In Community Schools in Action, authors Dryfoos, Quinn, and Barkin draw from the experiences of educators, social service agency personnel, and others who have worked with a variety of school-community programs. Many of the schools described began implementation using a model developed by the Children’s Aid Society. Currently in use at more than 3,500 schools across the U.S., the model includes the following elements:

- Medical, dental, mental health, and social services;
- A comprehensive parent involvement program;
- Early childhood education;
- Adult education;
- An extended-day program that offers educational enrichment before school, after school, weekends, and summers; and
- Communitywide events.

While some schools might view this as a “Cadillac model” beyond their reach, the authors’ discussion provides an excellent introduction to the various elements. For example, three of the chapters highlight what the authors categorize as core program components: school-based health services; mental health services; and early childhood programs. In the chapter on providing health services in schools, they describe the adversities as “many, but certainly not insurmountable” and identify specific challenges:

- Achieving financial viability;
- Negotiating two radically different bureaucratic structures: a health provider with health mandates and regulations, and an education organization focused heavily on achievement and testing;
- Dealing with possible community opposition to specific health services, such as family planning;
- Providing security and maintenance for the facility; and
- Integrating health services with the “life” of the school.

The authors—as well as the developers of the Children’s Aid Society model—recognize that total in-school provision of services may not be practical for many schools:

Not every school needs to set up a clinic, nor is there space in every school to set up one. When space is not available in the school, a provider can consider the school-linked model. Locating a health center adjacent to, or a few blocks away from, a school has the advantage of accessibility for students and for community children. It also allows the center to remain open when the school building is not, enabling a greater flexibility of hours and days of service.

Although the authors do not address this alternative explicitly, it raises the possibility if the community school concept seems beyond the reach of some schools. By increasing communication with community service agencies, local educators might be able to impact planning for social services at the district level. For example, where a health services facility should be located may seem outside the scope of a principal’s responsibility, but it could be a good discussion item for principals to bring to central office staff. The chapter “Extended-Service Schools as a District-Wide Strategy,” written by Tom Payzant, former superintendent of Boston Public Schools, would provide helpful support for this discussion.