

Title of Submission: A Blueprint for Building Bridges between Home, School
And Community

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**A Blueprint for Building Bridges between
Home, School and Community**

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A great deal of research supports early identification and intervention as a means of reducing a myriad of health and mental health problems (Doll & Lyon, 1998; Taylor, Adelman, & Howard, 2000; Weist & Christodulu, 2000). Additionally, it is clear that collaborations and partnerships are essential in effective health promotion and service delivery in the context of limited financial and human resources (Adelman & Taylor, 1996). As we are challenged to find new ways to promote efficient service delivery, many endorse the development of partnership building strategies, such as school based mental health programs (SBMHP), as possible means to that end.

The need for the services offered by a SBMHP are supported by the realization that many psychological problems of children do not simply disappear because they have entered school. In many situations the problems are intensified due to the demands of the academic environment and the need to conform to a rigid set of rules. As many children's basic needs to feel special, unique, valued, or safe go unmet, their desire and ability to do their best begins to evaporate.

Our SBMHP began in 1995 funded through a grant from the New York State Office of Mental Health, as a collaborative effort between Mid-Erie Counseling and Treatment Services and the Buffalo Public Schools. The program was developed to support children with serious emotional disturbances in the most appropriate educational placement through on-site and community based mental health services. Additionally, the SBMHP was developed to foster collaborative relationships among families, the school and the community. The SBMHP began providing services in an Early Childhood Center (a school that included grades pre-kindergarten through 2) in Buffalo, New York. Two years later the SBMHP expanded its service area to include two additional schools with grades pre-kindergarten through 6, and grades 3 through 8. The major goals of the program were to keep children in school and increase their level of academic successes, prevent initial and more restrictive emotional and behavioral disabilities placements, and to provide direct consultation with school and community professionals in regard to the needs of the children.

Collaboration

Collaboration is the use of a strategy where a group of people, community leaders or stakeholders have agreed to be partners in addressing shared problems. The group establishes common goals and agrees to use their personal and institutional power to meet them. Thompson (1993) described effective community collaborative partnerships as school linked, rooted in the community and closely connected to the local government (town, city, county and/or state). These partnerships are data driven and use service delivery prototypes when deemed appropriate. They also use new forms of leadership development and training and are financially pragmatic. Positive collaborations understand the impact of change and attempts to balance the political and technical dimensions of change to excite and interest partners. Finally, collaborations use their collective influence to engage everyone in the decision making process.

Although there are many goals and objectives of a collaborative school-based program, our program focused on maximizing family strengths, reducing barriers to

learning and helping children succeed personally and academically. This was done via integrating mental health into the academic environment at three levels:

1. Individual and family
2. School
3. Community

Individual and Family

By including the child and their family in the collaborative process, we increased the involvement of families both in general school activities and in mental health services provided. Additionally, we increased awareness by providing training to both students and their parents/guardians that addressed asset building, skill development and wellness. On-site services facilitated family access to timely mental health services.

School

Our SBMHP provided mental health prevention and education for students and educational staff through classroom presentations, curriculum enhancements, and mental health consultation to teachers and other educational staff on specific children and/or general mental health topics. This allowed us to move educational staff from passive to active roles in the treatment planning of their students.

Community

The development of a community advisory board (representative of the schools and surrounding communities) allowed for an increase in collaboration between the SBMHP, the school(s) and other community agencies and resources. The SBMHP staff has been active in identifying and securing resources from the community, businesses, human services, faith-based organizations, and others to support students, families and faculty.

How to collaborate

Building effective partnerships is not an easy task. It requires an accurate assessment of needs, trust, a cooperative leadership style, and a significant investment of effort, time and patience. The first step in the collaborative process is to identify a problem that requires intervention. Once a broad problem has been identified, collaborations begin with several preplanning sessions to develop a unified vision and philosophy, and a narrower definition of the problem. It is imperative that you have support from various government agencies (local, county and/or state), develop focus groups that allow stakeholders to be identified (e.g., parents, teachers, school administrators, local political and business leaders, and mental health providers), and obtain commitments from all stakeholders.

According to Thompson (1993), most collaborative processes require the following fundamental steps: getting together, building trust and ownership, developing a strategic plan, taking action, going to scale, and celebrating.

Often, a sense of frustration or outrage precipitates the desire to get together in an attempt to resolve a crisis, problem or concern. Unfortunately, many times, the initial

energy decreases significantly due to poor planning, erratic leadership, or an inability to accept the need for a long-term solution. Getting together involves not only deciding to act, but involving those who have a sense of energy and vision, who are willing to make a commitment to collaborate beyond the opening meeting.

You build trust and encourage ownership by developing a base of common knowledge regarding the issues, problems or concerns. Conducting a comprehensive assessment that will help define shared visions and goals accomplishes this. As the stakeholders take ownership, a community presence is formed that leads to the development of a mission statement or conceptual framework that helps guide the collaborative process.

Next a strategic plan must be developed that focuses on the school population and defines specific target outcomes. It is at this point that the technical tools for collaboration are developed. This would include formalizing interagency relationships by clarifying roles and responsibilities, and designing, reviewing or modifying an interagency service delivery prototype. As the stakeholders develop their strategic plan, they begin to understand and appreciate each other's roles, create an appropriate service delivery system, and encourage commitment to the collaboration.

Once the preliminary work has begun, it is time to take action. Staff selection becomes critical to the success of the collaborative process. Qualified staff must be chosen who can help move the program forward. These individuals must be flexible and able to work both independently and as team players. They should be able to work with people from a variety of disciplines (e.g., paraprofessionals, educators, school support staff, government and community officials, mental health and health professionals, etc.) and cultural and ethnic backgrounds. Due to the multicultural nature of American culture, staff diversity is critical to allowing families and children to identify with those that may come from similar backgrounds and/or circumstances. It is also important for staff to be comfortable working in a host environment, and respect the procedures and conventions of the other participants. Therefore, they must understand the expectations, rules, standards and culture of institutions outside of the mental health arena (such as, political, educational, and community agencies). A coherent referral process for services should be clarified with the assistance of the stakeholders. This would include identification of a lead person, the development of a referral process, the type of potential services that can be offered, linkages, etc. Once put in place, this process should be shared with all who would or should be able to access it.

Staff must be willing to make mistakes and learn from them. Additionally, they should see problems as challenges not insurmountable obstacles. All problems should be met head on involving the people closest to the work. They must agree to disagree, be persistent, and enter the process with the desire to change the status quo. It is important to publicize the SBMHP by sending information home to parents and speaking to educational staff on the first day of school informing them of plans for services for the coming year. A mechanism should be developed to share information, when appropriate, between the mental health agency and the school. This can be done by appointing staff to

attend grade level or faculty meetings in the school, holding monthly meetings with school staff and other partners to discuss the referral process and service delivery, and providing inservice education for caregivers and teachers. The establishment of a Community Advisory Board, representative of the school and surrounding community, would be beneficial to the collaboration. Therefore, membership should include representation from the faith-based community, business community, higher education, government, and other community organizations.

Building trust and ownership, developing a strategic plan, and taking action are rather fluid processes. One must constantly evaluate and review the collaboration to ensure that the mission is being met. This may require changing the mission or staff, expanding or reducing services, changing the partners in the collaboration, and/or finding new revenue sources. By constantly assessing the collaborative effort, you increase the likelihood that the SBMHP can be replicated elsewhere and that the program has long range and long term effect.

Any collaboration should be a dynamic relationship, leading to the appropriate recognition and celebration of the program's successes. There is a tendency to only acknowledge end goals, without ever affirming the various steps that led to them. Consequently, it is important for the partners to identify and celebrate the achievement of the prerequisite skills or steps involved in accomplishing a much larger task. Celebrating a continuum of events, from making contact with a parent to a major therapeutic breakthrough, can increase staff morale.

Benefits of SBMHPs

During the past 4 years, our collaborative SBMHP experienced increased participation from all partners in the collaboration at each of the 3 levels. Parents began to attend family and parent activities held at the school. This included open houses, workshops and grade level activities with the classroom teacher. Since the inception of our program, involvement in each school's parent organization has increased. Successful integration of mental health and educational services was due to the commitment, expertise and energy of the staff from both institutions. Staff from the SBMHP and the school participated in mutual training, jointly attended grade level meetings and cooperated on specific cases. Consequently, the SBMHP staff played an important role in coordinating services between the school, family and community agencies. They have been able to act as the catalyst for securing additional resources and programs for the schools by partnering with various community organizations.

Each year requests for the assistance offered by our SBMHP have increased, with more children and their families referring themselves for services. The availability of services and the trusting relationship fostered by the SBMHP staff has reduced the stigma attached to seeking mental health services; instead, fostering the perception that the program was a resource for every student in the school.

Challenges

Although we believe SBMHP collaborations to be critical to the overall health of children, to reduce challenges it is important to be aware of the following:

- Create realistic expectations of what each partner can contribute to the collaboration and achievable outcomes
- Ensure that a clear chain of command exists for all partners
- Develop consistent meeting times with partners
- Provide adequate supervision of the SBMHP and its staff
- Maintain professional integrity in the midst of changes within the educational and mental health systems by respecting the ethical values and guidelines that govern each organization
- Develop a feedback protocol to ensure consistent feedback from all stakeholders
- Ensure that parents are not marginalized by educational staff's easy access to on-site services
- Allocate appropriate space to allow for program access and confidentiality
- Be careful of becoming involved in internal conflicts at the school

We believe the benefits of a school based mental health program collaboration include increased efficiency in serving children and families with mental health needs, early intervention opportunities, a coordinated response to family crises, cost efficiency, a reduction of transportation difficulties for families, and a decrease in the stigmatization of mental health services.

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