

How to Get Started! Collaboration Between Schools and Local Service Providers


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Creating Partnerships

Given emerging evidence of the strong relationship between academic underachievement and mental health challenges, it seems reasonable that schools, families and mental health would work together.




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Why do we need a school based system of care?

- Schools are the **defacto** mental health system
- MH clinics are not enough
- School-based services increase accessibility and lessen stigma to student and family
- Bridging the gap between home, school, and community is essential
- Schools offer a unique setting in which to promote the mental health of all children

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Why did we, the school, take the lead?



- According to Tirozzi & Uro (1997), “Schools are the microcosm of society – the problems of society enter the schoolhouse; they do not remain outside.”
- With an ever-increasing number of youth living in poverty and rising rates of divorce, suicide, teen pregnancy, drug abuse and youth violence and crime, youth bring with them physical, social and mental health concerns that serve as barriers to learning.
- The children spend a great deal of time in the school setting, the teachers and staff know their students.

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The principles inherent in a System of Care match:

- Early identification and intervention is essential
- The schools have access to a large array of services and professional staff members
- Services are generally individualized to the child’s needs
- Services are to be delivered in the least restrictive environment
- We want participation of families as partners
- We want Interagency coordination

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We asked, “What is available in the Community?” right now?

- MHMR
- Juvenile Services
- CPS
- Regional Educational Service Center
- Partners in Education (PIE)
- Health Department
- Private service providers, etc
- Ministerial Alliance

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We asked, "What is available in the **School District** right now?"

- Georgetown Project
- School-based Services
- SAIL teams
- Connection to Private and Public agencies
- Probation and Juvenile Services
- Educational programs



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The **Start of a Steering Committee**

- One Special Education Director called together people in the district and the community with "like-minds" to begin brainstorming and start the dialog. Who came in the Fall of 2002?
 - SAP Coordinator
 - Behavior Specialist
 - Juvenile Probation
 - Private Counselor
 - School Counselor
 - Consultant

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We met 4 times during 2002-2003 and discussed these ideas.....

- Why do we need a system of care in the schools?
- What are the principles of SOC?
- What is already available in the community we could build upon?
- Wrap-Around? What is it?
- Who else needs to be at the table?
- We started using the SOC vocabulary when we were around the school personnel – to plant seeds

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Who/What was already in place?

- **SAIL Team Coordinator** – familiar with Staff and Staff, familiar with school based services (educational and non-educational)
- **Behavior Consultant** – school based LSSP or Behavior Specialist who has extensive knowledge of universal interventions and supports, this person would already be involved in the children who have behavioral needs
- **Child's Teacher** – familiar with the child's educational history, academic ability and family
- **Child's Parent/Family members** – familiar with the child's history and previous school based and community experiences
- **Community Services Persons** – as appropriate, invited by the family and/or the school to assist with wraparound

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Year 2: Becoming Active in the Community

- We made a conscious effort to become visible in the non-public school arena
- Participated on advisory boards
- Special Education Director became an active participant on the CRCG for the County and served on the board for the Children's Support Coalition
- Understanding roles across agencies had begun.

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Year 2: Provide Collaborative Training for the County

- Joint training sessions allowed for face-to-face meetings
- Understanding SOC Philosophy and the common vocabulary was established
- Our school district funded two days of Wrap-around training for anyone in the County: 40 – 50 attended each time

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Year 3: Deepening Relationships

- Special Education Director became the CRCG Chairman for the county
- More school personnel sat on agency boards
- Increased attendance at community/school informational meetings through public awareness of the meetings
- We offered to provide services/assistance to the agencies and opened our doors to them to enter.
- We started having CRCG meetings at the school campus
- We started having wraparounds on our own – at school

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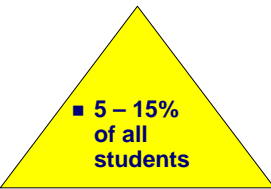
GISD SAIL Teams are the right place to start when there is a child with multi-agency involvement.



- Wrap-around is the SAIL process taken a step deeper and more intense
- Wrap-around is a more formalized process of using school and community resources to meet the unique needs of each student and their family....more on this later.

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Who needs SAIL teams?

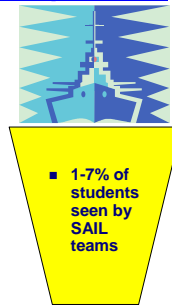


- Academic Needs:
 - Assessment based
 - Risk of failure/drop out
 - High intensity
- Behavioral Needs:
 - Social skills teaching
 - Self management programs
 - Adult mentors
 - Positive discipline
 - Increased academic support

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Which students need wraparound?

- Students with more chronic and often intense problem behaviors
- Students who already have multi-agency involvement
- Students who need more intense, “out of the box” plans
- Families who are in need of training and agency collaboration



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But it sounds so time intensive!

YES- BUT HOW MUCH TIME WOULD BE NEEDED IF WE DID NOT DO THIS?

It's worth the effort because it allows for:

- Reduction in self-contained placements
- Improved academic outcomes
- Intervene early before larger problems develop
- You not alone when you open the doors to the agencies.

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Why should schools make the effort?

- Creates meaningful partnerships between school, community resources, parents and students
- Matches student and family strengths and needs with support resources, maximizing those resources
- Empowers students and families to grow in the face of challenges
- Promotes a climate at home and school that results in increased productivity and performance


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Why should schools make the effort?

- Helps schools by taking a community approach to solving problems that hinder academic success
- Decreases disciplinary referrals
- Meets family, school and community needs
- Increased cultural sensitivity
- Often – quick results
- Staff consistency with follow-through

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Wraparound is a good fit for schools that have adopted a Positive Behavioral Supports approach to preventing and intervening in behavior challenges. Both focus on system change, capacity building, outcome driven strategies and strength-based approaches. Positive behavioral strategies are important components of wraparound plans. Team involvement, coupled with the use of a problem-solving/solution-focused process, makes wraparound and PBS highly compatible.



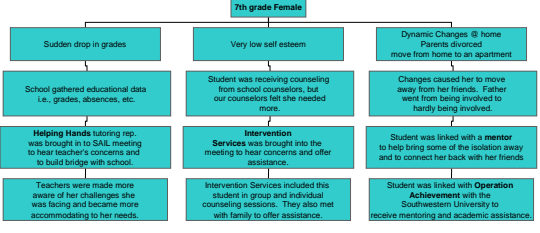
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So What Are We Doing Currently?

- Continuing to attend networking meetings
- Continuing to build relationships
- Encourage everyone to think outside the box
- Continuing to strengthen the common vocabulary

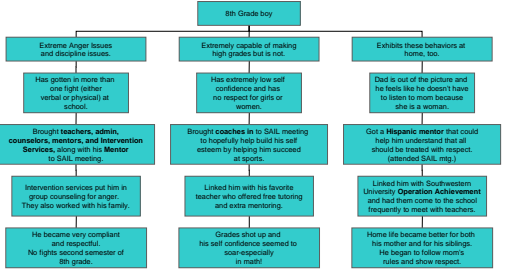
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Examples of Success – Tippit Middle School



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Example B: Tippit Middle School



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Williams Elementary S.A.I.L Team

Families	School Psychologist	Principals	School Nurse
Counselor/ Campus SAIL Coordinator	Special Education Representatives	Title I Teacher Reps.	Community Agency Reps.
Child's Teacher	Grade Level Team Reps	Special Education Reps.	Other District or Campus members as needed

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Collaboration with Outside Providers, Resources and Representatives of Organizations – PARTNERS in the S.A.I.L. process (personal connections highlighted in blue)

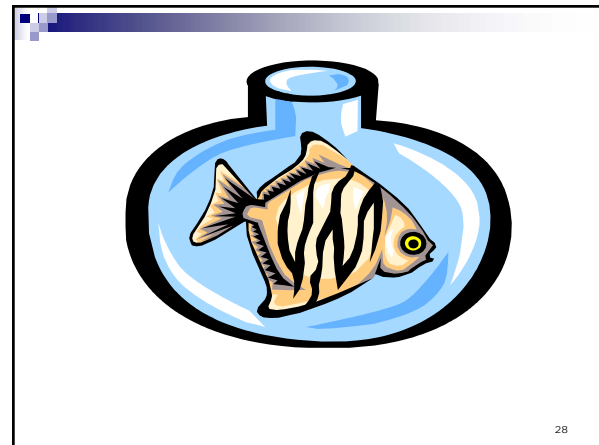
Georgetown Community Health Clinic – accessing health care and mental health services for kids (with the help of Dr. Ford and the family services coordinator))	"Caring Place" for clothing needs (connections with board members)
Intervention Services – provides family support, counseling and mentoring (relationships w/ counselors, directors, and board members)	Georgetown Nurse's Network - access to medical and psychiatric assistance (coordinator is the school nurse at Williams)
District Parent Liaisons - coordinate family meetings and support for parents	Insure-a-Kid and CHIPS (school nurse at Williams connected to various Dr.'s)
Sertoma Club - hearing needs and financial resources for family needs (counselor connected to board)	GISD Homeless and Parent Liaison – accesses services for homeless families (relationship with Principals)
Blue Bonnet MHMR – provides mental health services (connections w/ principals and school staff and United Way board)	UT Action – provides mental health services and counseling for students in need (counselor had relationship w/ U. Texas)

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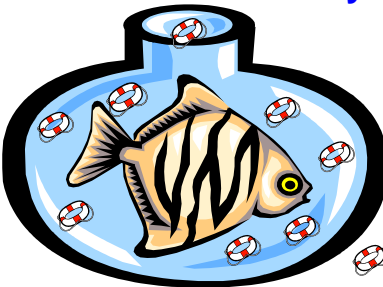
STARRY Crisis Response (assistant principal connected to RR Police Dept.)	Georgetown United Way and UW of GWD (assistant principal is a board member)
Academic Assistance – referrals to school and outside tutoring, special programs, testing	Local Churches for various types of support (members)
Southwestern University Mentors (school counselor)	CARTS - Transportation
Georgetown High School PALS	Parent Training Programs (provided by school nurses & Intervention Services)
Lion's Club and Children's Hearing AID of Texas - vision and hearing needs	Operation School Bell – supplies
Georgetown Assistance League - resources (counselor is a board member)	City of Georgetown for housing needs and community resources (principal, assistant principal, and teachers on city committees)
Eya Associates of Georgetown (Dr. Quinlan – personal friend of school nurse)	Georgetown J.C.'s and Chamber of Commerce - resources for mental and physical health (principals and teachers connected)
	Numerous connections to local businesses (financial and housing support)

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- ### Williams Elementary contacts for 2004-05
- Fifteen student participating in UT Action counseling program
 - Housing assistance in some form for eight families at Williams
 - Specific academic assistance for thirty highly at-risk students
 - Indirect academic assistance increased campus wide for over a third of the Williams student population as a bi-product of newly acquired relationships in the community
 - Increased mentor numbers by over twenty five percent
 - Access to Mental Health assistance for twenty nine students through intervention services and MHMR
 - Implementation of *critical immediate direct* services through MHMR for two highly at-risk students
 - Assistance and coordination of medical services for fifty seven Williams families
 - Accessed transportation to medical providers for seven families (in a community where there is no public transportation)
 - Supplied school supplies to over 150 Williams students
 - Assisted thirty nine students w/ access to medical care
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GISD - a Community of Care



WATER –Georgetown Community of Care

FISH–Student with needs ... the student is in "school" 7 hours per day

 = Community agencies

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