used as a strategy for increasing high school completion rates and the life outcomes of children, we recommend that the Secretary of HHS and the Secretary of Education develop an approach for evaluating the short- and long-term impacts of several school-linked programs.

Agency Comments

Both HHS and Education concurred with our recommendation and agreed to jointly develop a strategy for evaluating school-linked human service

integration programs. Noting the difficulty of performing classical or "true" experimental evaluations of school-linked programs, Education outlined several actions it may take to complement its collaborative evaluation efforts with HHS, such as making better use of the results of ongoing human service integration program evaluations and providing multidisciplinary technical assistance to local program evaluators. We agree that the complementary actions outlined by Education could provide some useful additional information about school-linked programs. These actions should be used to supplement the high-quality quasi-experimental evaluations and cost effectiveness studies that we believe are needed to provide a firmer basis for making key policy decisions about designing, financing, and structuring school-linked programs.

In commenting on a draft of this report, Education also stated that our review failed to recognize the extent to which federally supported programs such as Even Start, Chapter 1 of the Elementary and Secondary Education Act, and Follow Through, among others, incorporate aspects of services integration. For our study, we focused on programs identified in the literature and by experts as school-linked human services programs that provide at least three of four core services—health, education, social, and job training. We recognize that other federal programs, often with more narrowly stated objectives, can be used to provide some combination of health and social services in schools. In fact, as noted by Education, we made several references in our draft to Head Start as one such program. To the extent that these programs incorporate the key characteristics of school-linked programs that we discuss in our report—for example, range and location of services provided and case management and follow-up functions—we agree that evaluations of their effectiveness could be useful in determining the appropriateness of school-linked approaches.

HHS and Education also made a number of technical comments that we have incorporated where appropriate.

We are sending copies of this report to the Secretaries of Health and Human Services, Education, and Labor; appropriate congressional committees; the National Association of Chief State School Officers; and other interested parties. Please call me on (202) 512-6806 if you or your staff have any questions. Other major contributors are listed in appendix VI.

Sincerely yours,

Gregory J. McDonald
Director, Human Services
Policy and Management

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Abbreviations

AIDS	acquired immunodeficiency syndrone
CIS	Communities in Schools
DPI	Dropout Prevention Initiative
FLC	Family Learning Center
FRYSC	Family Resource and Youth Service Center
HHS	Department of Health and Human Services
IFP	Individual Futures Plan
JOBS	Job Opportunities and Basic Skills program
KIDS	Kentucky Integrated Delivery System
NFS	New Futures School
SBYSP	School-Based Youth Services Program
STEP	Summer Training and Education Program
WIC	Special Supplemental Food Program for Women, Infants, and Children
YST	Youth Services Team

Objectives, Scope, and Methodology

The objectives of this review were to describe methods used to deliver human services at schools; the problems that program planners and coordinators face; the effectiveness of the school-linked approach;[1] and the federal role, if any, in promoting these programs. Our review focused on programs that connected students with at least three of four primary services—health, education, social services, and employment training—from the school site.

From our review of the service integration literature and interviews with subject experts, we developed a matrix of 26 programs (1) documenting frequently cited school-linked programs and others with unique characteristics and (2) illustrating the variation among them.

We judgmentally selected from this matrix three state-sponsored, one privately sponsored, and six locally initiated comprehensive school-linked programs to study in depth. We made these selections on the basis of the programs'

- reputation for innovativeness,
- origin (e.g., state-sponsored or privately initiated),
- geographic location,
- population served, and
- service delivery methods.

We visited 15 project sites associated with these 10 programs (see app. II). The programs illustrate various types of comprehensive school-linked service delivery models that exist. However, we cannot be certain that these models represent the universe of comprehensive school-linked programs because no agency or organization maintains a database of all school-linked programs from which a random sample could be drawn. We used a semistructured protocol to interview project directors and other officials involved in developing and implementing the projects.

To further examine the strengths and weaknesses of school-based programs and gather views on the federal role in promoting promising initiatives, we interviewed officials from 17 national and state government agencies and academic and special-interest organizations that were involved with or had studied services integration in schools. Several of

[1]We use the term "school-linked" instead of "school-based" to describe these collaborative programs because (1) schools are not always the initiators of programs but are among the key players responsible for planning and guiding the programs; (2) some services may be coordinated, but not actually delivered, at the school; and (3) school personnel are not typically the providers of program services and may not be in the best position to lead collaborative efforts according to the literature.

these organizations provided technical assistance or financing to school-linked projects.

Narrative Literature Review of Project Evaluations

We collected and reviewed studies of comprehensive school-linked programs in the United States to determine the impact of the programs on student outcomes, but did not independently verify the study results (see app. III). To provide the most reliable information on the impact of school-linked multiservice programs, we looked for program effectiveness or impact evaluations that measured the short- and long-term effects of school-linked services on students. Impact evaluations are methodologically rigorous studies that use social science research methods to estimate the degree to which participant outcomes (e.g., academic achievement, dropout rates, absenteeism, teen pregnancy rates) are affected by program activities.

To identify impact evaluations of school-linked multiservice programs, we

- conducted a computerized literature search,
- reviewed bibliographies,
- looked for evaluations referenced in studies and program materials we obtained, and
- conducted telephone inquiries of school-linked multiservice programs and experts we identified through the literature or referrals.

Of the 23 studies we collected and reviewed, only 6 evaluated the outcomes of school-age children participating in school-linked multiservice programs.[2] Although none of the six studies assessed the long-term impact or cost effectiveness of school-based multiservice programs, they attempted to use social science research designs and methods to measure and evaluate participant outcomes in the short run.[3] For example, the studies used some form of comparison group and/or pre-post assessment and, for certain outcomes, compared program participants with school district, state, and/or national data.

[2]The other studies were primarily process evaluations that described the services a program provided, those who received the services, and how the program was implemented. Process evaluations are used to monitor program implementation and to identify changes to make the program operate as planned but are not designed to measure the program's impact on specific student outcomes.

[3]The importance of a longitudinal evaluation is supported by experts and illustrated in evaluation results of the preschool program Head Start. Although studies throughout the 1970s concluded that children enrolled in the program enjoyed significant immediate educational and social gains, studies indicated that improvements in achievement, school readiness, and intelligence test scores disappeared within 2 years, at which time "no educationally meaningful differences" were found between Head Start and non-Head Start children.

We did our work between July 1991 and October 1992 in accordance with generally accepted government auditing standards.

Description of School-Linked Programs Reviewed

The following information describes the 10 comprehensive school-linked programs we reviewed and visited. Tables II.1 through II.11 briefly list basic program characteristics (e.g., purpose, implementation period, target population, services provided) and available staffing and cost data for each program. The tables also describe some of the problems the school-linked programs encountered during their development and program accomplishments. We did not attempt to validate a cause-effect relationship between program activities and the accomplishments reported by the programs.

State-Sponsored, Multisite Programs

School-Based Youth Services Program (SBYSP), New Jersey

We visited 2 of 29 sites: Plainfield High School and Pinelands Regional High School.

Table II.1: School-Based Youth Services Program

Program purpose	To enable adolescents, especially those with problems, to complete their education, obtain skills leading to a job or higher education, and lead a healthy life
Implementation period	1988 to the present
Characteristics of program site (school and students)	Plainfield High School—suburban school with high teen pregnancy rate Pinelands Regional High School—rural school in economically depressed area with high rates of family violence and substance abuse
Target population	Young people aged 13 to 19, primarily those attending each school

(continued)

Services provided	Primary and preventive physical health care Mental health services Job counseling Recreation
Type of staff available	Plainfield — Director — Psychologist — Social workers — Recreation coordinators — Nurse and doctor (part time, Plainfield Health Center) Pinelands — Director — Social workers — Mental health therapists — Counselors — Recreation specialist
Cost and funding sources	$200,000 per year per site (approximately) For 1989-90 program year Plainfield Teen Parenting Program, $256,243 — State appropriation — Communities hosting programs — Private foundations — Federal Youth 2000 grant
Problems encountered	Finding adequate space in schools to operate program and enough nurse practitioners to provide services Getting transportation for program activities
Program accomplishments	Plainfield—Of the 16 students enrolled in the SBYSP's Teen Parenting Program, all of the seniors graduated and only one participant had a second child. That is a 5-percent repeat pregnancy rate; other teen pregnancy programs reported a 15-percent rate. Pinelands—Student suspensions decreased from 320 to 78 and dropouts decreased from 74 to 24; several of these dropouts earned their general equivalency diplomas with help from the SBYSP.

Kentucky Integrated Delivery System (KIDS) and Family Resource and Youth Services Centers (FRYSC)

KIDS was initiated in 1988 to offer students a comprehensive program of support services using an interdisciplinary team approach. Professionals representing a school and human service agencies in an area participate voluntarily. Local KIDS programs are supported by the state Department of Education and Cabinet for Human Resources but receive no state funding. Local KIDS programs work in conjunction with the Family Resource and Youth Services Center (FRYSC).

We visited 2 of 134 FRYSC centers: Family Ties (Hickman) and the Family Connection (Fulton).

Table II.2: Kentucky Integrated Delivery System and Family Resource and Youth Services Centers

Program purpose	To help children and their families deal with problems that could interfere with children's learning
Implementation period	Fall 1991 to the present
Characteristics of program site (school and students)	Both sites are located at or near schools where 20 percent or more of the student body is eligible for free school meals.
Target population	All students attending schools where programs are located, regardless of income
Services provided	Referrals to the following services: — Physical health — Family crisis counseling and mental health — Parent education Case management Child care
Type of staff available	Social workers Human service agency staff
Cost and funding sources	For 1991-92 program year: Total program, $9.3 million Family Ties, $90,000 Family Connection, $47,000 State appropriation Local school districts/communities Cities in Schools, Inc. Annie E. Casey Foundation
Problems encountered	Received little support from school faculty because they (1) viewed social services delivery as an inappropriate role for the schools and (2) did not believe the program would be permanent Could not find adequate space in school for program
Program accomplishments	Improved coordination among human service providers

Texas Communities in Schools (CIS)

We visited 2 of 13 Texas CIS programs: San Antonio (Edgewood High School) and Northeast Texas (serving high schools in Camp, Titus, and Morris counties).

Table II.3: Texas Communities in Schools

Program purpose	To decrease incidence of school failure and noncompletion and to prepare students for work
Implementation period	Began as a pilot project in 1979; has been implemented statewide since 1985
Characteristics of program site (school and students)	Edgewood High School—inner-city area where 98 percent of students participate in the federal school lunch program Northeast Texas program site—rural area where from 18 to 52 percent of students attending high schools in the three counties participate in the school lunch program
Target population	All elementary and secondary students at risk of dropping out of school
Services provided	Academic tutoring Individual and group counseling Preemployment and vocational skills training Referrals to social and health services Home visiting
Type of staff available at each program site	One or more full-time case managers, repositioned staff from various state social service agencies, and volunteers
Cost and funding sources	For 1991-92 program year: Total program, $9.35 million San Antonio, $1.5 million Northeast, $0.25 million Various federal programs: Job Training Partnership Act Job Opportunities and Basic Skills Compensatory education Foundations and private groups

(continued)

Problems encountered	Program not initially accepted by teachers because they did not understand how it would support their work. Staff lacked training on planning and implementing new human service projects.
Program accomplishments	Between September 1991 and May 1992, the program served about 38,400 students at 122 program sites in Texas. Based on results of a 1987 evaluation, Texas CIS has helped to improve school completion and job placement rates of its participants.

City-Sponsored, Multisite Programs

Effective Schools Initiative for Homeless Children and Youth Program, Seattle, Washington

We visited two of seven sites: B.F. Day Elementary School and Washington Middle School.

Table II.4: Effective Schools Initiative for Homeless Children and Youth

Program purpose	To provide interprofessional case management services for homeless children in the Seattle school system and to coordinate overlapping and conflicting community services
Implementation period	Began as a pilot project in 1989; continued from the 1990-91 school year to the present

(continued)

Characteristics of program site (school and students)	B.F. Day Elementary School — Children in grades K-5; many from low-income areas in south Seattle and downtown homeless shelters — 74 percent participate in the federal school lunch program Washington Middle School — Children from all income strata throughout the Seattle area — About 40 percent of the students in grades six to eight live at homeless shelters
Target population	Homeless youth and their families
Services provided	Help in obtaining shelter and clothing Referrals to health facilities and social programs Counseling Family support services Tutoring Needs assessments and service coordination for all academically at-risk students (not just homeless children) by a multidisciplinary team of professionals
Type of staff available	Full-time case manager assigned to each program site
Cost and funding sources	For 1990-91 program year: Total program, $315,000 (approximately) B.F. Day, $45,000 Washington Middle School, $45,000 — U.S. Department of Education McKinney grant — United Way and the Medina Foundation (a local nonprofit foundation)

(continued)

Problems encountered	Some initial opposition from teachers due to their lack of awareness of the problems faced by the homeless and concerns about the program's need to keep student information confidential Unstable funding—second year of McKinney grant reduced significantly Unable to afford outcome evaluations of the program due to funding cuts; evidence of program effectiveness based on anecdotal information
Program accomplishments	Between September 1991 and June 1992, program provided case management services to 404 students 74 families were placed in permanent housing

Privately Sponsored, Multisite Program

Lawrence New Futures Initiative, Lawrence, Massachusetts

The program serves six elementary schools.

Table II.5: Lawrence New Futures Initiative

Program purpose	To reform the local educational system To provide a continuum of care for students and their families by coordinating the delivery of health and social services at or near schools
Implementation period	September 1988 through June 1990
Characteristics of program site (school and students)	The urban community has an unemployment rate of 14.7 percent and the second lowest per capita income in the state. Dropping out of school, teen pregnancy, substance abuse, and violence were serious problems affecting youth in the community in 1987.
Target population	Sixth grade students
Services provided	Case management—linking students and families with social, health, and academic services (testing, tutoring) Development of the Futures Curriculum—a series of 125 lessons designed to help teachers introduce students to information that will help develop goals for the future (e.g., career awareness, self-esteem, the structure of the economy) Development of Individual Futures Plans—personal academic and career plans students and parents develop with help from program staff After-school programs—such as chess and science clubs; reading, writing, and music groups; dance; and drama Career opportunity center for high school students Parent and community outreach programs
Type of staff available	The program's staff of 29 included the project director and an assistant, supervisory personnel, 7 case managers, coordinators who helped to organize activities with community agencies and parents, and fiscal and clerical workers.

(continued)

Cost and funding sources	Total fiscal year 1990, $1.7 million — Annie E. Casey Foundation — State/local matching funds — State/local in-kind resources
Problems encountered	Significant decreases in funding and support from the state and school department Resistance to the Futures Curriculum and IFPs by teachers due to unanticipated logistical problems and because teachers were not involved in program planning activities and were not adequately trained Inadequate amount of planning time Weak central leadership
Program accomplishments	The case management function was integrated into existing school bureaucracies with few problems. Some parents became aware of their role in the development of their children's long-range life goals. Community agencies had the opportunity to work together to meet client needs holistically.

Chatham-Savannah Youth Futures Authority, Savannah, Georgia

The program serves eight sites.

Table II.6: Chatham-Savannah Youth Futures Authority

Program purpose	To improve students' academic performance and employability and decrease teen pregnancy and school dropout rates To instigate local education reform and create a continuum of health and social services at or near schools for at-risk children and their families
Implementation period	September 1988 to the present
Characteristics of program site (school and students)	The four middle and four high schools participating in the program are in the urban community of Savannah and the surrounding rural and suburban areas of Chatham County.
Target population	High school and junior high students who are one or more years behind in grade for their age, have academic or behavioral problems, have poor attendance, have a potential for becoming teen parents, or are inadequately prepared for postsecondary education or employment
Services provided	Academic tutoring and counseling Mentoring Job training Welfare, substance abuse, and pregnancy assistance health services (clinic at one high school offers mental health counseling, pregnancy testing, health screenings, and nutritional workshops)
Type of staff available	45 staff members, including program director; director's assistant; 20 case managers; fiscal, clerical, and data entry personnel
Cost and funding sources	For FY 1990-91, $4.9 million — Annie E. Casey Foundation — United Way — State and local matching funds — In-kind resources

(continued)

Problems encountered	Resistance from some local school administrators Initial mistrust from teachers and principals not involved in the planning process Some service providers withdrew from the program when they discovered no money would be distributed to provider participants Not enough time allotted to train school staff and the oversight authority about the program's objectives and anticipated benefits before program opened Some schools lacked adequate space to provide a wide variety of services on site
Program accomplishments	Identified and documented problems affecting Savannah's youth Brought together various community members and groups to collaboratively address problems

Alternative School Programs, Single Site

New Futures School (NFS), Albuquerque, New Mexico

Table II.7: New Futures School

Program purpose	To break the cycle of adolescent pregnancy, child abuse, neglect, illiteracy, and poverty
Implementation period	1970 to the present
Characteristics of program site (school and students)	During the 1988-89 school year, young women from many schools in the Albuquerque area and out of state attended NFS. About 35 percent of the students attending the program were former dropouts. Thirty-four of the 541 students attending NFS classes were in grades six to eight.
Target population	Pregnant and parenting teens
Services provided	Education and tutoring Social (Aid to Families With Dependent Children and Special Supplemental Food Program for Women, Infants, and Children) Mental health counseling Health (maternity and infant care, primary and preventive exams, birth control, immunizations, well and sick baby care) Child care Job skills training and placement
Type of staff available	Two administrators; five counselors; health and child care staff; home/school liaison; program outreach personnel; and volunteers
Cost and funding sources	1990-91 cost data were unavailable. — The Albuquerque Public Schools — New Futures, Inc. — Other local and private organizations — Various state and federal sources (e.g., special education programs and the Social Services Block Grant)

(continued)

Problems encountered	No funding initially from the school system
Program accomplishments	School system involvement with NFS and its financial support increased during the program's first 5 years. Of the 225 babies born to program participants during 1988-89, 6 percent were low-weight infants, a rate lower than the state and national average in 1989. 97 percent of program students passed the state high school proficiency test in 1989. During the 1988-89 school year, NFS delivered services to 345 young fathers and provided personal and health counseling to 236 adolescents not enrolled in the program.

Family Learning Center (FLC), Leslie, Michigan

Table II.8: Family Learning Center

Program purpose	To help pregnant and parenting teenagers overcome the isolation and rejection they often experience in school and the community
Implementation period	August 1975 to the present
Characteristics of program site (school and students)	A rural agricultural community 25 miles south of Lansing
Target population	Pregnant and parenting teenagers
Services provided	A high school education Health services Child care Job counseling Transportation
Type of staff available	The program director (who also serves as the only full-time teacher), one part-time teacher, and three child care workers
Cost and funding sources	1990-91 program year: $113,000 (approximately) — State grants — Tuition reimbursements from school districts and child care fees — Federal program funds administered by the state
Problems encountered	No financial or political support from the public school system Opposition from religious groups in the community Decreasing state funding, which is the primary funding source
Program accomplishments	In fiscal year 1991, 90 percent of FLC's 12th graders graduated from high school During this same period, only 1 of FLC's 56 students in grades 9-12 had a repeat pregnancy

Other Programs, Single Site

Linn County Youth Service Teams (YST), Linn County, Oregon

We observed two YST meetings—one in Southern Linn County and the other in Albany. YSTs address the needs of four to five students referred to them at each biweekly meeting.

Table II.9: Linn County Youth Service Teams

Program purpose	To provide intensive case management to children who may have serious emotional problems or who are at risk of failing in school because of behavior or emotional problems
Implementation period	1990 to the present
Characteristics of program site (school and students)	Rural area in the central western part of the state with few service providers located outside of Albany—the county seat
Target population	Elementary and secondary students in Linn County, Oregon, with serious emotional problems
Services provided	Access to a variety of services and providers Development of goal-oriented individual and family assistance plans Coordinated service delivery and follow-up
Type of staff available	A paid project coordinator and case manager and YST composed of school staff and representatives from mental health, social service, and law enforcement agencies who donate time to the project
Cost and funding sources	Total for 1991-93: $149,000 — A federal Department of Education demonstration grant (Programs for Children and Youth With Serious Emotional Disturbances)
Problems encountered	Before the case manager was hired, access to services and providers not represented on the YST was limited. Discussing and developing an assistance plan for each child referred to YST is time consuming and limits the number of students and families that can be served.
Program accomplishments	Each team serves about 30 youths per year. The program has increased collaboration among agencies traditionally isolated from one another. The program uses existing resources from various agencies to coordinate service delivery; no additional funding is required from agencies.

Madison Park/Humphrey Center High School, Boston, Massachusetts

Table II.10: Madison Park/Humphrey Center High School

Program purpose	To help reduce the number of dropouts, improve the learning process, graduate more productive individuals, and assist students with securing educational or job opportunities after high school
Implementation period	September 1988 to the present
Characteristics of program site (school and students)	About 75 percent of the 1,700 youth attending this vocational high school are frequently absent; homeless; have no one at home after school; have been involved with drugs, alcohol, or gangs; or must support themselves.
Target population	High school students (grades 9 to 12)
Services provided	Health Social Academic Employment
Type of staff available	Madison's vocational education director leads the program and is assisted by two full-time staff people, a psychologist, a bilingual vocational guidance counselor, and a part-time social worker. Several other school staff donate a portion of their time to the program.
Cost and funding source(s)	For FY 1990-91, $214,000 (approximately) — Federal vocational education funds administered by the state — Federal/state employment and training funds administered by the city — Local (in-kind)
Problems encountered	School district budget constraints Lack of information about how to add other services to the program (e.g., child care, parenting skills training, and on-site health clinic)
Program accomplishments	School officials have observed improvements in the lives of individual students who have accessed program services. More students are seeking assistance through the program.

New Beginnings, San Diego, California

Table II.11: New Beginnings

Program purpose	To improve service to children and families through closer working relationships among the city and county agencies and school systems that serve them
Implementation period	1991 to the present
Characteristics of program site (school and students)	The Hamilton Elementary School is in mid-city San Diego, one of the poorest parts of the city and the most ethnically diverse
Target population	Students and families in the Hamilton Elementary School catchment area
Services provided	Case management, information, and referrals Education (adult education and parenting classes) Health (vision and hearing tests, mental health counseling, education)
Type of staff available	Repositioned staff from various state and local human service agencies Nurse practitioners (part time) Physician (part time)
Cost and funding sources	1988-90: $262,000 (planning phase); no program budget available — Stuart Foundation — Danforth Foundation — State and local government agencies — Department of Health and Human Services
Problems encountered	Finding adequate space for the program or funding for facilities Coping with the time-consuming nature of joint decision-making Ensuring continued support of the program by participating agencies

(continued)

Program accomplishments	School staff is beginning to embrace the program's holistic concept; some teachers are working with program staff rather than simply referring students. Agencies that donate staff have developed confidentiality guidelines for the program that facilitate information sharing while protecting students and families. A common eligibility form has been developed for several social service programs. Parents are becoming better educated about how to deal with their children. More families seem to be accepting private counseling.

Effectiveness of School-Linked Programs

Few impact evaluations of comprehensive school-linked programs exist. However, results from five of the six outcome evaluations that we identified suggest that comprehensive school-linked programs can have positive short-term impacts, such as improving academic achievement and reducing absenteeism and dropout rates.[1] None of the evaluations attempted to measure outcomes for longer than 3 years, and all had some methodological weaknesses common to social science research, such as the use of very small sample sizes, no control or comparison group, restrictive selection of test and control group participants, and missing or incomplete data.

The following information summarizes the six impact evaluations of school-linked multiservice programs. Each summary briefly describes the program, data sources, data collection methods, population evaluated, evaluation period, and reported outcomes. Each summary reflects what was reported by the program evaluators or officials who prepared the evaluation report. Because each evaluation covers a unique sample population and uses a unique program approach, reported outcomes are specific to each program and cannot be generalized to the universe of school-linked multiservice programs.

Evaluation 1: Texas Communities in Schools

Project Overview

Texas CIS targets all elementary and secondary students at risk of dropping out of school. Through on-site project staff, CIS provides tutoring, individual and group counseling, mentoring, pre-employment skills training, and career and job counseling. Referrals to appropriate social and health service agencies are made as needed. Project staff also make home visits. Additional information about the Texas CIS program is provided in appendix II.

Evaluation Summary

This evaluation used school records to measure changes in grades and attendance for elementary, junior high, and high school students enrolled in CIS programs in Austin, Dallas, El Paso, and San Antonio. It also

[1]Evaluations may have examined other outcomes such as a program's impact on pregnancy rates and poor behavior.

compared the dropout rate for CIS students in Texas with an estimated state dropout rate. The evaluation covered school years 1985-86 and 1986-87, the first 2 years of the program's operation in the four cities. A total of 2,532 elementary, middle, and high school students were enrolled in these CIS programs (1,145 in 1985-86 and 1,387 in 1986-87).

Reported Outcomes

Just over 5 percent of CIS students dropped out of school. The estimated dropout rate for these students without an intervention like CIS could have been 10 percent or higher.

Nearly 44 percent of students failing mathematics and 42 percent failing English before their participation raised their grades to passing levels.

Absences decreased by more than 18 percent.

Evaluation 2: Walbridge Caring Community, St. Louis, Missouri

Project Overview

Walbridge Caring Community targets approximately 500 elementary school children at the Walbridge Elementary School, located in a poor urban community in St. Louis. An interdisciplinary team (the Walbridge director, a teacher, the school counselor, and a case manager supervisor) determines a family's service needs, links students and families with needed services, and follows up to ensure that services are received. Services offered include academic tutoring, recreation, health care, day care, pre-employment skills training and assistance for parents, case management, and the Families First program. Some services are delivered in classroom settings; Walbridge's case management and Families First components are provided on a voluntary basis to families in their homes. Some families that agree to be "case managed" receive substance abuse and behavior modification counseling and other interventions. The Families First program involves placing a case worker in the home for about 20 hours per week to stabilize a situation that might otherwise lead to the family's losing custody of a child.

Evaluation Summary

This study used school records to compute the percentage of grade improvement for students in grades two through five. Grade improvement for the Walbridge students who received intensive case management was compared with (1) Walbridge students who did not receive intensive case management and (2) students at another elementary school—Mark Twain. This evaluation covered school years 1989 to 1991.

Reported Outcomes

This study did not examine dropout rates.

The case managed children at Walbridge improved their academic average 26 percent, while children at the Mark Twain school improved 11 percent during the evaluation period.

No evidence was available indicating that Walbridge services improved school attendance.

Evaluation 3: Hillsdale County Elementary Success Program, Hillsdale County, Michigan

Project Overview

The focus of the Hillsdale County Elementary Success Program is to work with elementary school-age children, specifically in kindergarten through third grade, who are at risk of academic failure. The program places a Success case manager at each participating school.[2] After a child is referred to the program by a teacher or principal, the Success program staff conduct a home visit to work out an action plan with the family. Success staff refer clients and their family members to needed services and provide follow-up to ensure that services are delivered.

Evaluation Summary

This study compared Success students' scores on standardized tests after they participated in the program to their scores before they participated in the program. Each student's results were then compared to the test score

[2]Success is a project of the Human Service Network, an organization composed of the directors of all human services in the community.

changes of a randomly selected, same-sex, non-Success participant from his or her classroom. This evaluation was based on data from a sample size of 95 to 160 Success students and the same sample size of comparison group students all receiving academic instruction in the same classrooms.

Reported Outcomes

This study did not examine dropout rates.

Success students improved their grade equivalency ratings but did slightly poorer than their non-Success partners.

No data on school attendance were reported.

Evaluation 4: Project Pride, Joliet, Illinois

Project Overview

Project Pride, a 3-year demonstration project funded with a grant from the U.S. Departments of Labor and Health and Human Services, was a program designed to develop economic self-sufficiency for high school daughters from families receiving Aid to Families With Dependent Children. The project's short-term goals include lowering the dropout rate and encouraging entry into the experienced labor force. An on-site project director and job developer provide employment training, academic tutoring and counseling, and personal and family relationship counseling. They also link students with needed social and health services.

Evaluation Summary

This evaluation used school records to measure changes in grades and dropout rates for Project Pride participants. It also compared their grades and dropout rates with a control group of similar high school girls. The evaluation covered the period of November 1986 through December 1989. During this period, 59 young women in Joliet West High School were enrolled in the treatment group, and 43 young women attending Joliet Central High School were enrolled in the control group. At the beginning of the second year of the project, an additional 22 and 19 young women were enrolled in the treatment and control groups, respectively.

Reported Outcomes

By the end of the evaluation period (December 1989), 28.8 percent of the Project Pride participants and 25.6 of the control group were still in high school. Of those who left high school, 44.1 percent of the Project Pride students and 37.8 of the control group had graduated.

The March 1988 semester evaluation report found that the academic characteristics of the Project Pride students and the control group were comparable.

No data on attendance were reported.

Evaluation 5: Focus on Youth, Los Angeles, California

Project Overview

Focus on Youth began in 1985 as a dropout prevention program in the Los Angeles Unified School District and the Compton Unified School District. Project sites exist at all school levels, elementary through senior high schools. The program's original approach placed a Focus coordinator on site to provide case management services, linking at-risk students with service agencies that provided services either on or off site. Since 1989, however, Focus staff have trained school staff organized as Focus study teams to deliver case management services to at-risk students and to coordinate school and community services on behalf of at-risk students. Services available included drug abuse, alcoholism, and counseling services; gang diversion programs; mentor and adult relationship development; health care services; teen pregnancy casework; parenting services; job training and placement; work experience and youth employment opportunities; mental health counseling; child care; shelter; food; residential placement; legal aid; clothing; substance abuse treatment; and recreation.

Evaluation Summary

Dropout rates, grade-point averages, and unexcused absences from class were collected from school records for elementary, junior high, and senior high school students enrolled in the program. The evaluation examined changes in these measures for four semesters (between 1985 and 1988) following entry into the program by 740 students in 11 schools.

Reported Outcomes

The two high schools that participated longest, Manual Arts and Belmont, showed dropout rates of 12.8 percent and 8.9 percent for Focus students during a 30-month period, compared with state-estimated dropout rates for those schools of 66.4 percent and 49.3 percent, respectively.

Although the grade-point average of Focus students climbed more rapidly than students in non-Focus schools, over time both groups maintained approximately a C grade-point average.

The levels of absenteeism showed great variability among students, making it difficult to draw conclusions about the program's effect on this outcome.

Evaluation 6: New York City Dropout Prevention Initiative, New York City

Project Overview

The Dropout Prevention Initiative (DPI) started in New York City in 1985-86 in 13 high schools and 29 middle schools. The program aimed to provide services to at-risk students and to demonstrate improved attendance and progress toward school completion by targeted students. The program involved community service providers in delivering services such as linkage programs for middle school students going to high school, attendance outreach, counseling, alternative education courses (including remedial assistance and employment training), general equivalency diploma courses, a Job Opportunities and Basic Skills program, health services, and security and conflict resolution training.

Evaluation Summary

School records for DPI students in middle school and high school were used to gather information about dropout rates, courses passed, and attendance before and after participation in the program. The evaluation examined the program's first 3 years of operation: 1985-86, 1986-87, and 1987-88. More than 29,000 DPI middle and high school students attending 42 schools were tracked for the entire 3-year period. Data were also collected on program participants who began the program during 1986-87 and 1987-88.

Reported Outcomes

Average attendance among middle school DPI participants declined substantially in the year following their first year in the program, especially among students entering high school.

The dropout rate was lower for DPI high school participants compared with other high school students not enrolled in the program; however, more than half of the high school students served by DPI in 1985-86 had dropped out by September 1988.

DPI did not substantially improve the number of courses passed by program participants.

Comments From the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

AUG 4 1993

Mr. Gregory J. McDonald
Director, Human Services Policy
and Management Issues
United States General
Accounting Office
Washington, D.C. 20548

Dear Mr. McDonald:

Enclosed are the Department's comments on your draft report, "School-Linked Human Services: A Comprehensive Strategy for Aiding Students At Risk of School Failure." The comments represent the tentative position of the Department and are subject to reevaluation when the final version of this report is received.

The Department appreciates the opportunity to comment on this draft report before its publication.

Sincerely yours,

Bryan Mitchell

Bryan B. Mitchell
Principal Deputy Inspector General

Enclosure

Comments of the Department of Health and Human Services on the General Accounting Office Draft Report, "SCHOOL-LINKED HUMAN SERVICES: A Comprehensive Strategy for Aiding Students At Risk of School Failure"

GAO Recommendation

To provide states and localities with better information about the extent to which school-linked programs can be used as a strategy for increasing high school completion rates and the life outcomes of children, we recommend that the Secretary of HHS and Education develop an approach for evaluating the short- and long-term impacts of several school-linked programs.

Department Comment

We concur that evaluation of the impacts of closely linking health and human services with public schools would be useful to States and local communities and that the design of such evaluations should be a collaborative effort of both the Department of Health and Human Services and the Department of Education.

In addition, the Department has been providing direct technical assistance to the District of Columbia's Department of Human Services in the design of an independent evaluation of its Turning Points program. The Turning Points program is a school-based prevention and early intervention program for youth attending four junior high schools.

Technical Comments

p. 4 — The Head Start program is referred to as "Project Head Start." This is rather archaic since it has been in existence over 25 years. In regulations and other official documents, it is usually called the Head Start program.

The last sentence of footnote 4 on page 4 states that "In fiscal year 1992, HHS provided about $20 million in demonstration funds for each of these programs." This is incorrect as Follow Through is funded out of the Office of Compensatory Education in the Department of Education, not HHS.

p. 5 & 15 — The language used suggests that the "fade out" of Head Start cognitive gains found in some studies has been conclusively linked to a lack of continuity with schools. While this is a plausible hypothesis, no direct causal relationship has been proven.

p. 15 The chart descibes Head Start's basic model as being center-based and operating 5 days a week. Although the most prevalent, this is only one of several Head Start models in operation.

Comments From the Department of Education

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF ELEMENTARY AND SECONDARY EDUCATION

Mr. Gregory J. McDonald
Director, Human Services Policy
and Management Issues
Human Resources Division
United States General Accounting Office
Washington, D.C. 20548

AUG 3 1993

Dear Mr. McDonald:

The Secretary has asked that I respond to your request for comments on the GAO draft report, "School-Linked Human Services: A Comprehensive Strategy for Aiding Students at Risk of School Failure", which was transmitted to the Department of Education by your letter of July 1, 1993.

In general, we agree with the draft report's central conclusion: that (a) coordinated, "holistic" strategies to provide support services to at-risk children and their families make intuitive sense and appear to show promise, but that (b) convincing evidence that they really do "work" (have a positive impact on participants) is sparse and extremely difficult to gather.

GAO Recommendation

The GAO recommends that the Secretaries of HHS and Education develop an approach for evaluating the short- and long-term impacts of several school-linked programs.

Department of Education Response

The Department of Education (ED) concurs with the GAO recommendation, and will work with HHS to determine the best means of implementing it jointly.

Indeed, as the following discussion makes clear, the Departments of HHS and Education have already taken several steps to study and support integrated service initiatives. The two Departments have worked together, for example:

- to organize a study group of national experts to develop, publish, and disseminate a guidebook for local communities (Together We Can, April 1993) on how to design and implement comprehensive school-linked services--and how to deal with the pitfalls they are likely to encounter;

- to fund a 1990-91 study of service integration that reviewed approximately twenty sites--half school-linked, half community-based--to attempt to identify common features of successful or promising programs (two reports available);

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Our mission is to ensure equal access to education and to promote educational excellence throughout the Nation.

- to identify, assess, and publicize models and methods for improving the continuity and transition between early childhood education programs (including Head Start) and elementary education, through the collaborative work of ten of the ED-funded regional educational laboratories and HHS's Administration for Children, Youth, and Families (ACF); and

- to fund part of an OECD project to study service integration strategies and sites in North America, Europe, and the Asia-Pacific region (report expected to be available in 1995).

Implementation of Recommendation

Any evaluation approach developed by the Departments of Education and HHS will need to take into account these caveats:

- As the draft report makes clear, there is probably as much variability among the various school-linked programs or models as there is between the "school-linked service integration" approach and its alternatives (which are not well-defined in this draft report). Further, the variation in the constellation of factors that determine how a particular model is implemented--factors like leadership, resources, staff training, commitment to the idea of integration by educators and community residents--makes it extraordinarily hard to draw generalized conclusions about the service-integration approach's effectiveness.

- The GAO draft report reveals that impact data on service integration initiatives are sparse and methodologically soft, implying the need for rigorous impact evaluations of such initiatives. But there are greater ethical and methodological barriers to conducting a true "experimental" (random assignment) evaluation of a school-based service center than of almost any other type of program, since any such center would ideally serve the entire school population on a drop-in basis, rather than pre-selecting eligible participants.

Because of these concerns, the Department intends to examine the feasibility of pursuing the following strategies to complement development of an evaluation approach with HHS:

- look more closely at existing programs (see examples below), making better use of already funded evaluations to learn the role of service integration in their impacts;

- work with HHS and other federal agencies to provide multidisciplinary technical assistance to local service-integration program designers, implementers, and evaluators, building on the joint work already accomplished in Together We Can (described above); and

- disseminate the results of local initiatives through the National Diffusion Network and other dissemination media.

Service Integration and Existing ED Programs

While the draft report refers repeatedly to parallels with Head Start, it fails to recognize the extent to which other federally supported programs increasingly incorporate aspects of

service integration. These programs, and the current evaluations of their effectiveness, should be part of the GAO discussion. For example:

- The Department of Education's **School Dropout Demonstration Program** (FY93 funding $37.5 million). The legislation authorizing this program specifies that grantees must demonstrate programs that include, among other things, coordinated access to necessary social and support services and increased family involvement. A rigorous longitudinal evaluation with a random-assignment experimental design is underway.

- **Even Start** (FY93 appropriation $89 million). This family literacy program requires that participants receive a combination of three core services (developmental child care, adult literacy, and parenting training services), along with a range of services such as child care, transportation, and help in dealing with social service agencies in a coordinated fashion. A rigorous, random-assignment evaluation is underway.

- **Chapter 1 grants to local educational agencies**, the Department's biggest elementary and secondary program (FY 93 funding $6.1 billion). Existing legislation allows Chapter 1 funds to be used for support services to participating disadvantaged students in eligible schools. Upcoming reauthorization of the Elementary and Secondary Education Act is likely to reinforce this provision.

- The **Emergency Grants** portion of the Department's **Drug-Free Schools and Communities** program. Recently, a priority has been incorporated into competitions for grantees that coordinate drug-prevention activities with other support services.

- **Migrant Education** ($303 million). Funds may be used for support services; migrant education services must be coordinated with migrant health programs, Head Start, Job Training Partnership Act programs, and all other appropriate ED, DOL, and USDA programs.

- **"Safe Haven" projects** in 20 sites across the country (in conjunction with HHS and HUD). These sites are providing a variety of educational, recreational, and other services to students and their families at centrally located facilities after "school hours."

- The Department's experience in running the **Follow Through** program is also relevant. This 23-year old program was designed specifically to demonstrate how low-income children could be assisted to sustain gains made through Head Start and similar early-childhood programs. **Follow Through** includes provision for health, nutrition, and social services. Nationally, although such program services surely have been beneficial to participating students, they have not been shown to raise achievement levels significantly.

<u>Other Comments</u>

- **Part of the initial charge to the GAO from Sen. Kennedy was to identify the problems and barriers encountered in using the school as a hub for service delivery. This is a major issue at the local level, and we feel that it is insufficiently addressed in the draft**

report. Evaluators of existing programs (e.g., the School Dropout Demonstration Program) find that they face formidable obstacles in their local data collection. Teachers and administrators fear that integrated service initiatives will cause them to shoulder additional burdens. And the very schools and communities whose students may benefit most from school-linked services are likely to be those facing the most severe resource constraints and administrative problems. Other barriers that local service-integration initiatives report that they face include liability, gaps in employee training, and the categorical nature of financial support.

- **The report should make clear what criteria were used to determine that a given program was "exemplary" or to select exemplary programs for review.** Indeed, a definition of what is meant by "comprehensive school-linked program" (p.4.) is needed. For example, is a minimum number of services or a particular type of governance arrangement necessary to qualify for selection, review, or identification as "exemplary?"

- **Some of the literature consulted is quite old.** Some of the newer literature is not included (e.g., Together We Can, Gary Wehlage articles on Annie Casey/New Futures initiatives, California efforts such as PACE, California Healthy Start program).

- The draft report doesn't make clear whether there is any important distinction between **school-based** and **school-linked** services.

- In discussing the federal role, the draft report does not mention the use of waivers of federal regulations which may be necessary to facilitate local service integration initiatives. Currently, the Secretary of HHS has the authority to grant such waivers; the Secretary of Education does not, but pending legislation would give the Secretary such authority.

- We think that readers would find helpful an Appendix to **identify the federal officials or offices** with whom the authors consulted.

We are also enclosing some comments on portions of the draft report for your consideration. We recommend that the final report reflect these changes.

Thank you for the opportunity to comment. I and members of my staff are prepared to respond, if you or your representatives have any questions.

Sincerely,

Mary Jean LeTendre

Mary Jean LeTendre
Acting Assistant Secretary

Enclosures

Major Contributors to This Report

Human Resources Division, Washington, D.C.	Carl R. Fenstermaker, Assistant Director, (202) 512-7224 Karen A. Whiten, Evaluator-in-Charge William A. Schmidt, Advisor Mark Vinkenes, Social Science Analyst Linda Stinson, Social Science Analyst
Boston Regional Office	Carol Patey, Regional Assignment Manager Bill Hansbury, Evaluator
Seattle Regional Office	Charles Novak, Regional Assignment Manager Nancy Kintner-Meyer, Evaluator Stanley H. Stenersen, Reports Analyst

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