How to Get Started!
Collaboration Between
Schools and Local Service Providers
Presentation for
18th Annual Research Conference

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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.

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

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.

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

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
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

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

Who/What was already in place?
- SAIL Team Coordinator – familiar with Staff and Stuff, 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

**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.

**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
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

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.

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

- 5 – 15% of all students

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

- 1-7% of students seen by SAIL teams

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
- Your not alone when you open the doors to the agencies.

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
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

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.

(Iowa Dept of Ed, 2001)

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

Example of Success – Tippit Middle School

7th grade Female

- Sudden drop in grades
- Very low self esteem

- Dynamic changes @ home
- Parents divorced
- moved from home to an apartment

- School gathered educational data, i.e., grades, absences, etc.
- Helping Hands tutoring rep. was brought in to SAIL meeting to hear teacher's concerns and build bridge with school.
- Teachers were made more aware of her challenges she was facing and became more accommodating to her needs.

- Student was receiving counseling from school counselors, but our counselors felt she needed more.
- Intervention Services was brought into the meeting to hear concerns and offer assistance.

- Intervention Services included this student in group and individual counseling sessions. They also met with family to offer assistance.

- Changes caused her to move away from her friends. Father went from being involved to hardly being involved.
- Student was linked with a mentor to help bring some of the isolation away and connect her back with her friends.

- Student was linked with Operation Achievement with the Southwestern University to receive mentoring and academic assistance.

Example B: Tippit Middle School

8th grade boy

- Extreme Anger Issues and discipline issues.
- Extremely capable of making high grades but is not.
- Exhibits these behaviors at home, too.

- Has gotten in more than one fight (either verbal or physical) at school.

- Brought teachers, admin, counselors, mentors, and Intervention Services, along with his Mentor to SAIL meeting.

- Intervention services put him in group counseling for anger.
- They also worked with his family.

- He became very compliant and respectful.

- No fights second semester of 8th grade.

- Has extremely low self confidence and has no respect for girls or women.

- Brought coaches in to SAIL meeting to hopefully help build his self esteem by helping him succeed at sports.

- Linked him with his favorite teacher who offered free tutoring and extra mentoring.

- Grades shot up and his self confidence seemed to soar – especially in math!

- Dad is out of the picture and he feels like he doesn’t have to listen to mom because she is a woman.

- Got a Hispanic mentor that could help him understand that all should be treated with respect.

- Linked him with Southwestern University Operation Achievement and had them come to the school frequently to meet with teachers.

- Home life became better for both his mother and for his siblings.

- He began to follow mom’s rules and show respect.

Example B: Tippit Middle School – Williams Elementary S.A.I.L Team

<table>
<thead>
<tr>
<th>Williams Elementary S.A.I.L Team</th>
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<tbody>
<tr>
<td>Families</td>
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<tr>
<td>School Psychologist</td>
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<tr>
<td>Principals</td>
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<tr>
<td>School Nurse</td>
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<tr>
<td>Counselor/ Campus SAIL Coordinator</td>
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<tr>
<td>Special Education Reps.</td>
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<td>Title I Teacher Reps.</td>
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<td>Community Agency Reps.</td>
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## Collaboration with Outside Providers, Resources and Representatives

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Connection Details</th>
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<tbody>
<tr>
<td><strong>Georgetown Community Health Clinic</strong>&lt;br&gt;Accessing health and mental health services for kids (with the help of Dr. Ford and the family services coordinator)</td>
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<td><strong>Intervention Services</strong>&lt;br&gt;— provides family support, counseling and mentoring relationships w/ counselors, directors, and board-members</td>
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<tr>
<td><strong>District Parent Liaison</strong>&lt;br&gt;- coordinate family meetings and support for parents</td>
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<tr>
<td><strong>Southwest Church</strong>&lt;br&gt;— hearing aid and financial resources for family needs (counselor connected to board)</td>
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<tr>
<td><strong>Blue Bonnet MHMR</strong>&lt;br&gt;— provides mental health services, connections w/ principals and school staff and United Way board</td>
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<td><strong>GISD Nurse’s Network</strong>&lt;br&gt;- access to medical and psychiatric assistance (coordinator is the school nurse at Williams)</td>
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<td><strong>Intervene</strong>&lt;br&gt;- community programs and services</td>
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<tr>
<td><strong>GISD Homeless and Parent Liaison</strong>&lt;br&gt;- provides medical services for homeless families (relationship with Principal)</td>
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<tr>
<td><strong>U T Action</strong>&lt;br&gt;- provides mental health services and counseling for students in need (counselor had relationship w/ U. Texas)</td>
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## GISD - a Community of Care

**W A T E R**<br>Georgetown Community of Care<br><br>**F I S H**<br>Student with needs — the student is in “school” 7 hours per day

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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 by-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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