

ADMINISTRATIVE SUMMARY

School-Based Youth Services Program: Year-End Development Report For 1993-94

*Adopted from
April 1995 SBYSP Report*

*"School-Based Youth Services Program:
Year-End Report for 1993-94"*

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INTRODUCTION

The **SCHOOL-BASED YOUTH SERVICES PROGRAM (SBYSP)** has completed its fourth year of operation, the "demonstration phase," serving at-risk populations of students and families in Des Moines, Dubuque (including Western Dubuque), Marshalltown, and South Tama County. Services in health, mental health, and career development, later supplemented with case management, education and other human services components, were provided using a "one-stop" approach available through the schools served in each of the four original sites. Each site serves a unique population with its own configuration of needs (as well as assets) through its own approach to service delivery. The following are common threads running through all of the demonstration sites.

- Health, mental health, career development, education, case management, and other human services provided middle and high school students (in some sites, including elementary students and their families);
- services delivered through coordination and collaboration among schools and agencies, collocated within each site;
- improving service delivery, monitoring, data collection, and evaluation through brainstorming, teaming, listening to customers, and cooperation between team members and those in larger encompassing systems (the school, the community, the state, etc.);
- conducting year-end evaluations, via student and parent surveys, case studies, the database system, and third party reviews, culminating in a "year-end report" and administrative summary produced each year, since the first year of the program (1990-91);
- reaching out to the business community and other civic leaders to develop support for the program, through cash contributions and/or in-kind services.

The **SCHOOL-BASED YOUTH SERVICES PROGRAM (SBYSP)** provides a comprehensive "one-stop" location or center that is naturally accessible to students — within the public school (or building close thereto). The SBYSP created a network of services readily accessible to children and families through the single, most important, and "central" institution in the child's life (next to her/his family) — the school. The idea is to make it easier for students and their families to get help with their problems.

The ultimate goals of the program are to enable teens to complete their high school education and obtain skills that lead to employment, additional education, and a healthy drug-free life. A third goal is to improve service delivery, through coordination of schools and agencies, family parent involvement, and the use of economic resources for employment and productivity. Improving service delivery is an intermediate goal of the program, as it relates to "process" rather than "results".

The **SCHOOL-BASED YOUTH SERVICES PROGRAM** was expanded to 18 sites through legislation enacted in the 1993-94 session — a 4 1/2-fold increase in program coverage. This increased support for the SBYSP was due, in large part, to (1) participative, team-based program management, (2) data-based program evaluation, and to (3) the utilization of these approaches in helping students and families to succeed.

Communities across Iowa responded well to the SBYSP initiative created under H.F. 535 during the 1989 legislative session and after resources were expanded in 1994. The response indicated that educators and service agency coordinators in Iowa were excited and ready to merge schools and other service agencies to improve the quality of life for children. The response also indicated that if more assistance was provided, this initiative could have been pursued in more regions of the state. (See Appendix A for a map showing communities responding to the initiative and those funded.)

The 1989-90 legislation did not provide for initiatives to be developed in all regions of the state, nor did it specifically target rural areas for development. The grants submitted by individual communities indicated that all regions in Iowa are interested and could benefit by having a model project. Grant requests came from schools with some of the greatest needs in the state and, although many grants could not be funded, virtually all showed great potential for dealing with youth needs and concerns. In 1994, more rural communities were targeted for selection and many more regions of the state (South and West, Central, and Northeast) became involved.

The following agencies were involved in the review and approval of the SBYSP, as well as the provision and coordination of services in the model projects.

- ☛ Commission on Children, Youth, and Families
- ☛ Department of Economic Development
- ☛ Department of Education
- ☛ Department of Employment Services
- ☛ Department of Human Rights
- ☛ Department of Human Services
- ☛ Department of Public Health

The representatives of the agencies involved in the implementation and review of the original four SBYSP sites (Des Moines, Dubuque [including Western Dubuque], Marshalltown, and South Tama County — see Appendix B for Project Synopses) did not feel that the sites represent all regions of Iowa, nor adequately represent our smallest communities. Therefore, representatives of the agencies felt that it was important to develop models for smaller communities. The new sites selected for expansion in 1994 — represent smaller communities and more, but not all regions of the state.

Criteria for Evaluation

A system to monitor and report SBYSP implementation and outcomes has been developed to provide program accountability. This system, which includes a computerized database management system used in the Des Moines SBYSP during 1990-91 and applied in all SBYSP sites in subsequent years as well as staff questionnaires, case studies, and the survey component which is continually being updated and improved, provides data on the following measures:

1. numbers and characteristics of students served;
2. type and magnitude of services provided;
3. school attendance;
4. school performance (GPA);
5. high school retention rates (100% minus the dropout rate);
6. high school re-enrollment;
7. family and parent involvement in the program;
8. coordination between schools and other service providers;

9. ability of "other service providers" to deliver services;
10. economic resources to improve employment and productivity of students leaving school;
11. self-perception of school attendance and performance, health, social interaction and behavior, desire to graduate, and employability;
12. parent's perception of their child's school attendance and performance, health, social interaction and behavior, desire to graduate, and employability;
13. student satisfaction with the services provided by the program; and
14. parent satisfaction with the services provided by the program.

Data on measures (1) through (4) above are available from the SBYSP database management system, measures (5) and (6) are based on school records, (7) through (10) are based on judgements of school, SBYSP and service provider staff, while measures (11) through (14) are based on surveys of consumer or *customer* opinion — that of SBYSP student participants and their parents. The numbers and characteristics of students served and the impact of SBYSP on students and families in SBYSP in the original four sites are summarized in Table 1 on the following page.

Program Cost Effectiveness: State Cost Per Individual Served and State Cost Per Contact

Two measures of the cost effectiveness of the SBYSP are:

- state cost per individual served
- state cost per contact with the program

These ratios, obtained by dividing the amount of the state grant (\$800,000) by (1) the number of individuals served and (2) the total number of service contacts provided by all sites in 1993-94 follow.

State cost per individual — $\$800,000 \div 4,912 = \162.87

State cost per contact = $\$800,000 \div 149,153 = \5.36

*** Contact is any interaction between staff and youth and/or family members on a group or individual basis to deliver a service. Service is an action to help and includes intake processing.**

In 1992-93 these figures were \$144.76 and \$4.69 respectively. Thus the state cost per individual and contact increased slightly in 1993-94, reversing a three-year downward trend.

THE HUMAN DIMENSION

CASE STUDIES

Statistics, however illuminating and precise, do not tell the full story of the SBYSP. This report would not be complete without documenting some of the many success stories of individuals served by this program. These stories were supplied by the project managers, case managers and other program staff, and the students themselves. These case studies provide powerful, qualitative “educational/social/behavioral pictures” of the impact of the program on the lives of students and their families — the human dimension.

Case Study Summaries



SUCCESS Program (Des Moines SBYSP): *The following case study summary was provided by Cyndy Erickson and the staff of the Des Moines SBYSP.*

Most challenges that families face are not met in the limited amount of time that we generally select to review progress — for example an annual evaluation. In fact, things may actually appear to be worse at a given point if we don’t “continue the story.” We get a much better sense of the struggles and triumphs that are encountered when we review progress over an extended period of time.

For example, a young family who has received case management services for four years. If we looked at the family’s situation at the end of the first year, it would appear that nothing had improved. The mother was suicidal, the children frequently missed school, the family was homeless, and all five children had been removed from the home. Many community resources, no fewer than 13, were subsequently enlisted to support this family in their desire to stay together and to strengthen the mother’s ability to provide for herself and her children’s needs.

By the end of the second year, things had improved but were not stable. The children were returned to the mother, temporary housing located, and the mother was participating in parenting classes and day treatment. Her attendance in her day treatment program was sporadic and another baby was on the way. You could still tell from the school-age children’s faces and by their attendance when mom was having a bad day.

Year three finds the family in public housing where there is access to a variety of services on-site. Mom has learned to take the bus and is beginning to speak up for herself when she feels her needs are not being met. As goals are met, there is less need for multiple service providers. The children are successful in school and attendance has improved.

At the present time, all but the youngest child are enrolled in educational programs and mom is becoming increasingly independent. With the budgeting skills she has developed, she feels that she can afford to leave public housing and move into a house. If this is the next goal that she will realize, she may continue to want support in a new environment that will have different challenges for her. With all of the changes this family has experienced over the past four years, their case manager and the school have been constants in their lives. That support will continue as long as they feel it is valuable and helpful to them.

The coordination of many services and the school, along with improved communication with the student's mother, has been a major factor in her success. There have definitely been crisis times during the year, but because we were all working together, we could provide a safety net... Her mother appreciated the support from the school through the increased communication. The student... is better prepared to face difficult situations.

"Within one day she was faced with drugs, alcohol, and other inappropriate behavior she had been a part of just a year and a half ago. This time, however, she made mature decisions and avoided getting caught up in the old behaviors."

Western Dubuque SBYSP project manager, concerning a student in that program

After school was out this year, this student returned for a visit to her previous school in another state. Within one day she was faced with drugs, alcohol, and other inappropriate behavior she had been a part of just a year and a half ago. This time, however, she made mature decisions and avoided getting caught up in the old behaviors. She was amazed at (how) much she changed and how comfortable she was in her new life.



Caring Connection (Marshalltown SBYSP): *The following case study summary was provided by Todd Redalen and the staff of the Marshalltown SBYSP.*

This young man has utilized multiple services provided through the Caring Connection. He just completed his junior year at Marshalltown High School and had been identified as high risk. His original referral to the program dates back to October of 1991. His mother had concerns about his behavior at home, as well as in the community. He had been caught stealing and has been belligerent at home. She contacted his school guidance counselor who then referred him to the program.

He was first seen by the mental health counselor. Subsequent referrals included the family development specialist who responded to the mother's request for family assistance. The family development specialist along with the counselor from Marshall County Youth Runaway and Family Services made home visits. They worked with the mother to help her establish rules and limits for her children. The mother was invited to attend nurturing classes sponsored by Marshall County Youth Runaway and Family Services but she did not attend.

Another referral was made to the substance abuse counselor working in the Caring Connection. The mother had called about her son drinking heavily and spending nights away from home. An initial assessment for substance abuse and children of alcoholics was done. The student completed six sessions.

This young man was also referred and enrolled in a vocational skills class taught by the JTPA youth specialist. A referral was also made for assistance in helping (him) find a job. Through the vocational skills class he developed job seeking skills, learned how to complete job applications, and interview properly. By acquiring employability skills through the vocational skills class, the student was able to go out and secure an unsubsidized job in a field of interest.

This young man had also been seen by the health services component 12 times during the 1993-94 school year. He had been involved in three altercations with other students, receiving minor abrasions and bruises.

The student was not able to rectify problems at home with his mother and eventually moved in with a family he knew. Although this student did not improve his attendance or grades over the past year, he continued to attend school and progress towards graduation. He also has been open to assistance and appears to be dealing with his problems. Recently he enlisted in the Iowa Army Reserve and plans to receive training as a mechanic. This would provide him the transferable skills necessary for a civilian career.

Partnership Center (South Tama County SBYSP): *The following case study summary was provided by Donna Hempy and the staff of the South Tama County SBYSP.*

A 14-year-old boy has been extensively involved with the many facets of the Partnership Center. His initial contact came through the Activities Center where he began to develop trusting relationships with the staff ... in this non-threatening environment. The boy then had initial contact with the juvenile court officer because of an assault and criminal mischief charge. He was at this time put on informal probation but was charged a few months later with theft. He was then adjudicated delinquent through the juvenile court system. The juvenile court officer was concerned about proper supervision within the home. Alternative Services was then contacted through the Department of Human Services to monitor the boy at home. Families Incorporated were also contacted for in-home counseling/family preservation. The family-school coordinator maintained contact with the boy through the Juvenile Court Officer and Alternative Services. His school attendance and grades were very poor.

Currently, the boy has raised his grades in school considerably and is continuing the family counseling... This family received the necessary services due to the fact that the coordinator quickly referred the family to the necessary provider and served as a link between the family, the school, and the agencies.

South Tama County School-Based Youth Services Program (Partnership Center) project manager, regarding the progress made by one of their students and his family

A friend of the family was then charged with allegedly sexually abusing the boy. The family-school coordinator contacted the Mental Health Clinic to arrange an appointment to set up family counseling. The Department of Human Services remained in close contact with (those involved in) the coordinating efforts due to the unstable family history, the abuse charge, and the possible need for long term counseling.

Currently, the boy has raised his grades in school considerably and is continuing the family counseling set up by the Partnership Center. Alternative Services continues to serve the family with supervision and the juvenile court officer visits with the boy regularly. Because most of the services are under one roof, the Partnership Center enables the family to meet with each provider without confusion and frustration. With the aid of the family-school coordinator, all of these services were successfully tied together to avoid overlap. This family received the necessary services due to the fact that the coordinator quickly referred the family to the necessary provider and served as a link between the family, the school, and the agencies.

THE CONTINUING NEED FOR THE PROGRAM

A number of educational, social, and economic factors have interacted in Iowa to produce a need for the **SCHOOL-BASED YOUTH SERVICES PROGRAM**. Five general categories of unmet needs in Iowa are presented, with specific areas of need and accompanying statistical evidence. More extensive data are available in the SBYSP year-end report for 1993-94 (1995a, Veale).

I. *There are a growing number of children and youth in Iowa who have been identified as being at-risk requiring additional services to enable them to become healthy and productive members of society.*

Iowa's homeless children in 1994 totaled 9,849; the highest count of homeless children recorded within the state since 1988. The juvenile violent crime arrest rate, number of births to unmarried teens, percent of low birth weight babies, and percent of families with children headed by a single parent all worsened between 1985 to 1992. The number of school-age children eligible for Title 1 services totaled 110,567 in 1994 representing 22 percent of the K-12 state enrollment. An additional 10 percent of 57,795 students were identified as eligible for special education services in 1994. Moreover, nearly 9,000 cases of child abuse were verified in 1993 which is more than double the numbers identified in 1980.

II. *A growing number of Iowa's children and youth are in need of mental health services, due to physical or sexual abuse, alcoholism or other drug addiction, violent behavior, depression, and other problems brought on by changing family structure, as well as social and economic changes in their communities.*

About 85,000 Iowa children (under 18 years of age) are in need of some type of mental health services, about 12 percent of all children in the state; of these, about 16,000 received mental health services in 1992 (1993, Iowa Department of Human Services).

III. *There is a need to increase the number of prevention-oriented resources devoted to the early years of a child's life. While funding for early prevention is difficult to obtain and the results require a longer time to measure, there is evidence that the strategy of early prevention has the greater impact (than remediation later).*

According to Medicaid estimates, there were 163,382 children eligible for Early Periodic Screening and Diagnosis Treatment (EPSDT) services in Iowa in 1992. Approximately 14 percent of these were enrolled in the program (1992, Iowa Department of Human Services).

According to a recent national news report, an estimated 375,000 children of drug-addicted parents are entering the educational system each year (MacNeil/Lehrer Newshour, 1991, December 26). There is some evidence that many of these tendencies can be averted through a program of nurturing and pediatric care in the very early years. Lacking such treatment, these children tend to be learning disabled or behaviorally disordered students and require additional help and special attention in order to succeed (*ibid*).

IV. There is a recognized need to increase the number of primary health care providers, including family nurse practitioners, pediatric nurse practitioners, school nurse practitioners, psychiatric/mental health nurse practitioners, family practitioners, and pediatricians. The publicly perceived need for many of these is greater in rural areas than in metropolitan areas.

According to preliminary results from a statewide household telephone survey conducted by the Center for Health Services Research at the University of Iowa, 30.8% felt their community did not have enough family practitioners, while 44.3% thought there were not enough pediatricians in their community. In addition, 41.0%, 27.6%, and 28.4% felt that there were not enough "people who deliver babies," nurse practitioners, and physician assistants, respectively. In each of these categories, there was a statistically significant difference ($P < .05$) in the percentages for those in metropolitan areas and those in the more rural areas, with people in the latter communities producing the higher percents indicating "not enough" health care workers (Malinee and Ludke, 1993).

V. There is a recognized need to improve the skill level of high school graduates moving into the work force. Hence, the importance of work skills training, career development, work experience and exploration, transitioning, apprenticeship, and post-secondary education (e.g., vocational technical programs in community colleges).

In 1992 the average per capita personal income in Iowa was \$18,287. This was 7.8% below the average for the United States. In 1980 the average per capita personal income in Iowa was only 2.8% below the average for the United States (1994, *The 1994 Information Please Almanac*).

The magnitude of involvement in the employment and training component of the SBYSP in 1991-92 was positively related to how students perceived their future employability and productivity in the workplace (1993b, Veale). This means that students who participated in work experience or work exploration, vocational training and assessment, and/or work placement generally viewed themselves as more employable and productive than those who did not participate (or who participated to a lesser degree) in such services.

RECOMMENDATIONS

Recommendations for improving the delivery of services, as well as the database, reporting, and evaluation systems, include the following:

1. Explore and identify funding support to maintain existing School-Based Youth Services Programming. This includes the identification of a minimum cost factor that allows a local SBYSP to function with maximum impact. (Cost factors in our most rural areas may be higher than in urban areas due to distance and travel considerations and staff availability.)
2. Consumer and student outcome information from the surveys and the focus groups indicate that the SBYSP has yielded significant benefits in terms of reducing family and individual conflict, as well as reducing problems with the law. These benefits indicate a potential for the exploration of the SBYSP as a prevention initiative in the juvenile justice system. Expanded exploration and research in this area within the existing projects and new project development could lead to important collaboration, namely linking the juvenile justice system into state level and local school-based teaming.
3. Expand the SBYSP to include smaller, rural communities in the state. Specifically, explore the maintenance, expansion, and role of the school nurse in rural schools as a means to improve health services (the number one request of students, reflecting the lack of health insurance and services — a major national and state concern).

[Note: Several studies indicate that at-risk students visit the school nurse for health-related reasons more frequently than do non-at-risk students, e.g., Grey (1988), Rohrbaugh & Rohrbaugh (1990), and Moeckly (1992). According to Moeckly (*ibid.*), "school nurses are on the front line in identification and intervention for the at-risk student." She recommends a team approach to the problem — involving teachers, administrators, counselors and parents, with the school nurse — and collecting data to document its effectiveness.]

4. Provide support for research on questions left unanswered about SBYSP implementation and impact, e.g., whether the most at-risk youth in the SBYSP are impacted the most (as indicated by some of the existing data) and the degree to which case management is necessary to facilitate service delivery to our most at-risk populations. We have only begun to be able to answer some of these questions. Further research has been conducted for the FINE Foundation in connection with a research grant awarded in 1994 (1995b, Veale). In addition, an assessment of the long-term impact of the SBYSP using data from the first four years of the program (1991-94) was conducted for 1994-95 (*ibid.*).
5. Improve the coordination of schools and agencies in the SBYSPs, especially in asking agencies to train staff from a different agency. (The SBYSP provides a reason for schools and agencies to meet, plan, and work together. Its value and impact in this regard is important to future expansion and effectiveness.)
6. Continue to expand the use of economic resources to improve the employment and productivity of students, especially in the areas of business funding of financial aid for training, business providing job training on a non-pay basis, and establishing a scholarship fund for assisting at-risk youth in their post-secondary education.
7. Consider linkage of planning with other collaborative projects such as "deategorization" and regional Work Force Center development to explore benefits of multi-agency sharing and in-depth planning for reprioritization of staff roles, shared funding, collocation, family services, etc.

8. Local school districts and each SBYSP should reevaluate the environment produced at each center to ensure that students and parents of the various cultures in the community are made to feel welcome. Also, continue efforts to make sure that students of various cultures and both genders are treated equally in terms of help with problems, discussion of sensitive issues (sex, pregnancy, drugs, and alcohol) and attempting to understand the feelings of students and parents.
9. Continue to study the interaction of staff, students, and families in the delivery of services to improve communications; i.e., preaching to students about drugs and alcohol, cultural appropriateness, etc.

[Note: Students may see counseling, especially in the area of drugs/alcohol, as preaching and connect it to staff in a negative manner. On the other hand, such "preaching" could result in positive outcomes. This recommendation is not intended to discourage positive counseling approaches that might be more accurately described as direct advice; rather, that a less direct, *questioning* approach may be more effective with some hard-to-reach students, in the area of substance abuse.]

10. Providing services at the elementary level is a perceived must in all sites. Early intervention boosts school performance and helps to negate permanent damage to learning potential and motivation, reducing the need for remediation. In addition to improved cognitive development, there is a need to instill positive social, career, and character development in elementary level children. Early intervention with health, mental health, case management, and the teaching of cooperative/team approaches to learning and work can help to reduce the likelihood of drug addiction, gang involvement, teen pregnancy, and other behavioral or health factors which negatively impact students as they get older. Head Start provides these services to many preschool children from families below the poverty line and to children with disabilities and is generally viewed as an eminently successful federal program. The SBYSP, with a similarly family-centered approach, is needed to follow through with these services at the elementary level. The National Career Development Guidelines provide some guidance with respect to approaching career development at an early age.
11. Explore the development of the SBYSP in the most impoverished areas of Iowa. Our most poverty stricken areas are not represented in the present models. (South Tama County is the poorest area of the five sites, with about 40 percent of their students on the free or reduced lunch program.) If we are going to learn about poverty, its effect on children, and how to develop programs to help them, we must involve people from those areas. With the SBYSP, direction comes from the local level. Unfortunately, the poorer the area the less likely the local community will be able to afford the service. The state will have to take on more of the financial load for these communities in order to build an equitable support system based on resources that are available. On the positive side, although it is the poorest site, South Tama County has elicited the largest **number** of contributors — evidence of strong support within this community for the SBYSP.
12. Investigate, more in-depth, services provided for homeless students and families and specific impact for this population.
13. Identify the possibility of multiple service agency collocation and involvement in all school districts including the potential expansion necessary to achieve that goal.
14. Explore the development of comprehensive core service teams within the school program to better coordinate services within the school setting.
15. Conduct a cost analysis including cost comparisons with other programs located in other states.

16. Expand by one full-time staff person in each participating agency at the state level to provide technical assistance to schools and communities in organizing staff development, strategic planning, research and evaluation, and funding.
17. Increase support for research at a rate equivalent to expansion of programs which has tripled over the past five-year period or redirect existing research funds to accommodate needs and changes occurring in local programs.
18. Explore special provisions for flexibility in the level of funding for consortiums of districts in rural areas allowing a higher level of funding for consortiums depending on local need.
19. Provide for new and modification of existing facilities to accommodate multi-agency collocation and collaboration.
20. Explore the use of community services funds in SBYSP as used by local planning councils for mental illness, mental retardation, developmental disabilities, and brain injury.

THE FUTURE OF THE SCHOOL-BASED YOUTH SERVICES PROGRAM

The problems today's students bring to school interfere with learning and are basic life needs that must be fulfilled *before* education can occur. These problems include but are not limited to a lack of medical and dental care, (teen) pregnancy, family crises, homelessness, poor nutrition, and drug or alcohol use. Schools are held responsible for student performance and if student performance is to be at its best, schools have no choice but to seek assistance for students through the family and community service agencies. Based on survey data from 292 principals and 702 teachers in Iowa, Licklider (1992) found that many educators feel "inadequately prepared to use effective strategies and approaches with students at risk." One solution to this problem is to utilize the collaborative approach of the SBYSP to involve agencies, the parents, teachers, and other school personnel in an effort to "reduce the risk" of such students.

In connection with the above points, it should be underscored that *the true impact of the SBYSP model is yet to be fully explored and discovered*. There is a continuing need to study the impact of this program on different types of "at-risk" youth. Increased appropriations and support for research are necessary to identify and analyze current phenomena to make policy decisions for the future.

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APPENDIX A

SCHOOL-BASED YOUTH SERVICES PROGRAM SITES

SUBMITTING GRANTS

AND

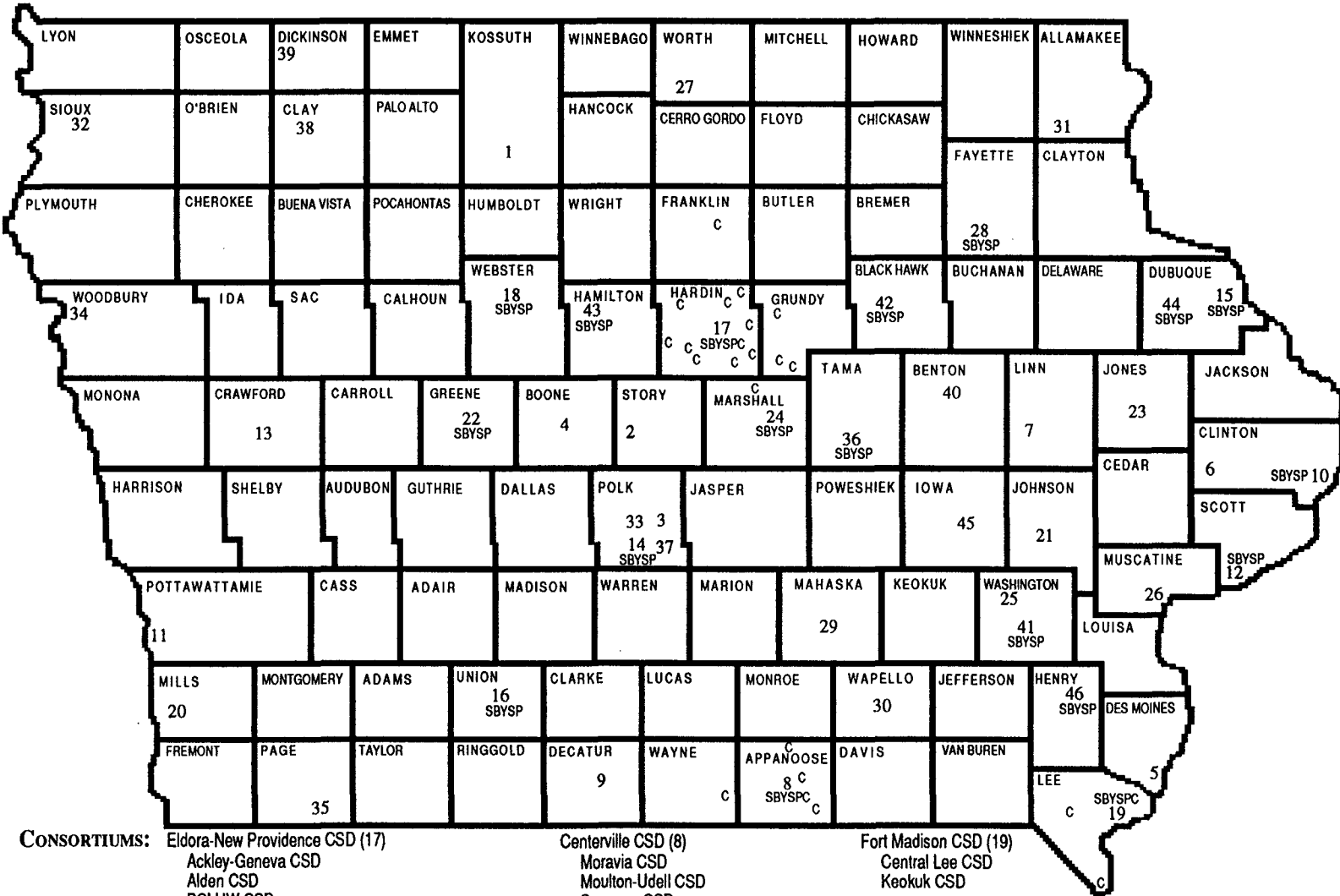
THOSE SITES APPROVED

REGIONS SUBMITTING SCHOOL-BASED YOUTH SERVICES PROJECT PROPOSALS

SBYSP DENOTES APPROVED PROPOSALS

C DENOTES CONSORTIUMS: COMMUNITIES INVOLVED IN APPROVED SBYSP

- 1. Algona
- 2. Ames
- 3. Ankeny
- 4. Boone
- 5. Burlington
- 6. Calamus-Wheatland
- 7. Cedar Rapids
- 8. Centerville
- 9. Central Decatur
- 10. Clinton
- 11. Council Bluffs
- 12. Davenport
- 13. Denison
- 14. Des Moines
- 15. Dubuque
- 16. East Union
- 17. Eldora-New Providence
- 18. Fort Dodge
- 19. Fort Madison
- 20. Glenwood
- 21. Iowa City
- 22. Jefferson-Scranton
- 23. Jones County
- 24. Marshalltown
- 25. Mid-Prairie
- 26. Muscatine
- 27. North Central
- 28. Oelwein
- 29. Oskaloosa
- 30. Ottumwa
- 31. Postville
- 32. Rock Valley
- 33. Saydel
- 34. Sioux City
- 35. South Page
- 36. South Tama
- 37. Southeast Polk
- 38. Spencer
- 39. Spirit Lake
- 40. Vinton-Shellsburg
- 41. Washington
- 42. Waterloo
- 43. Webster City
- 44. Western Dubuque
- 45. Williamsburg
- 46. Winfield-Mt. Union



Total Programs = 18

1994-95 School-Based Youth Services Programs

AEA	Grant No	Sch Dist Complete Name	Program Name	SBYSP Coordinators	SBYSP Address	SBYSP City State Zip	SBYSP Telephone	SBYSP FAX
15	CN-95-SBC94-001	Centerville Community School	Family Connection	Mr. Ron Miller	600 High Street	Centerville IA 52544	515) 856-0663	515) 856-0664
15	CN-95-SBC94-001	Moravia Community School				Moravia IA 52571		
15	CN-95-SBC94-001	Moulton-Udell Community School				Moulton IA 51572		
15	CN-95-SBC94-001	Seymour Community School				Seymour IA 52590		
09	CL-95-SB94-002	Clinton Community School	Gateway Initiative 2000	Mr. John Krogman	215 6th Avenue South, Suite 30	Clinton IA 52732	319) 242-2759	319) 242-2774
09	DA-95-SB94-003	Davenport Community School	DCSD — SBYSP	Ms. Karen Strusz	428 Western Avenue	Davenport IA 52801	319) 326-8221	319) 326-8240
11	DM-95-SB90-004	Des Moines Independent Community School	Project Success	Ms. Cyndy Erickson	1800 Grand Avenue, Suite 456	Des Moines IA 50309	515) 242-8117	515) 242-7396
01	DB-95-SB90-005	Dubuque Community School	School-Based Youth Services Program	Mr. Scott Gill	2300 Chaney Road	Dubuque IA 52001-3095	319) 588-5136	319) 588-8377
14	EU-95-SB94-006	East Union Community School	Eagle Ties	Ms. Joy Tokheim	1000 Eagle Drive	Afton IA 50830	515) 347-8421	515) 347-5514
06	EN-95-SBC94-007	Eldora-New Providence Community School	The Home Connection	Ms. Louise Esveld or Ms. Cinthia Hintze	1010 Edgington Avenue	Eldora IA 50627	515) 858-5533	515) 858-3667
06	EN-95-SBC94-007	Ackley-Geneva Community School				Ackley IA 50601		
06	EN-95-SBC94-007	Alden Community School				Alden IA 50006		
06	EN-95-SBC94-007	BCLUW Community School				Conrad IA 50621		
06	EN-95-SBC94-007	Hubbard/Radcliff Community School				Hubbard IA 50122		
06	EN-95-SBC94-007	Iowa Falls Community School				Iowa Falls IA 50126		
06	EN-95-SBC94-007	Wellsburg/Steamboat Rock Community School				Wellsburg IA 50680		
05	FD-95-SB94-008	Fort Dodge Community School	BRIDGES	Ms. Kaye Grossnickle	819 North 25th Street	Fort Dodge IA 50501	515) 574-5444	515) 574-5446
16	FM-95-SBC94-009	Fort Madison Community School	BRIDGES	Ms. Rachel Stewart	508 15th Street, Suite 1	Fort Madison IA 52627	319) 372-1612	319) 372-0978
16	FM-95-SBC95-009	Central Lee Community School				Donnellson IA 52625		
16	FM-95-SBC95-009	Keokuk Community School				Keokuk IA 52632		
05	JS-95-SB94-010	Jefferson-Scranton Community School	Project LIFT	Ms. Heidi Hoffmann	101 West Sunset	Jefferson IA 50129	515) 386-4119	515) 386-2159
06	MR-95-SB90-011	Marshalltown Community School	The Caring Connection	Mr. Todd Redalen	1602 South 2nd Avenue	Marshalltown IA 50158	515) 754-1151	515) 754-1136
01	OL-95-SB94-012	Oelwein Community School	School-Based Youth Services Program	Mr. Dominic Grasso	208 8th Avenue S. E.	Oelwein IA 50662	319) 283-5610	319) 283-4497
06	ST-95-SB90-013	South Tama County Community School	The STC Partnership Center	Donna Hempy, Paula Simon, John Legg	205 West Third Street	Tama IA 52339	515) 484-3085	515) 484-3924
10	WS-95-SB94-014	Washington Community School	The Assure Program	Ms. Karen Lyle or Mr. Ron Mirr	111 Westview Drive	Washington IA 52353	319) 653-7378	319) 335-1711
07	WT-95-SB94-015	Waterloo Community School	Success Street	Ms. Diane Staack	1516 Washington Street	Waterloo IA 50703	319) 291-2674	319) 291-2659
05	WC-95-SB94-016	Webster City Community School	LYNX Connection	Ms. Phyllis Craig	P. O. Box 9, 507 Division Street	Webster City IA 50595-0009	515) 832-9266	515) 832-9554
01	WD-95-SB94-017	Western Dubuque Community School	School-Based Youth Services Program	Ms. Julie Norby	P. O. Box 379	Epworth IA 52045	319) 876-3626	319) 876-5512
16	WM-95-SB94-018	Winfield-Mt. Union Community School	Hands All Around	Ms. Mary Settles	208 South Olive	Winfield IA 52659	319) 257-7712	319) 257-7714

APPENDIX B

APPROVED IOWA

SCHOOL-BASED YOUTH SERVICES PROGRAMS

PROJECT SYNOPSES

APPENDIX B

1993-94 APPROVED IOWA SCHOOL-BASED YOUTH SERVICES PROGRAMS PROJECT SYNOPSES

DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT

- Centers at Moulton Elementary, Harding Middle, North High School
- Agency and school supported staff in centers
- Community Focus, Inc., United Way, and Des Moines Schools involved
- Planning Council with 55 members integrates service efforts, exchanges information and develops common goals and strategies
- Program manager screens participants on-site
- Center coordinator with specialized staff
- Case manager for counseling and organizing services for 20 – 30 youth and families
- Centers open 12 months per year 7:00 a. m. to 7:00 p. m.
- Services do not interfere with class schedules
- Counseling, educational support, health, job services, mental health, social services provided

DUBUQUE COMMUNITY SCHOOL DISTRICT

- In conjunction with Western Dubuque Community Schools
- Eight school sites
- Child study team coordinates service delivery
- Each site's facilitator manages program and coordinates services
- Other staff include health specialist, career specialist, mental health counselor
- Family case manager to monitor and evaluate
- Recreation and leisure, parenting, peer counseling, social services, health care, mental health, family counseling, job services, and educational support provided

MARSHALLTOWN COMMUNITY SCHOOL DISTRICT

- Centers located at Marshalltown High School, Anson Middle School, Miller Middle School
- In cooperation with Mid-Iowa Community Action, Inc.
- Health care, mental health, family counseling, job training, legal services, primary health care, family development, substance abuse treatment, guidance, and social adjustment services provided
- Youth Law Hotline and legal advice to youth and families
- Competency-based vocational curriculum for students
- Parent involvement emphasis
- Parenting skills lending library established
- Peer helpers support program
- Mid-Iowa Community Action aid to parents and students with problem solving
- Service providers: Caring Connection; Employment Services; AEA staff; Youth, Runaway, and Family Services; school staff; and Community Action Agency
- Individual assistance center offers tutoring and individual instruction
- Transportation provided for middle school students
- Shortened school days
- Individual academic assistance
- Self-paced curriculum
- Classes to assist students in making transition back into program

SOUTH TAMA COUNTY COMMUNITY SCHOOL DISTRICT

- Supervised recreation and service center in downtown Tama
- Health and mental health services; job training and counseling; GED; parenting, drug, and alcohol services
- Coordinate social services at center
- Center away from school but accessible to both middle and high school students
- Receptionist offers preliminary assistance
- Transportation component
- Business-School Coordinator
- Family-School Coordinator
- JTPA, Mental Health, Our Primary Purpose (OPP), Human Services, Juvenile Probation to offer social services
- Hours: 3:00 to 8:00 p. m. weekdays; 12:00 to 6:00 p. m. Saturday; Summer hours as appropriate

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