

ADDRESSING THE UNMET MENTAL HEALTH NEEDS OF SCHOOL AGE CHILDREN



GUIDELINES FOR SCHOOL-COMMUNITY PARTNERSHIPS

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“Lasting educational success can only happen when a well woven net of services has been created to support the varied needs that our children present in the school setting. The Illinois State Board of Education values the leadership of the Illinois Children’s Mental Health Partnership in developing these **“Guidelines for School-Community Partnerships.”** It is thanks to these collaborative efforts that all benefit from the diversity of expertise and cultural backgrounds. These relationships bring innovative ways to serve our children and their families. Partners contribute toward common goals, and address unmet needs as gaps are identified, ensuring greater access to comprehensive and cohesive mental health support systems. The Illinois Board of Education relies on this collaborative support to bring alive its mission.”

— **Beth Hanselman**

*Assistant Superintendent of
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Acknowledgements

Appreciation is due to the many people who lent their expertise and dedication to development of the *Guidelines for School-Community Partnerships (Guidelines)*. The Illinois Children's Mental Health Partnership (ICMHP) has flourished since 2005, guided by the astute leadership of **Barbara Shaw** as Chair. The ICMHP School Age Committee, under the direction of first **Maria McCabe** and **Peter Tracy** and now **Maria McCabe** and **Colleen Cicchetti** as Co-Chairs, took on the task of writing the *Guidelines* with enthusiasm. They are to be commended for their dedication to this project. **Rosario Pesce** served as Chair of the School-Community Partnership Subcommittee and gave tirelessly of his time and school-based expertise to assure the success of this endeavor. **Laura Hurwitz** provided essential staff support to the work of the Subcommittee and created initial drafts of the *Guidelines*. School Age Committee members reviewed and provided comments on drafts of the *Guidelines* that were well informed and grounded in the realities of day-to-day work in schools and community agencies. The *Guidelines* have been revised based on the experience of school and mental health staff who utilized the initial version to shape their partnerships. The wisdom of their shared experiences grounds the revised version.

Karen Van Landeghem, ICMHP Associate Director, and **Colette Lueck**, Managing Director, provided critical input and essential revisions to the final drafts. Voices for Illinois Children, under the leadership of **Gaylord Gieseke**, provided crucial support to ICMHP, including serving as its fiscal and physical home. **The Center for Mental Health in Schools Program and Policy Analysis** at the University of California Los Angeles and **The Center for School Mental Health Analysis and Action** at the University of Maryland both provided research and information that was invaluable throughout the process of crafting the *Guidelines*. Finally, appreciation is due to Wayne Childers of Childers Communications, Inc. for design and print production of the *Guidelines*.

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Foreword

Research indicates that school mental health programs improve educational outcomes by decreasing absences, decreasing discipline referrals, and improving test scores. The President's New Freedom Commission on Mental Health recommends that schools work collaboratively with families and mental health providers to develop, evaluate, and disseminate effective approaches for providing mental health services and supports to children and youth in schools along a critical continuum of care.¹ Schools are in a key position to identify mental health problems early and to provide a link to appropriate services. Schools cannot, however, adequately address the mental health needs of school-age children absent community and mental health provider support and partnerships. Students all too often come to school bringing all the issues we collectively face as a society—homelessness, cultural disconnects, poverty, community violence, and lack of appropriate child care and after school programming. At the same time, schools are all too often under resourced, classrooms are over crowded and teachers lack support. While strong school mental health programs can attend to the health and behavioral concerns of students, reduce unnecessary distress, and help ensure academic achievement, meeting the mental health needs of school-age children is a shared responsibility.

Illinois became a nationwide leader in addressing the mental health needs of children and youth when it enacted the Children's Mental Health Act of 2003, forming the Illinois Children's Mental Health Partnership (ICMHP) and charging it with developing a statewide strategic plan to reform the Illinois children's mental health system. In crafting the strategic plan, ICMHP identified key issues facing children, youth, and their families, including lack of access to services, gaps in mental health programming, and insufficient attention to prevention and early intervention. Through public forums across the state, the Partnership heard from parents, grandparents, advocates, teachers, doctors, childcare workers, school nurses, public health professionals, psychologists, psychiatrists, special education teachers, school social workers and counselors, child welfare workers, and others. What was learned was striking and sobering:

- Many schools lack sufficient and appropriately trained staff to handle the numbers of students with mental health needs.

- There are not enough mental health providers available to meet the demand for mental health services, particularly in rural and other underserved areas.
- Families who have children with mental health needs must navigate multiple, complex, and uncoordinated systems in order to obtain services.
- Opportunities are often missed for educating parents, other caregivers, and educators about the impact of children's social and emotional development on academic outcomes.

The Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois, as developed by the ICMHP, is a roadmap, covering a range of recommendations and strategies necessary for reform. One key recommendation is to "promote increased collaboration and partnerships among schools and school-based mental health, community mental health, juvenile justice, substance abuse, developmental disability, Early Intervention (Part C of IDEA), child care programs and systems, families/caregivers, and others to promote optimal social and emotional development in children and youth and access to appropriate services."² Establishing guidelines for school-community partnerships with diverse community agencies, including non-traditional organizations, was one identified strategy to advance this recommendation. The initial *Guidelines for School-Community Partnerships (Guidelines)* was the result of a two-year long effort on the part of the ICMHP's School Age Committee. The current revised version includes additional tools and resources, based on lessons learned as teams across Illinois utilized the *Guidelines* over the past three years. The *Guidelines* document is intended to be an important resource for moving ahead the comprehensive, coordinated children's mental health system comprised of prevention, early intervention and treatment programs and services for children ages birth to 18 in normalized settings that the Partnership envisions. Development of local and statewide cross system collaborations is crucial to this vision. With the goal of creating cross system shared ownership for the mental health and social and emotional development of school-age children, the *Guidelines* identifies key developmental steps to support a sustainable structure wherein all members share in the research, design, implementation, and evaluation of efforts undertaken collectively to assure the academic success and mental health of school age children and youth.

¹Hogan MF, et al. (2003). New Freedom Commission on Mental Health Achieving the Promise: Transforming Mental Health Care in America.

² Illinois Children's Mental Health Partnership. (2005). *Strategic Plan for Building a Comprehensive Mental Health System in Illinois* (The Plan can be viewed in its entirety at www.IVPA.org)

Background

A significant number of Illinois students experience difficulties in attaining the social, emotional, behavioral, educational and vocational skills needed to succeed in life. Approximately 9-13 percent of all children and youth face serious emotional or behavioral challenges. In schools serving low-income populations, the number of students with psychosocial problems is even greater.³

Key national and state statistics highlight the magnitude of the problem:

- Nationally, over 20 percent of youth experience a diagnosable mental health problem.
- One-quarter to one-third of young children are perceived as not being ready to succeed in school, with many affected by social and emotional issues.
- Nearly one-quarter of Illinois adolescents and one-third of Chicago adolescents reported signs of depression, for two or more weeks in a row, severe enough to keep them from doing usual activities.
- Suicide is the third leading cause of death for adolescents and young adults.
- In Illinois almost half of students report easy access to alcohol and over half report easy access to marijuana. Between 2004-2006 alcohol use in the 6th grade increased from 19 to 29 percent.
- Nationally, students age 12 through 18 were victims of approximately 186,000 violent crimes in schools; nearly 500,000 witness crimes away from school. In 2008, 60 percent of children under the age of seventeen were exposed to some type of violence.
- Nearly one-fifth (18 percent) of students in Illinois reported carrying a weapon during the past 30 days. Over one third reported being in a fight during the past 30 days and 35 percent reported staying home because they felt unsafe at school.
- Although half of middle and high schools nationally offer some level of mental health counseling, there are serious disparities in availability of services and supports by region, locale, and school size.
- Nationwide, nearly half of all teachers leave within five years. A study of Chicago Public Schools found that 67 percent of elementary grade and 76 percent of high school teachers leave within five years. Each teacher who leaves costs a district about \$11,000. Teachers list difficulty managing classroom behavior as a key reason for leaving the field.
- One-quarter (25 percent) of ninth graders will not graduate from high school. In Illinois the rate is close to 20 percent. Students in special education, or those with serious emotional challenges, graduate at lower rates than their peers.
- Five times as many high school and college students are dealing with anxiety and other mental health issues as youth of the same age who were studied in the Great Depression era. Almost one quarter reported that the rules did not apply to them.
- Over 1,000 students were expelled and 240,000 students were suspended in schools in Illinois in 2008. Almost 2,000 were transferred to an alternative program, many because of behaviors that are correlated to unaddressed mental health challenges.
- Ninety percent of students in alternative education settings report a history of traumatic experiences.
- Up to 16 percent of students nationwide have a history of physical abuse; 10 percent have experienced neglect; and 15-30 percent have experienced sexual abuse.⁴

³Freidman RM, Kutask K, and Duchnowski, AJ. (2002). Policy Leadership Cadre for Mental Health in Schools

⁴Sources: U.S. Department of Health and Human Services. (1999). Mental Health: A Report of the Surgeon General.; Knitzer J. Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness. New York: New York. National Center for Children in Poverty; and Raver C and Knitzer J. Promoting the Emotional Well Being of Children and Families Policy Paper #3. New York: New York. National Center for Children in Poverty; Centers for Disease Control and Prevention. (2001). Youth Risk Behavior Survey; and U.S. General Accounting Office, Child Trauma and Mental Health Services Report to Congress. U.S. Government Printing Office.

Mental health promotion and early intervention efforts have been shown to reduce the impact of emotional problems for many students. Research supports that childhood is the best time to promote optimal social and emotional development and to mitigate the impact of mental health issues. Prevention programs and early intervention efforts can improve school readiness, health status, academic achievement, and reduce the need for grade retention, special education services, and welfare dependence. In fact, strong social skills, problem solving abilities, and conflict resolution skills are essential for all students if they are to maximize their academic potential.

Schools are Critical to Promoting Children's Optimal Social and Emotional Development

Schools play a key role in promoting children's social and emotional development and overall mental health, and are a key access point for reaching school-age children for mental health promotion, early intervention, and treatment efforts. Increasingly, schools recognize that attention to social and emotional learning can assist in the achievement of their core mission by improving students' development, readiness to learn, classroom behavior, and academic performance. In fact, some educators are shifting traditional emphases on teaching the "three R's"—reading, writing, and arithmetic—to a new framework: rigor, relevance, and relationships.⁵

Even though many educators recognize the importance of children's mental health to school success, schools confront significant barriers to providing services to support the social and emotional development and mental health needs of students. Schools are under immense pressure to focus on external accountability and test scores. Additionally, existing financial and personnel resources are insufficient to provide the necessary array of supports to teachers, especially as they attempt to manage difficult student behaviors. Every school day, 1,000 teachers leave the field. Among teachers who transfer schools, 53 percent cite problems with student behavior as a reason. The cost of replacing these teachers is \$4.9 billion every year.⁶

Recognizing that the mental health needs facing many school-age children are complex and require multiple systems (e.g., schools, health care, mental health, social services) to collaborate and integrate efforts, schools are logical sites to initiate community collaborations. Effective school-community partnerships, particularly those between schools and community mental health agencies, can provide a range of mental health services, maximize and leverage scarce resources, secure additional resources, improve ratios of mental health/support staff to students, and help schools reach their goals for student achievement. Partnerships can also focus on supporting school staff, providing consultation to teachers, working to engage parents, or improving school climate by bringing additional resources and expertise to the collaboration.

Effective School-Community Partnerships Can Maximize Efforts and Resources

Families, youth service organizations, community partners, mental health organizations, and schools all share key goals and values. Each stakeholder wants safe and effective schools, homes, and communities; students that are positively engaged with the community; parents that are knowledgeable about successful parenting practices; and teachers who are able to manage difficult childhood behaviors. Moreover, all stakeholders acknowledge the need to improve positive family participation and cultural responsiveness to families. Collaboration on mutual goals and agendas is a logical next step when many common values and goals already exist.⁷

Delivering mental health supports to students through school community partnerships is not a new concept. Many schools have developed linkages and partnerships to deliver programs that address a range of mental health and psychosocial concerns. Indeed, almost half of all school districts use contracts or other formal agreements with community-based individuals and/or organizations to provide mental health services to students.⁸ Most efforts between schools and community mental health providers have been either student or situation specific (e.g., a school crisis, consultation

⁵ Daggett WR. (2005). "Achieving Academic Excellence Through Rigor and Relevance." Internal Center for Leadership in Education.

⁶ Alliance for Excellent Education. (August 2005). Issue Brief: *Teacher Attrition: A Costly Loss to the Nation and to the States*

⁷ National Association of State Mental Health Program Directors and the Policymaker Partnerships for Implementing IDEA at the National Association of State Directors of Special Education Mental Health Project Work Group (2002). *Mental Health, Schools, and Families Working Together for All Children and Youth: Toward a Shared Agenda*

⁸ Foster, S., Rollefson, M., Doksum, T., Noonan, D., Robinson, G., and Teich, J. (2005) *School Mental Health Services in the United States, 2002-2003*. DHHS Pub. No. (SMA) 05-4068. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Background continued

addressing the behavior of a particular student, a group intervention to address an identified issue) with one party identifying the need, the appropriate intervention, and the desired outcome. These efforts are frequently person dependent and based on positive, trusting relationships that develop between personnel in key positions but are not sustained when key personnel change positions.

As schools face increased demands to meet the comprehensive needs of children and families, sustainable and effective school-community partnerships with mental health, social services, and health systems are critical. School mental health programs, school-based health centers, after-school networks, community schools, and systems of care bring together families, schools, mental health and other community systems to develop an array of effective programs and services that can improve a school environment, promote achievement, reduce barriers to learning, and provide prevention, early intervention, and treatment services.

Additionally, providing programs and services through a partnership creates organizational and systemic benefits. Partnerships can provide resources to enrich programs of all member institutions, garner public support for a school or community organization by raising the profile of an institution, reduce fragmentation and duplication of services, and build a sense of community trust that agencies and schools can work together to solve community-wide problems.

“Without the support of a community agency it would have been impossible to implement an evidence based practice in our school. The agency brought financial resources, expertise about the issues students faced in the community, and training for parents. Together we began to build an understanding in the community about why social and emotional learning was so important for students, and linked to their academic success and effective teaching. Based on the partnership that was established, we were able to apply for and receive a \$20,000 grants, which went a long way to buying much needed materials for staff development. Our success served as a model for other schools in the district.”—Ruth Cross, Naperville School District

Potential Benefits of Collaboration Between Community Groups and Schools

Schools

- Improved student academic outcomes
- Improved student attendance and school engagement
- Decrease in suspensions and expulsions
- Training for educators on the identification of mental health issues
- Consultation for teachers on management of student behaviors
- Greater teacher job satisfaction
- Increased family and caregiver involvement
- A more supportive school climate and culture
- Improved compatibility and coordination between educational and mental health approaches
- Shared authority and accountability

Community Agencies

- Reduced rate of failed/cancelled appointments
- Greater access to students in normalized settings
- Enhanced access for underserved populations
- Increased awareness of educational outcomes and the impact of mental health issues on school success
- Increased coordination and efficiencies
- Shared authority and accountability

Families

- Reduced mental health stigma
- Greater access to needed services and supports
- Reduction in cross system barriers
- Reduction in conflicting recommendations given to families by various stakeholders
- Increased school involvement by parents and caregivers
- Improved educational outcomes
- Improved readiness for learning
- Improved social and emotional functioning
- Enhanced parenting skills⁹

What is a School-Community Partnership?

For the purpose of these Guidelines, a school-community partnership is defined as: any collaboration between a school and a community organization, public agency, business and/or other group that mutually agrees to jointly address the mental health needs of school-age children by providing a range of mental health services and supports that pro-

⁹ A National Association of State Mental Health Program Directors and the Policymaker Partnerships for Implementing IDEA at the National Association of State Directors of Special Education Mental Health Project Work Group (2002). Mental Health, Schools, and Families Working Together for All Children and Youth: Toward a Shared Agenda

mote students' academic, social, and emotional development and/or addresses a specific mental health need. In order to be effective and sustainable, school-community partnerships require an intentional commitment on behalf of all involved. Partnerships provide the opportunity for peer to peer learning and support and typically enhance the participating structures. True partnerships involve more than simply working together. They are broader than a multidisciplinary or an interagency team, committee, or work group. The hallmark of a partnership is a formal or informal written agreement among participants to establish a process and structure for achieving goals that no one member can achieve independently. Partnerships typically focus on delivery of services and programs, more effective utilization of resources and systemic approaches. While partners have primary affiliations elsewhere they come together to accomplish tasks under specific conditions with a shared vision and goals. A partnership structure requires shared governance (power, decision making authority, accountability) and shared resources. While a partnership is both a desired process and an outcome resulting in systemic change for all participants, to be sustainable, partnerships have to achieve meaningful outcomes.¹⁰

Partnerships Operate Along a Continuum

Partnerships are organic in nature, typically follow a developmental course, but always begin with relationships. Teachers, social workers, community mental health providers, and/or parents find or create opportunities to work together, develop trust, share knowledge, and gradually come to believe that their ability to solve problems is greater when they work together. Partnerships typically begin with relationships that are acknowledged for the mutual support provided to partners and move towards more formal structures and processes. They evolve through trust and commitment. A range of variables (purpose, structure, communication mechanisms, strategic planning, action steps, and evaluation) can define a partnership along a continuum:

Cooperative Model

Each partner maintains its own decision-making responsibility, remains autonomous, retains its own Identity, has its own staff and budget and has full responsibility for its actions. Decision making is typically by consensus, and agreement is not necessary in all cases.

Collaborative Model

Each partner shares decision making responsibility and authority, has particular roles and responsibilities, is accountable to the other, contributes resources (including in-kind resources), and surrenders some measure of autonomy. Decisions are made by consensus and agreement is necessary on all issues.

Integrated Model

Each partner transfers decision-making authority to a new structure, integrates resources with other partners, administers according to common policies, and procedures and surrenders a considerable amount of autonomy. Decision making is by vote if necessary and agreement is necessary.¹¹

Not every variable needs to be at the same point along the continuum. Partnerships can have a mix of formal and informal variables, or move from formal processes to informal processes as new projects are incorporated into the partnership efforts. However, more formal partnerships tend to have been built over time, emerging from less formal collaborations and offer a structure that lends to permanence. The level of formality also depends in part on the complexity of the tasks that the partnership chooses to undertake. Simple, single issue tasks do not require the level of formality that complex multi-purpose tasks require. Another way of conceptualizing the partnership continuum is shown in Tool 1 in the pocket at the back of the Guidelines brochure.



¹⁰ Adelman, Howard and Taylor, Linda. Working Collaboratively From School Based Teams to School-Community-Higher Education Connections. School Mental Health Project, Department of Psychology, UCLA.

¹¹ Adapted from The Partnership Toolkit: Tools for Building and Sustaining Partnerships and Making Community Partnerships Work: A Toolkit, 2007.

Background continued**Partnership Structure¹²**

A fully developed partnership requires shared governance including power, authority, decision making, accountability, and blending of resources to pursue shared visions or goals. Stakeholders must find the partnership relevant to its organizational mission, and complementary to its structure and purpose. Partnerships vary greatly in size and structure, but all address either overtly or covertly the following elements:

- **Type of organization:** What is the organizational structure? Is it appropriate to the goals and mission of the partnership?
- **Staffing:** Is there dedicated paid or in-kind staff? It is difficult for any partnership to be successful without dedicated staff time to carry out the work of the partnership. This may be as informal as someone to take minutes and convene a meeting or as complex as multi-agency staffing structures.
- **Governance:** A collaborative structure may have a very informal governance structure or a governing board, task force, workgroups. A multi-layer governance structure requires more coordination and management. What is most important is that the governance structure is overt, revised regularly as the partnership evolves and agreed upon by partnership members.
- **Resources:** Resources often determine the formality of the partnership structure and must be sufficient to support the tasks identified by the partnership as important achievements. Shared resources lead to the realization by stakeholders that leveraging each partner's strengths maximizes the impact of the school as a community resource, while providing school staff and teachers increased support thereby enhancing their effectiveness. Even as partnerships begin, it is important to recognize how costs are being addressed (e.g., contribution of meeting rooms, staff time, food for meetings).
- **Communication:** Communication often determines the success or failure of any partnership. Successful communication builds trust, reduces confusion, and ensures continued progress towards goals. It is important to consider why communication occurs, how to build on existing communication pathways to enhance commitment, what information is important to communicate to what audiences, how to develop shared ownership for communication, and what means will be used for communication.
- **Strategic Planning:** While not every partnership will complete a strategic plan, it is important to complete some form of needs assessment, arrive at goals, and establish strategies to achieve goals resulting in a written action plan. On one end of the continuum, a community may engage in a wide based community assessment resulting in multiple goals, strategies and evaluation processes. A more informal plan can address one particular issue with straightforward approaches to outcomes.
- **Evaluation and Outcomes:** It is important to define and measure the intended goals and outcomes of the partnership. Demonstrable progress towards goals helps re-invigorate the partnership, points to necessary mid-project corrections, and demonstrates the importance of the partnership to community stakeholders or investors. The process of evaluation should measure whether or not outcomes were achieved and how efficient the process to achieve them was. As with other elements, evaluation activities can be clear cut or complex, but should fit the tasks and desired outcomes of the partnership. It is also important to evaluate the partnership itself as change occurs organically over time.

¹² Adapted from The Partnership Toolkit: Tools for Building and Sustaining Partnerships and Capito, Jeanna. Community Systems Development. Resource Toolkit: Supporting Local Communities in Collaboration and Partnership Building, 2010 draft.

Operational/Common Principles of a School-Community Partnership

Partnerships that thrive share a set of common principles and values. Some that are important to consider as a partnership gets established are:

- Each member will respect the norms and cultures of all partnering members or organizations, and most particularly those of the “host” setting.
- The partnership incorporates accountability by:
 - 1) utilizing best practices and established protocols,
 - 2) establishing shared priorities and outcomes, and
 - 3) establishing systems for monitoring and evaluation.
- The partnership includes mechanisms to establish ongoing and open communication.
- The partnership has an established structure regarding meetings, agenda setting, and distribution of minutes.
- There is a formal process for determining partnership memberships. Partnership members are welcomed, officially oriented to the goals and purpose of the partnership.
- The partnership has a process for resolution of conflicts.
- The partnership establishes a shared mission, vision and goals.
- The partnership establishes means to measure progress in implementing shared agendas.
- The partnership regularly assesses its status along a continuum from loosely formed collaborations to formal partnerships with written agreements.
- Programs and services develop over time to become part of a comprehensive spectrum that includes prevention, early intervention, and treatment.
- Programs and services address an identified school and/or student need.
- Programs and services are coordinated and integrated into the school environment and activities.
- The partnership is collaborative and a joint responsibility of all parties.
- When appropriate, programs and services are delivered in accordance with state and federal confidentiality laws [e.g., programs and services are provided with student and parental consent and involvement in accordance with existing Illinois and federal confidentiality, consent, reporting, and privacy laws and policies, including the Family Educational Rights and Privacy Act (FERPA), the Mental Health and Developmental Disability Confidentiality Act, and the Health Insurance Portability and Accountability Act (HIPAA)].¹³
- Programs and services are accessible (e.g., location is convenient, services are affordable).
- Programs and services are culturally competent and family-centered.
- Services build on the strengths of the students and families.

¹³ Family Educational Rights and Privacy Act (FERPA) is a federal law that protects students' educational records. <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index/html> Health Insurance Portability and Accountability Act (HIPAA) is a national standard that protect individual's medial records and other personal health information. <http://www.hhs.gov/ocr/hippa>

Background continued

An Interconnected Systems Framework for Addressing the Mental Health Needs of School-Age Children

The School Age Committee of ICMHP, including the Illinois State Board of Education School Mental Health Primary Consultant and the Illinois Department of Human Services Division of Mental Health School Mental Health Coordinator, has developed an interconnected systems model as a framework for addressing the mental health needs of school-age children. The framework, as presented below, requires cross system partnerships at three interconnected tiers: prevention/promotion; early intervention; and treatment. Most mental health efforts in schools, and thus most partnerships, are focused on the treatment needs of students, with less attention to prevention and early intervention. As partnerships develop it will be important for members to understand the importance of addressing the prevention and early intervention mental health needs of students in order to maximize efforts and resources.

Prevention: Coordinated systems for promoting healthy social and emotional development in all students including public education and awareness, social and emotional development programs, and social skills education.

- School Improvement Teams give priority to social and emotional health of students.
- Mental health skill development for student, staff, families, and communities is promoted.
- Schools implement safe and caring learning environments.
- Partnerships between school, home, and community are fully operational.
- A decision making framework is used to guide and implement best practices that consider the strengths and weakness of each school community.

Early Intervention: Coordinated systems for early detection, identification, and response to mental health needs, including consultation, student support services, short term interventions and supports, crisis supports, and targeted skill building curricula.

- Systems Planning Team is established to identify and coordinate referral process, decision rules and progress monitoring measuring the impact of interventions.
- Full array of services are available.

- Communication pathways for staff, families, and community are clearly defined.
- Early identification of students who may be at risk for mental health concerns due to specific risk factors is in place.
- Skill-building at the individual and group level, as well as support groups are available.
- Staff and family members are trained to support skill development across settings.

Intensive Interventions and Supports: Coordinated systems of care providing comprehensive treatment and family supports for school-age children with the greatest level of need.

- Systems Planning Team identifies and coordinates referral processes, decision rules and progress monitoring to assess the impact of interventions.
- Individual team developed to support each student identified.
- Individual plans reflect an array of services and supports unique to student's identified needs.
- Systems established for each team to monitor student progress.
- Plans address multiple domains as necessary

Three Tier Interconnected Systems Framework for School Based Mental Health

TIER ONE:

Universal/Prevention for All

Coordinated Systems, Data, Practices for Promoting Healthy Social and Emotional Development for ALL Students

- School Improvement team gives priority to social, emotional and behavioral health
- Mental Health skill development for students, staff, families and communities
 - Social Emotional Learning curricula for all students
 - Safe and caring learning environments
 - Partnerships between school, home and the community
- Decision making framework used to guide and implement best practices that consider strengths and challenges of each school community

TIERTWO:

Early Intervention for Some

Coordinated Systems for Early Detection, Identification, and Response to Mental Health Concerns

- Systems Planning Team identified to coordinate referral process, decision rules and progress monitor impact of intervention
 - Array of services available
- Communication system for staff, families and community
 - Early identification of students who may be at risk for mental health concerns due to specific risk factors
- Skill-building at the individual and groups level as well as support groups
- Staff and Family training to support skill development across settings

TIER THREE:

Intensive Interventions for Few

Individual Student and Family Supports

- Systems Planning Team identified to coordinate decision rules/ referrals for this level of service and progress monitors
 - Individual team developed to support each student
 - Individual plans may have array of interventions/services
 - Plans can range from one to multiple life domains
 - System in place for each team to monitor student progress

Background continued

The Three Tiers Defined

Universal/Prevention: Policies and practices that target **the entire population of a school** to promote and enhance wellness by increasing social, emotional, and behavioral skills and improving academic outcomes. This includes school-wide programs that foster safe and caring learning environments and engage students; are culturally appropriate; promote social, emotional, and behavioral learning; and develop connections between school, home, and community. Data review should guide the design of Tier 1 strategies. Typically 80-90 percent of students are expected to have their needs met with Tier 1 supports, thereby decreasing dependence on Tier 2 or 3 interventions. Universal approaches should reflect the specific needs of the school population. For example, cognitive behavioral instruction or anger management techniques may be part of a school-wide strategy delivered to the whole population in one school, while it may be considered a Tier 2 intervention only provided for some students in another school.

Early Interventions: Policies and practices that support **intervening early after the onset of an identified concern, or addressing individual students or subgroups of students whose risk of developing mental health concerns is higher than average based on key risk factors** (e.g., exposure to violence and trauma, loss of a parent or loved one, or frequent moves resulting in multiple school placements). While the risk may be imminent or lifelong, risk factors do not necessarily indicate poor outcomes. Protective factors and early intervention can solidify a pathway towards positive outcomes. Effective interventions are implemented through the use of a comprehensive developmental approach that is collaborative, culturally sensitive, and geared towards skill development and increasing protective factors for students and their families. Teachers, family members, and students themselves may identify risk factors or concerns.

Treatment: Interventions for the roughly 1-5 percent of youth who are identified as having the most severe, chronic, or pervasive concerns that may or may not meet diagnostic criteria. Interventions are implemented through the use of a highly individualized, comprehensive and developmental approach that uses a collaborative team process. Typical examples of Tier 3 interventions include but are not limited to: complex function-based behavior support plans that address problem behavior at home and school, evidence-based individual and family interventions, and/or comprehensive wraparound plans that include natural support persons and other community systems to address needs in order to maintain or promote enhanced functioning across all areas of a student's life

This three tiered interconnected systems approach provides an important framework for assessing current school based mental health issues, and a planning framework for determining the most necessary, effective and efficient focus for additional programming and approaches. Typically, prevention and promotion efforts are underfunded and underutilized. Fully operational prevention/promotion strategies in schools assist in identifying those students who are of in need and will most benefit from tier two and three interventions.



¹⁵ School Community Assistance Teams are formed in collaboration with the Mental Health Association of Illinois, the Community Behavioral Healthcare Association and the Illinois State Board of Education to provide support during and after a violent incident or other traumatic event and assist in the training of local school teams

Local Area Networks are local collaborations (a total of 64 covering the State of Illinois) that bring together stakeholders, including parents, to coordinate services for students with emotional or behavioral disorders, primarily using wraparound as a service delivery planning process.

Steps to Building a School-Community Partnership

These *Guidelines* have been developed for schools, community mental health agencies, and other community-based organizations to encourage the creation of new partnerships, enhance existing partnerships that promote social and emotional development, and increase the availability and access of mental health services for school-age children. While there is no “one size fits all” approach to developing a partnership, the *Guidelines* are meant to serve as a flexible framework for partnerships in varying stages of development. Key steps and recommendations are intended to be fluid, circular rather than linear. For example, a new partnership may use the *Guidelines* to establish priorities, formalize a structure, and/or develop a formal working agreement. An existing partnership may use tools from these *Guidelines* to enhance planning. A long-term partnership may use evaluation or strategic planning tools to improve quality or expand services. Finally, the *Guidelines* can provide information and resources for funders, policymakers, and other stakeholders to increase awareness of the importance of developing school-community partnerships.

Building a school-community partnership is an evolutionary process that involves the active participation and commitment of all stakeholders including schools, community mental health agencies, social service providers, child welfare agencies, youth groups, parents, family support and advocacy organizations, substance abuse providers, primary care providers (e.g., pediatricians, family physicians), community groups, and others. The following steps can assist schools and community agencies in building a structure to support and sustain a school-community partnership. Using these key steps, schools can build a strong foundation for a partnership that can achieve its goals yet remain flexible enough to adapt to the changing needs of school-age children, schools, and communities. (Tool 19 provides a framework for developing and monitoring the entire collaborative process.)

Getting Started:

Identify Initial Leadership and Stakeholders

Before launching into a formal partnership process it is essential that the stakeholders are invested in the idea of a partnership, and that a school is motivated to take on the task of creating and sustaining a partnership. A range of stakeholders—a key visionary leader, a small group of personnel with a history of successful working relationships, a group of concerned parents, or a group of stakeholders as required by a funding opportunity—can initiate first steps towards development of a collaborative infrastructure. Initial meetings need to focus on the benefits for each potential partnership member. The organizing individual or group should be prepared with multiple strategies aimed at motivating and engaging potential partnership members. This might include surveying current efforts within the community to address the social and emotional or mental health needs of school-age children, particularly those efforts that occur as part of an existing collaborative structure. (See Tool 2.)

The following are helpful to ensure a commitment to the partnership from all stakeholders:

- Survey or assess existing efforts in the community that focus on the mental health needs of school-age children.
- Document the need/rationale for the partnership.
- Initiate the idea of a partnership through networking. Personal interaction and face-to-face meetings are the most effective.
- Use a common language to clearly outline and promote the benefits of the partnership to all parties.
- Ensure buy-in from the principal as indicated by willingness to attend meetings or to assign a designee to the process and provide resources such as space.
- Identify potential community partners (e.g., community mental health agencies, mental health providers, primary care providers, community organizations).
- Involve all stakeholders in the decision-making process from the beginning.
- Develop a clear vision to encourage the commitment of individuals amenable to a partnership.

Steps to School-Community Partnerships *continued*

Develop a Collaborative Stakeholder Group

The stakeholder group is most easily established by initially engaging groups where relationships already exist. Collaboration can involve a single school, multiple schools, or a school system together with community-based agencies or organization(s) and other groups. The structure can build on existing community collaborative groups [e.g., wellness councils, School Community Assistance Teams (SCAT), School Boards, and Local School Councils (LSCs), Local Area Networks (LANs)] as identified by the partnership assessment or newly developed by interested stakeholders.

The composition of the stakeholder group is flexible based on the developmental phase or identified scope of the partnership, but ideally should be culturally diverse and include some of the following individuals and/or groups: (See Tools 4 and 20.)

- Someone with decision-making authority from partner institutions and groups
- Key players of partner institutions and groups
- Stakeholders from the community (e.g., community mental health agencies, mental health providers, primary care providers)
- Family members and their supportive cohort/ community members
- Teachers
- School support staff
- Youth
- Faith-based organizations
- Elected officials, community governing boards, businesses
- Police and juvenile justices providers
- Cultural/ethnic groups
- Media representatives
- Parks and recreation, libraries, and other after school programs
- Self-help groups and social services agencies

Skills that contribute towards successful partnerships and promote flexibility among partners and open communication include:

- Ability and desire to contribute to a shared vision and commitment to collaboration
- Ability and desire to devote necessary time to collaboration
- Training, skills, institutional, and collegial support
- Qualities of trust, motivation, competence, energy, dependability, and collegiality
- Ability to represent and report back to school or agency
- The ability to be flexible
- Willingness to communicate effectively with other partnership members and other key stakeholders, family members, or system representatives
- Knowledge of the community, including influential community leaders
- A positive relationship with important potential collaborative members, key opinion leaders or those with decision making authority

It is most important that members agree on an initial purpose for the partnership and are clear about what will be expected of them. Managing members expectations can reduce conflict later. Potential concerns, barriers, or challenges should be addressed as directly as possible. Potential members need to reflect on their ability to commit time or resources to the partnership, set realistic self or organizational expectations, and understand how the partnership will benefit them/their organization. (See Tools 7, 8, and 16.)¹⁴

Determine a Collaborative Structure and Leadership

One of the first tasks of any new partnership is to establish a leadership structure and assign key roles and responsibilities. This structure may be developed according to available resources, existing leadership structures, and/or requirements of a funding source. Since programs and services are directed to school-age children, it is likely that the school will be the convener of the school-community

¹⁴ Hawkins, David J. and Cantlano, Richard F. Tools for Community Leaders, Communities that Care, 2002 edition.

partnership. In determining a partnership structure the following should be addressed:

- Develop a clear partnership structure (e.g., quarterly meetings, retreats, list serves, conference calls). (See Tool 7.)
- Review and discuss stakeholders' current policies and procedures in order to identify and address any potential conflicts.
- Develop all necessary joint policies and procedures to support the efficient and effective operation of the partnership.
- Develop mechanisms for ongoing communication (e.g., identify who has decision making authority, how minutes are distributed, how the school staff are informed of partnership goals and progress).
- Develop a mechanism for problem solving (e.g., group consensus, voting). (See Tool 8.)
- Develop measures for accountability for the partnership and any programs or services that it provides (e.g. monitoring, quality improvement, performance based evaluations, customer satisfaction)
- Develop mechanisms to involve families and community
- Develop mechanisms to assure the cultural competence of the partnership

The following are some of the leadership functions helpful to establishing and maintaining an effective school-community partnership. Not all partnerships will initially require each of the functions described below, as partnerships evolve and develop over time.

- **Decision-maker/gate-keeper:** The decision-maker (e.g., Principal/designee and agency director/designee) makes key decisions (e.g., administrative, financial) about the school-community partnership and clarifies those recommendations needing final approval by the school and/or school system.
- **Convener:** The convener initially brings together the stakeholders and is someone highly invested in the process (e.g., member of school support staff, school based community agency staff) who has good relationships with all stakeholders.

- **Facilitator:** The facilitator sets meeting agendas, facilitates meetings, and handles communication between the school and agency. This may be the same person as a convener. The facilitator may change as the partnership evolves.
- **Recorder:** The recorder keeps minutes of all meetings and assures that minutes are distributed to all stakeholders.
- **Site Administrative Leader:** The site administrative leader provides oversight of the structure and serves as the liaison to governance and administrative bodies [e.g., Local School Councils (LSC), School Boards, Board of Directors, parent groups, community groups].
- **Project Coordinator:** The project coordinator monitors implementation of any project the collaborative may undertake.
- **School and Community Staff:** Key opinion leaders, from the system representatives or line staff involved in the school community partnership, play vital roles in implementing, and monitoring the projects undertaken by the partnership. They often bring good problem solving skills to the process.

In addition to roles, the partnership needs to determine collective processes. What are the shared agreements, rules of operations, and methods for resolving conflict? Will there be written by-laws or more informal partnership agreements or memoranda of understanding signed by partnership members? Coming to these process agreements is the first opportunity that the partnership has to do actual work together. It is important to pay attention to group process: does everyone contribute; are there apparent power differential in the group; do members defer to those with established systems leadership positions (e.g., the school principal); are family members fully welcomed? How the group members form initial relationships will be a key indicator of how the group will operate moving forward. An identified facilitator can be extremely helpful in monitoring beginning conversations, assuring that group norms are positive and rules of operation are followed consistently. Eventually, it will become the responsibility of all the partnership members to hold each other accountable to rules of operation, agreed upon communication pathways, and the mission of the partnership.

Steps to School-Community Partnerships *continued*

No matter how informal the partnership, it is important to document shared decision making. For many efforts, this will result in a partnership agreement or memorandum of understanding. A partnership agreement should address the following: (See Tool 10.)

- Mission and overarching purpose or goals of the partnership
- Expectations for members, including meeting participation, in-kind or financial support, scope of work
- Communication and coordination plan
- Evaluation plan
- Decision making process

Establish A Shared Mission

A shared mission that is fully embraced by all partners is the core to any successful partnership. The shared mission becomes the beacon that guides all subsequent actions and helps keep the partnership on track. When developing a shared mission for school-community partnerships members have to address the overarching purpose of schools: positive academic and social/emotional outcomes for all students. It is important to remember that families and community members share this goal, and deserve an equal voice and ownership of the partnership's mission. A shared vision establishes a common purpose that brings members together and provides a framework for decisions and activities. Discussions around the mission need to be open and respectful, allowing for creativity and coming together. The enthusiasm that is often the marker of this phase will become an important touchstone when the partnership faces challenges or conflicts. The mission development process should include:

- Initial identification of the needs of school-age students, or the school, through a review of existing data/information, teacher report, surveys, or a needs assessment.
- Examination of the strengths and internal capacity of the school and other partners to meet those needs.
- Assurance that the broad, overarching goals of the school-community partnership are consistent and complementary with the school's strategic plan and the partners' mission statements.

Conduct a Needs Assessment

A needs assessment will ground the work of the partnership in the real needs of students and their families. It provides the baseline data upon which to begin to measure progress and provides the partnership with its first opportunity to use data to guide decisions. Finally, it provides an opportunity to involve members of the school community, educate them about the purpose of the partnership and begin garnering their long term investment in partnership outcomes. In some cases prior needs assessments will provide ample data for the partnership to begin planning. Some things to consider in the process: (See Tools 17 and 18.)

- How are families/youth involved in the needs assessment and what mechanisms are in place to assure that their voice is represented?
- How is the community defined? Will the assessment provide a true understanding of how the community defines itself and how services are accessed?
- Does the assessment include information about strengths, capacities, and resiliency as well as needs and challenges?
- What data currently exists that can be used as a starting point?
- Does the format of the assessment (surveys, focus groups) provide for the depth of understanding necessary for planning to begin?
- How does the needs assessment address the culture and cultural diversity of the community and/or school?

It is important to define how the partnership will relate to existing coalitions or networks. Existing coalitions may have a unique focus, an assessment and planning framework, and representation from potential members of the new partnership. The new partnership must not duplicate existing efforts and should investigate ways to establish solid working relationships with existing networks or coalitions.¹⁵

Develop a Strategic Plan

The partnership is responsible for developing its mission and goals, identifying resources, and establishing mechanisms to ensure that goals are achieved. Planning is critical to the initial work of the partnership and is inextricably linked to its long term success. The needs

of school-age students are real and often pressing, resulting in a temptation to move into an action phase quickly. However, if the partnership does not establish a clear plan and a working structure with defined leadership roles and responsibilities, and member communication and accountability pathways, it risks succumbing to pressures once members face difficult decisions such as how to expend funds, or resolve conflicts. Based on the defined activities and scope of work, the partnership may need to break into sub-committees or teams (e.g., resource, program, evaluation). It is important that everyone on the partnership has real responsibilities for strategies to be implemented. (See Tool 6.) Steps to plan and implement an effective partnership include:

- **Develop a structure to coordinate and steer the process.**
 - Anticipate barriers to success (e.g., limited time of educators to participate in meetings, proximity of community agency) and identify strategies to address those barriers.
- **Identify partnership plan priorities.**
 - Based on a review of current needs, develop criteria for prioritizing the order in which needs will be addressed, utilizing conflict resolution and decision making strategies to ensure that multiple perspectives are represented and considered.
- **Develop an initial plan, including goals and objectives, roles and responsibilities, and outcome measures. Plans may be simple or complex, depending on the issue that is to be addressed.**
 - Assure sufficient training and support for those who will implement plan priorities. If the strategies include system change efforts to address school climate, family involvement, or newly created services (e.g. home visiting), research tells us that training alone is not sufficient. Ongoing coaching to support adoption of new behaviors by the adults who impact students will lead to better outcomes.
 - Identify costs including staff resources, space, materials, etc.
 - Build a budget that might include contributions from each partner, in-kind match, grant dollars, etc.

- **Identify, develop, and secure adequate resources (e.g., time, space, materials, equipment) to support the plan, with attention to the strengths and resources that stakeholders bring to the partnership.**
- **Implement Strategies Identified in the Strategic Plan**

Once a plan is in place and priorities have been agreed to, implementation can commence. For those partnerships that provide a specific service and/or program (e.g., community mental health agency that will provide services or take referrals), develop the terms of a tailored working agreement that includes but is not limited to the following components. (A sample working agreement is included in Tool 23.)

- Expectations of both parties, using common language between schools and community organizations and agencies.
- Clearly defined roles and responsibilities.
- Realistic timelines to accomplish goals.
- Policies to protect confidentiality in congruence with all state and federal laws and mandates (e.g., Mental Health and Developmental Disabilities Confidentiality Act, HIPPA, and FERPA).
- Anticipated costs and deliverables
- How costs for services provided will be addressed (e.g., rate of payments, timing of payments, processing invoices or other documentation of work completed)
- Oversight and supervisory responsibility

As strategies are implemented it will be important that the partnership has clear communication with staff providing services and supports to students and families. Information from “the ground up” will assure that the work of the partnership reflects the real life experiences of students, families, providers, and school staff. It will allow for rapid response modifications to address barriers or challenges as they arise.

Steps to School-Community Partnerships *continued*

Provide Ongoing Oversight

The partnership should be thoughtful about their role as an oversight body. Questions to be considered include:

- What are the implementation issues that the partnership should pay attention to?
- What information does the partnership need in order to assess the implementation process?
- How does the partnership monitor implementation from a strengths perspective that builds on current skills and abilities of mental health providers, teachers, parents, and others impacted by the work of the partnership?
- How is the partnership prepared to respond if implementation is not proceeding as anticipated (e.g., adjust the timeline, gather additional resources, terminate a project)?

Evaluate the Partnership's Success

Important educational decisions about intensity and likely duration of interventions are based on individual, group, or school-wide response to interventions and supports across multiple tiers. Knowing why and to what purpose data is being collected is imperative. When the purpose and intent of data collection is known, the data can be used to make various decisions at different times throughout the collaborative process. Data will inform whether the strategies implemented are linked to positive outcomes for students, families, schools, or communities, thus decreasing ineffective interventions while promoting those interventions that do produce better outcomes. It will be important that the partnership establish outcomes that are specific, measurable, attainable, realistic, and timely. Data allows for mid-course corrections if anticipated outcomes are not achieved. It also is part of the “partnership story” that can be used to garner additional partners, community support, or ongoing funding. Moreover, the partnership needs to regularly evaluate its own processes, structures, memberships, and outcomes. If the partnership is not intentional in monitoring its own progress there is a risk that commitments will wane and membership will decline. (See Tools 11-15.)

Nurture Collaboration to Assure Sustainability

In order to sustain the partnership, it is critical that the stakeholder group is maintained and enhanced as necessary. Sustainability can be viewed as institutionalization of system changes, as well as on going service delivery. Relationships, practices, and procedures that become a lasting part of a community require ongoing motivation, hope, and optimism based on the realization that system changes are essential to working together effectively. The following steps will increase the probability that the partnership will exist long-term, become established on a large-scale, and/or become institutionalized.

- Provide the opportunity for continuous, personalized guidance and support to key staff.
- Revisit strategic plan and revise as necessary.
- Identify opportunities for ongoing staff development, continuing education, and cross-training for stakeholders (e.g., Regional Offices of Education (ROE's), Institute Days).
- Connect the partnership to current initiatives [e.g., Social and Emotional Learning (SEL) Standards, Positive Behavioral Interventions and Supports (PBIS), System of Care, No Child Left behind (NCLB)].
- Monitor any proposed policy or legislative changes at the state or federal level for potential impact on efforts.
- Address absences and vacancies of members promptly and make an effort to orient and engage all new members.
- Develop a social marketing plan to build ongoing support and sustainability for the partnership.

Challenges to Collaboration Can Be Overcome

While there are many benefits to school-community collaborations, numerous challenges also exist, including lack of appropriate buy-in from school and community leadership, funding, and staff time. For instance, dedicated staff time to working on the collaborative effort is an essential resource for both schools and mental health agencies. Taking time from current responsibilities to assume the planning and organizational tasks necessary for a successful collaboration can

be time intensive, but results in a greater return in staff investments evidenced by better outcomes for students, greater efficiencies for staff, and shared responsibilities.

Many school-community stakeholders might think that the most formidable challenge to establishing and sustaining school-community partnerships is adequate funding. However, developing a partnership need not be costly, particularly in the start-up phases of the partnership and when resources are shared between partnership members. Initial partnership costs are primarily related to staff time to attend meetings, meeting expenses, and development of the infrastructure (e.g., staff person to coordinate meetings) to support the Partnership. However, delivering services, supports, or programming through the partnership requires adequate funding. Strategic use of limited resources demands a shared planning process to identify needs, deploy resources, and increase efficiencies, resulting in more comprehensive, integrated, and cost-effective programs and services. While mental health funding has been targeted primarily towards persons with diagnosable mental illnesses, there is an increasing trend toward funding programs that foster social and emotional development as well as school and community collaboration. As a result, school-community partnerships that focus on the continuum of mental health services (i.e., prevention, early intervention, and treatment) can be funded through a wide range of sources.¹⁶

Additional system barriers include different policies, procedures, and cultures between schools and mental health agencies; different views on common mental health issues, including causality and effective treatments and services; different legal requirements and mandated populations; and lack of a shared language (including the term “mental health”). These system barriers are often readily addressed and overcome once strong communication and decision-making pathways are well established through the collaborative process.

¹⁶ According to SAMHSA's School Mental Health Services in the United States, 2002–2003, the top sources of funding used by U.S. schools for mental health intervention services are: Individuals with Disabilities Education Act (63% of school districts); state special education funds (55%); local funds (49%); state general funds (41%); Medicaid (28%); and Title I of the Elementary and Secondary Education Act of 1965, Improving Academic Achievement of the Disadvantaged (20%). The top sources of funding for mental health prevention services are Title IV Safe and Drug-Free Schools and Communities (57%); local funds (43%) and state general funds (39%).

Conclusion

Schools are located in communities but often are isolated from those communities. Families live in neighborhoods, but often are isolated from each other. Communities, schools, and families want similar outcomes for children and youth—school readiness, academic success, well developed social skills, employment or advanced education readiness, and strong connections to adults and communities – yet often there is no venue for coordinating efforts to meet these mutual goals. Interrelated solutions and supports are more effective and more efficient, but require collaboration.

For schools, successful collaborations can translate into enhanced academic performance, fewer discipline problems, reduced drop out rates, higher staff morale, and improved use of resources. For families and community groups, collaborations with schools and with each other can enhance parenting skills and opportunities for socialization, enhance access to mental health services and supports, and strengthen the fabric of family and community life. Well established collaborative relationships bring more resources to the complex issues that students present in schools and to teachers. They also can create a stronger sense of community commitment to the successful academic and social outcomes or achievements for all students. Partnerships are a process that evolve over time, strengthened by the commitment of the stakeholders to the belief that they can achieve more together than they can alone, and that educating students is everyone's responsibility.

APPENDIX A. FINANCING STRATEGIES

Financing strategies are as varied and complex as school community partnerships themselves. School-community partnerships can blend funds from various sources to share personnel and expand access to programs. Partnerships can redeploy, refinance or restructure their existing funds to develop new funding mechanisms. Other strategies used may include matching state dollars with federal dollars, billing for third party reimbursement, applying for public and private grants and contracts, and/or establishing a self-pay system.

The most important financing strategy for a school-community partnership is to draw from the widest array of sources possible. It is important to consider all sources of funding and identify those sources that may provide funds to schools-community partnerships as well as for the type of mental health services provided through the partnership. When programs are limited in the number of funding sources they utilize, they become limited in their scope. The more funding sources available, the more flexibility a partnership will have. For a more comprehensive and detailed overview of funding strategies, see articles and issue briefs in the References section of these *Guidelines*.

The following are public and private funding sources at the national, state and local levels:

1. FEDERAL PROGRAMS – Over 1,000 grant programs are offered by the 26 federal grant-making agencies, and a number of federal grant programs specifically support mental health prevention, early intervention and treatment. Education, child welfare, social service, juvenile justice, and healthcare funds can also be used to support school community collaborations.

The following are some of the key federal programs that fund school mental health:

- Title I – Improving the Academic Achievement of the Disadvantaged
- Title IV – Safe and Drug Free Schools and Communities Program
- Title V – Maternal and Child Health Block Grant
- Title 19 (Medicaid)
- Title XXI (SCHIP)
- Title IV-E waivers

- Individuals with Disabilities Education Improvement Act of 2004 (IDEA)
- No Child Left Behind (NCLB) Act of 2001
- Substance Abuse and Mental Health Services Administration (SAMHSA) - Safe Schools, Healthy Students
- SAMHSA - Community Mental Health Services Block Grant
- Bureau of Primary Health Care - Healthy Schools Grant
- Centers for Disease Control and Prevention-Division of Adolescent and School Health (DASH)

2. PUBLIC HEALTH INSURANCE PROGRAMS – State and local governments increasingly use Medicaid and the State Children’s Health Insurance Program (SCHIP) to finance children’s mental health services provided by other public sectors, including the mental health and educational systems. Medicaid is available to low-income individuals and families who fit into an eligibility group recognized by federal and state law. SCHIP is the federal program that extends health insurance benefits to children whose family income exceeds that for Medicaid eligibility. Medicaid covers about 20% of all funding for mental health care including inpatient, outpatient and physician mental health visits. Illinois’ health insurance program for children, “All Kids,” provides complete healthcare, including mental health services, but has restrictions on provider types and services.

Children insured under Medicaid may receive mental health services through Early, Periodic, Screening, Diagnosis and Treatment (EPSDT), a comprehensive and preventive child health benefit in Medicaid for individuals under the age of 21. Under EPSDT, eligible children are entitled to a range of services including the diagnosis of a mental disorder as well as treatment for any condition that is diagnosed.

In July 2004, Illinois state funding began a shift from the historical grant-based contracts model to a performance based fee-for-service reimbursement system. While this change maximizes Illinois’ ability to obtain more federal dollars through Medicaid’s matching funds, this system continues to have restrictions on the types of mental health services and providers that can be reimbursed. A full range of Medicaid billable services can be provided in school settings; therefore, making Medicaid a source of financing for school based mental health services.

More information on Medicaid (including EPSDT) and SCHIP, and EPSDT can be found on the Centers for Medicare and Medicaid Services website www.cms.hhs.gov and the Center for Healthcare in Schools at www.healthinschools.org.

3. STATE GOVERNMENT – In addition to redistributing federal funding (e.g. block grants, etc.), Illinois invests its own resources into children's mental health and school partnerships by directing general revenue into school community initiatives as well as using specific revenue sources to support new statewide and local programs. State agencies, such as the Department of Human Services and the Illinois State Board of Education offer numerous direct grant opportunities through state and federal funds received or administered by each agency. More information on funding in the State of Illinois can be found in the Illinois Funding Sources chart below.

4. LOCAL GOVERNMENT – Both federal and state funds from many different state agencies can be distributed to local agencies to finance school-community partnerships and mental health services. Some key sources of funding for local mental health efforts include:

- Local school systems or Regional Offices of Education (ROE) receive locally appropriated funds through Title 1 or Safe and Drug Free School Program.
- The Community Mental Health Services Block Grant, a joint Federal-State partnership, supports existing public services and encourages the development of creative and cost-effective systems of community-based care for people with serious mental disorders.
- Community Mental Health Boards ("708"), administered directly by a township, have the authority to provide funding for mental health programs, developmental disability and substance abuse services.

- The Local Area Network (LAN) effort, cooperatively funded by the Illinois Department of Children and Family Services and the Illinois State Board of Education, provides funding to create child specific supports that do not already exist in the child's community but which are necessary to provide successful intervention.
- The United Way is a not-for-profit organization that invests in critical health and human service programs and coordinates community initiatives to improve lives and strengthen communities. Local chapters of United Way often offer grants for specific community based initiatives.

5. PROFESSIONAL ORGANIZATIONS – Grants from professional organizations (e.g. American Psychological Association, National Education Association) may provide funding for specific activities (e.g. professional development, research) offered through a school-community partnership.

6. PRIVATE SOURCES

- Private Foundations are non-governmental, nonprofit organizations that have their own funds or endowments that support educational, charitable, social, religious or other activities serving the common good. In Illinois alone there are over 2500 private foundations that give to a wide range of statewide and community activities. See the chart on the following pages for ways to identify specific foundations that may fund activities provided through a school-community partnership.
- University Departments may have research funds that can support the evaluation component of a school-community partnership.
- Corporate Giving Programs use their endowments, as well as their marketing, public relations and advertising budgets, and have multiple ways of supporting nonprofits such as school-community partnerships.



CHART OF FUNDING SOURCES – The chart below provides a short description of each funding resource, grant, and/or program as well as internet links that help identify funding opportunities that are currently available.

NATIONAL PUBLIC FUNDING SOURCES

GRANTS.GOV

www.grants.gov

DESCRIPTION: Allows organizations to electronically find and apply for more than \$400 billion in federal grants. Grants.gov is the single access point for over 1,000 grant programs offered by all Federal grant-making agencies.

Catalog of Federal Domestic Assistance

[12.46.245.173/cfda/cfda.html](https://www.fda.gov/oc/1246245173/cfda/cfda.html)

DESCRIPTION: Provides access to a database of all federal programs available to state and local governments; domestic public, quasi-public, and private profit and nonprofit organizations and institutions; specialized groups; and individuals.

Catalog of Federal compendium of Domestic Assistance

www.cfda.gov

DESCRIPTION: Provides a government-wide federal programs, projects, services, and activities, which provide assistance or benefits to the American public. It details every federal grant, including its description, eligibility, deadlines, and award procedures.

Centers For Disease Information on the Control and Prevention (CDC)

www.cdc.gov/od/pgo/funding/grantmain.htm

DESCRIPTION: Provides grants process and funding opportunity announcements. CDC awards grants and cooperative agreements to eligible organizations annually based on funding made available through its appropriations. CDC's Division of Adolescent and School Health (DASH) provides funding to build state education and state health agency partnerships and capacity to implement and coordinate school health programs across agencies and within schools.

Department of Education

www.ed.gov/fund/grant/find/edlite-forecast.html

DESCRIPTION: Provides information regarding Forecast of Funding programs and competitions for which the Department of Education has invited or expects to invite applications for new awards.

Department of Education

www.ed.gov/fund/grant/apply/grantapps/index.html

DESCRIPTION: Lists information on current open discretionary grants made by the Department for which the Department has discretion, or choice in, which applicants get funded. Virtually all of the Department's discretionary grants are made based on a competitive review process.

Department of Education – Title IV Funding

www.ed.gov/about/offices/list/osdfs/programs.html

Office of Safe and Drug Free Schools

DESCRIPTION: Provides financial assistance for drug and violence prevention activities and activities that promote the health and well being of students in elementary and secondary schools, and institutions of higher education. Activities may be carried out by state and local educational agencies and by other public and private nonprofit organizations. Website describes programs and provides information on grants for creating safe schools, responding to crises, drug abuse and violence prevention.

Department of Education – Title I Funding

www.ed.gov/policy/elsec/leg/esea02/pg1.html

Improving the Academic Achievement of the Disadvantaged

DESCRIPTION: Describes Title I funding, the largest federal investment in education, providing school systems with funding to improve educational outcomes for students at risk of educational failure.

NATIONAL PUBLIC FUNDING SOURCES *continued*

No Child Left Behind (NCLB) Act of 2001

www.ed.gov/nclb/overview/intro/edpicks.jhtml

21st Century Community Learning Centers (21st CCLC)

DESCRIPTION: Describes NCLB Act that allows for more flexibility of funding at state and local level and enables schools to use funding for enhancing student/learning supports in low performing schools. The 21st CCLC Program, a key component of the NCLB Act, is an opportunity for students and their families to continue to learn new skills and discover new abilities after the school day has ended. This program provides youth development activities, drug and violence prevention programs, counseling and character education to enhance the academic component of the program.

Department of Education

www.ed.gov/about/offices/list/osep/index.html

Office of Special Education Programs (OSEP) – Individuals with Disabilities Education Improvement Act of 2004 (IDEA)

DESCRIPTION: Describes IDEA's three non-competitive formula grant programs. Under IDEA, schools are required to provide services to enable children with a disability to participate fully in the education available. Recently, under the reauthorization of IDEA, state and local education authorities are able to use a portion of these funds for the general education populations

Health Resources and Services Administration (HRSA)

bphc.hrsa.gov/Grants/Default.htm

Bureau of Primary Health Care Grants

DESCRIPTION: Includes information on HRSA funding opportunities including program summaries, application procedures, and standard Grant Application Forms. HRSA Primary Health Care grants and cooperative agreements support innovations and expanded access to health care services in medically underserved areas and improve the health status of medically underserved populations.

Bureau of Primary Health Care - Healthy Schools Grant

www.federalgrantswire.com/healthy_schools_healthy_communities.html

DESCRIPTION: Supports the development and operation of school- based health centers that provide preventive and comprehensive primary health care services, including mental health services, to children at risk for poor health outcomes and other medically underserved populations.

SAMHSA Center for Mental Health Services, Center

www.samhsa.gov/grants06/apply.aspx

DESCRIPTION: Provides information on new SAMHSA grants, Requests For Applications (RFAs), grant application forms, new grant making procedures, technical assistance and training. Future funding falls into three program areas: Services; Infrastructure; and Best Practices.

SAMHSA Center for Mental Health Services

www.sshs.samhsa.gov/apply/default.aspx

Safe Schools Healthy Students (SS/HS)

DESCRIPTION: Contains information on application procedures for SS/HS. Through grants made to local education authorities, the SS/HS Initiative provides schools and communities with the benefit of enhanced school and community-based services. School districts submit comprehensive plans created in partnership with law enforcement officials, local mental health authorities, and often with juvenile justice officials and community-based organizations.

NATIONAL PUBLIC FUNDING SOURCES *continued*

SAMHSA Center for Mental Health Services, Center
(Part B of Title XIX of the Public Health Service Act)

www.mentalhealth.samhsa.gov/publications/allpubs/KEN95-0022/

DESCRIPTION: The Community Mental Health Services Block Grant is the single largest federal contribution dedicated to improving mental health service systems across the country. The Center for Mental Health Services' Community Mental Health Services Block Grant awards grants to the states to provide mental health services to people with mental disorders.

National Education Association

www.nea.org/grants/archive.html

DESCRIPTION: Lists information on grants and awards provided by the National Education Association (NEA), the nation's largest professional employee organization, committed to advancing the cause of public education.

National Criminal Justice Reference Service

www.ncjrs.gov/fedgrant.html

DESCRIPTION: Provides information on three types of Office of Justice Programs (OJP) funding opportunities to state, local, and private agencies and organizations including: formula (or Block), discretionary, and congressional earmarks. Most OJP funds are dispersed through Formula programs and congressional earmarks.

ILLINOIS FUNDING SOURCES

Donors Forum Illinois Funding Source (IFS)

ifs.donorsforum.org

DESCRIPTION: Updated monthly, IFS delivers the latest details on newly established foundations, changes in foundation contacts, priorities, and updated grants list. IFS combines two powerful tools: FunderSource, a searchable directory of 2800+ Illinois foundations, and GrantSource, an essential research database that indexes over \$3.2 billion in grants dollars awarded by local funders.

Illinois Federal Clearinghouse

www.100.state.il.us/fedclear/state_grants.cfm

DESCRIPTION: Provides information for state and local agencies about federal funding opportunities, federal grants flowing into Illinois and contacts for key agencies.

Illinois State Board of Education Grant Information and Resources

www.isbe.net/grants/

DESCRIPTION: The State Board of Education offers numerous direct grant opportunities for school districts through state and federal funds received by the agency.

Maternal and Child Health Block Grant (Title V, Social Security Act)

www.dhs.state.il.us/dhs_mchbgFFY06AFFY04R.asp

DESCRIPTION: The Illinois Department of Human Services (IDHS) administers the Maternal and Child Health Services Block Grant. IDHS uses these funds for school based health programs and to provide preventive and primary care services to women, infants, children and adolescents throughout the state.

Illinois Department of Human Services (IDHS)

www.dhs.state.il.us/page.aspx?item=4620

DESCRIPTION: Includes information on grant opportunities in human services through a GrantsAlert System (GAS), IDHS Request For Proposals (RFP's), and a list serve.

ILLINOIS FUNDING SOURCES *continued*

Illinois Violence Prevention Authority (IVPA)

www.ivpa.org/grants.html

DESCRIPTION: Provides information on funding available under IVPA's grant programs. IVPA distributes grants statewide for programs that address a wide range of violence prevention efforts, including school-based violence prevention programs. IVPA is increasingly moving towards funding more comprehensive, community-wide, collaborative approaches to violence prevention.

WEBSITES/LINKS TO PUBLIC AND PRIVATE FUNDING NOTICES

Center for Health and Healthcare in Schools

www.healthinschools.org/grants/alerts.asp

DESCRIPTION: Posts daily alerts with information and application deadlines for grant opportunities for school health programs and services.

The Finance Project

www.financeproject.org/fedfund/

DESCRIPTION: Maintains up-to-date, online tool that enables leaders to search for federal funding sources relevant to their specific needs.

School Grants

www.schoolgrants.org/

DESCRIPTION: Includes a collection of resources and information for kindergarten through 12th grade educators about how to apply for and obtain grants designed for a variety of school-related projects

GrantsAlert

www.grantsalert.com/

DESCRIPTION: Designed for organizations, schools, districts, consortia and state education agencies to search for grants and funding opportunities.

National Center for Mental Health Promotion and Youth Violence Prevention Grant Opportunities

www.promoteprevent.org/resources/grant_opportunities

DESCRIPTION: Includes current open grant and funding opportunities from federal, state, and private sources.

The Foundation Center

www.foundationcenter.org/

DESCRIPTION: Provides education and training on the grant-seeking process and provides public access to information and services through a website, print and electronic publications, five library/learning centers, and a national network of Cooperating Collections. The Foundation Finder, an online searchable database, has basic information on more than 86,000 grant makers in the U.S.—including private foundations, community foundations, grant making public charities, and corporate giving programs.

Center for Disease Control - Healthy Youth Funding Database

apps.nccd.cdc.gov/HYFund/

DESCRIPTION: The Healthy Youth Funding Database contains active information about funding opportunities for adolescent and school health programs. These funding opportunities are from federal agencies and the private sector. Each funding opportunity is carefully selected based on its relevance to adolescent health, or one or more of the eight components of a Coordinated School Health Program.

APPENDIX B. TOOLS

The following tools can be used by stakeholders during various stages of development of a school-community partnership. This is not an exhaustive list. The Illinois Children's Mental Health Partnership does not endorse any of the following tools. Rather, the list is provided as reference to be explored by those seeking to develop school-community partnerships. Several tools can be used to better understand the needs and resources available in the school and community in the initial stages of planning and developing a partnership. Other tools may be helpful to assure that structures are in place for coordinating the delivery of effective programs and services. The tools can also be used for ongoing quality improvement to evaluate or monitor the progress of the partnership and improve or expand upon existing programs. Finally, funders may find some of these tools useful for developing requests for proposals (RFPs) or for evaluating applications.

ASSESSMENT TOOLS *(Tools in Assessment section can also be used for Evaluation)*

Community Strengths and Needs Assessment www.communityschools.org/index.php?option=content&task=view&id=29&Itemid=51
Coalition of Community Schools Toolkit

DESCRIPTION: Parent survey aimed at assessing the supply and quality of services in a community, the unmet needs of the community, and the likelihood of participation in new programs. Also asks questions aimed at compiling demographic data.

School and Family Partnership Surveys www.csos.jhu.edu/p2000/bluelist.htm

DESCRIPTION: Available from the Center on School, Family and Community Partnerships. Surveys for teachers and parents in elementary and middle school grades, and teachers, parents, and students in high schools. The quantitative information collected from the surveys helps parents and schools develop a comprehensive, successful partnership program. A checklist, "Starting Points," is also available to help schools and parent groups develop their partnerships.

Organizational Readiness for Change (ORC) www.lbr.tcu.edu/resources/TCU-ORC-AFS.pdf
Institute of Behavioral Research, Texas Christian University,
Fort Worth, TX 76129, USA. w.lehman@tcu.edu

DESCRIPTION: A comprehensive assessment of organizational functioning and readiness for change, the ORC focuses on motivation and personality attributes of program leaders and staff, institutional resources, and organizational climate as an important first step in understanding organizational factors.

School Health Index (SHI) apps.nccd.cdc.gov/shi/default.aspx

DESCRIPTION: The SHI is a self-assessment and planning tool for schools to use to improve their health and safety policies and programs. The SHI is completed by school teams and involves school and community members discussing what the school is already doing to promote good health, identifying its strengths and weaknesses, and developing an ongoing process for monitoring progress.

The School Health Policies and Programs Study (SHPPS) www.cdc.gov/HealthyYouth/shpps/index.htm
Mental Health and Social Services Questionnaire

DESCRIPTION: Developed by Health Schools, Healthy Youth program of the Centers for Disease Control's Division of Adolescent and School Health. The School Health Policies and Programs Study (SHPPS) is a national survey periodically conducted to assess school health policies and programs at the state, district, school, and classroom levels.



ASSESSMENT TOOLS *continued*

Self-Assessment Checklist for Personnel Providing Services and Supports to Children with Disabilities & Special Health Needs and their Families.

www11.georgetown.edu/research/gucchd/nccd/documents/checklist.CSHN.doc.pdf

Checklist to Facilitate the Development of Linguistic Competence within Primary Health Care Organizations

DESCRIPTION: Developed by the National Center for Cultural Competence. Checklists assess attitudes, practices, structures and policies of programs and personnel to plan for and incorporate cultural and linguistic competency within organizations. Checklists can easily be adapted to school or community setting.

Strengthening Partnerships: Community School Assessment Checklist

www.financeproject.org/irc/ost.asp

Prepared by Finance Project and the Coalition for Community Schools Institute for Educational Leadership, www.communityschools.org

DESCRIPTION: A series of checklists to assist school and community leaders in creating and/or strengthening community school partnerships. The first checklist assesses the development of a school-community partnership. The second checklist takes an inventory of existing programs and services in or connected to your school that support children, youth, families, and other community residents. The third checklist catalogs funding sources that support these programs and services.

Wilder Collaboration Factors Inventory

surveys.wilder.org/public_cfi/index.php?e=a8b72303c1ecb924e0858429e6d85b45

DESCRIPTION: The Wilder Collaboration Factors Inventory surveys twenty factors that influence the success of collaboration. The inventory can be used to assess the likelihood of success before beginning collaborative work or to analyze the strengths and weaknesses of your collaborative venture.

Program Quality Self Assessment Tool

www.tascorp.org/policy_resources/advocacy_partners/nysan

DESCRIPTION: Prepared by the New York State After School Network. This self-assessment tool provides an opportunity for program leaders and key staff, in collaboration with other stakeholders, to utilize a common set of standards to assess, plan, design and execute strategies for ongoing program improvement.

EVALUATION TOOLS *(Tools in Assessment section can also be used for Evaluation)*

Benchmarks for Monitoring and Reviewing Collaborative Progress

V-5-6 smhp.psych.ucla.edu/specres.htm

Tools from the School Community Partnerships: *A Guide*

DESCRIPTION: Used to monitor the implementation of evaluation plans. Grid with start and completion dates for and the status of readiness, start-up institutionalization.

Mental Health - Program Evaluation Template (MH-PET)

www.nasbhc.org/EQ/Newsletter/Mental%20Health%20Evaluation%20Template.pdf

Prepared by the National Assembly on School Based Health Care (NASBHC)

DESCRIPTION: Used for assessing and improving the quality of mental health services provided in school based health centers. Measures pre-conditions for a successful program, staff and training, programs and services, coordination, and quality improvement.

School Mental Health Quality Assessment Questionnaire (SMHQAQ)

csmha.umaryland.edu/

Developed by the Center for School Mental Health Analysis and Action (CSMHA) as part of a research grant, "Enhancing Quality in Expanded School Mental Health." National Institute of Mental Health, U.S. Department of Health and Human Services.

DESCRIPTION: Evaluates clinicians' current practice and progress towards achieving ten principles of best practice in Expanded School Mental Health.

MAPPING TOOLS

Building Communities From the Inside Out

www.sustainable.org/creating/indicators.html

John Kretzmann & John McKnight Center for Urban Affairs and Policy Research.
Neighborhood Innovations Network To order, call (800) 397-2282.

DESCRIPTION: A capacity inventory that looks at the building of an asset-based approach to community development and helps shift people from problem/deficit-oriented approaches to strengths or asset-based strategies.

Community Resource Mapping Inventory

ojjdp.ncjrs.org/resources/files/toolkit2final.pdf

From Building Sustainability in Demonstration Projects for Children, Youth, and Families (pp. 23-26)
prepared by the Institute for Education Leadership

DESCRIPTION: A Planning Tool to identify formal and 'informal' community resources, assess duplication and build comprehensive, sustainable resources.

Who and What Are at the School?

smhp.psych.ucla.edu/pdfdocs/guides/schoolcomm.pdf 1.4

Tools from the School Community Partnerships: *A Guide*

Prepared by School Mental Health Project/Center for Mental Health in Schools

DESCRIPTION: Provides a template to clarify the people and positions at a school that provide services and programs related to mental health and/or school support.

Survey of System Status at a School

Tools from the School Community Partnerships: *A Guide* p. 1.5-1.7

DESCRIPTION: Helps review how well the systems have been developed and are functioning.

MAPPING TOOLS *continued*

Mapping Matrix for Analyzing School-Community Partnerships

Relevant to Addressing Barriers to Learning and Promoting Healthy Development

Tools from the School Community Partnerships: *A Guide* p. 1.8 -1.9

DESCRIPTION: Analyzes prevention, early intervention and treatment activities offered as part of school-community partnerships and assessed functioning at the national, state, and local levels.

School-Community Partnerships; Self-Study Surveys

Tools from the School Community Partnerships: *A Guide* p. 1.11-1.18

DESCRIPTION: These instruments map and analyze the current status of school-community partnerships and can be used for program quality review.

Analysis of Mechanisms for Connecting Resources

Tools from the School Community Partnerships: *A Guide* p. 1.29

DESCRIPTION: List of questions regarding existing mechanisms in school and community for integrative intervention efforts and how mechanism could strengthen school-community partnerships.

FINANCING TOOLS

Mapping Funding Sources

smhp.psych.ucla.edu/qf/funding_qt/

Resource Mapping and Management to Address Barriers to Learning: An Intervention for Systemic Change.

Center for Mental Health in Schools at UCLA (2002)

DESCRIPTION: This tool can be used as a guide for identifying the various sources that may be providing funds for programs and services at a school. As existing funding is identified, it can be mapped in a standard budgeting spreadsheet format.

Grant-Writing Tips

www.schoolgrants.org/grant_tips.htm#Grant-Writing%20Tips

DESCRIPTION: Contains tips for writing proposals including a sample letter of proposal, how to write an organizational mission statement, and how to create a grant writing team.

A Self-Assessment and Planning Guide: Developing a Comprehensive Financing Plan

rtckids.fmhi.usf.edu/study03.cfm

Research and Training Center for Children's Mental Health, University of South Florida, 13301 Bruce B. Downs Boulevard, Tampa, FL 33612-3899

DESCRIPTION: Develop a better understanding of what are the critical financing structures and strategies to support system development, Examine how these strategies operate separately and collectively.

PLANNING TOOLS

Gap Analysis/Build Consensus

Tools from the *School Community Partnerships: A Guide* p. IV.1-IV.2

DESCRIPTION: Analysis of vision, policy infrastructure, leadership, staff, and resources. Describes process of analyzing scope of gap between vision and current status.

Action Planning Worksheets

Tools from the *School Community Partnerships: A Guide* p. IV.3-IV.5

DESCRIPTION: Provides questions and outline for group process to develop objectives, strategies, persons who will carry out strategies, timeline, and possible barriers.

GROUP FACILITATION TOOLS

Planning and Facilitating Effective Meetings

Tools from the *School Community Partnerships: A Guide* p. III.5

DESCRIPTION: Guidelines for forming a working group, meeting format, promoting positive group dynamics, and problem solving.

Group Facilitation Skills Self Assessment

www.communityschools.org/index.php?option=content&task=view&id=39&Itemid=61

DESCRIPTION: A self-assessment tool that assists facilitator in assessing which group facilitation tasks are performed successfully and in which tasks coaching would be helpful.

Ten Things To Do About Resistance

www.nsd.org/library/publications/jsd/janas193.cfm

From Monica Janas' article, "Shhhhh, The Dragon Is Asleep And Its Name Is Resistance."

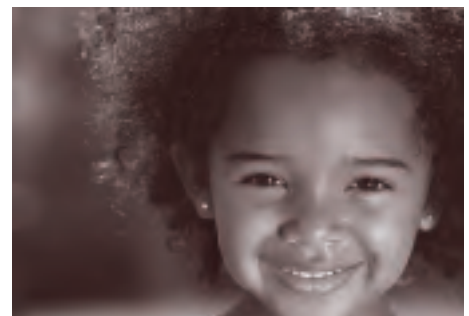
Journal of Staff Development, Spring 1998 (Vol. 19, No. 3)

DESCRIPTION: Describes types of staff resistance to change, and lists behaviors and actions that can help prevent or minimize staff resistance.



REFERENCES

- Adelman HS and Taylor L. Addressing Barriers to Learning. Center for Mental Health in Schools Program Policy and Analysis at UCLA, Volume 12, Number 2, Spring 2007.
- Adelman HS and Taylor L. (2004). Mental Health in Urban Schools, The National Institute for Urban School Improvement, Denver, CO. http://urbanschools.org/publications/on_point.html
- Alliance for Excellent Education. (August 2005). Issue Brief: *Teacher Attrition: A Costly Loss to the Nation and to the States.*
- Association of State and Territorial Health Officials (2002, November), Financing Partnerships in Child and Adolescent Mental Health, Mental Health Resource Guide Issue Brief and Fact Sheet, Washington, DC: Author. <http://astho.org>
- Bannor B and Webb V. (2005). Collaborating with Key School Partners: Triumphs and Challenges. Cook County Department of Public Health and Millennia Consulting. <http://www.consultmillennia.com/publications.html>
- Centers for Disease Control and Prevention. (2001). *Youth Risk Behavior Survey.*
- Center for Health and Health Care in Schools (2006), Financing Children's Mental Health Services, Washington, DC: Author. <http://www.healthinschools.org/mhs4.asp>
- Center for Mental Health in Schools at UCLA (2002), Financial Strategies to Aid in Addressing Barriers to Learning, Los Angeles, CA. <http://smhp.psych.ucla.edu>
- Center for Mental Health in Schools at UCLA (2002), School-Community Partnerships: A Guide, Los Angeles, CA. <http://smhp.psych.ucla.edu/>
- Center for Mental Health in Schools at UCLA. Interconnected Systems for Meeting the Needs of All Youngsters.
- Center for Mental Health in Schools at UCLA. Working Collaboratively: From School based Teams to School-Community-Higher Education Connections
- Center for School Mental Health Assistance (2002), Funding Expanded School Mental Health Programs. Baltimore, MD: Author <http://csmha.umaryland.edu>
- Center for the Study of Teaching and Policy. (January 2001). *Teacher Turnover, Teacher Shortages, and the Organization of Schools.*
- Coalition for Community Schools. (2007). "The Reality that Schools Face."
- Collaborative for Academic, Social, and Emotional Learning (CASEL) (2005), Safe and Sound: An Educational Leader's Guide to Evidence-Based Social and Emotional Learning (SEL) Programs, Illinois Addition, Chicago, IL. <http://casel.org>
- Daggett WR. (2005). "Achieving Academic Excellence Through Rigor and Relevance." Internal Center for Leadership in Education.
- Elias MJ. (1997). *Promoting Social and Emotional Learning.*
- Family Educational Rights and Privacy Act (FERPA) <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index/html>
- Foster S, Rollefson M, Doksum T, Noonan D, Robinson G, and Teich J. (2005) *School Mental Health Services in the United States, 2002-2003.* DHHS Pub. No. (SMA) 05-4068. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. <http://www.mentalhealth.samhsa.gov/publications/allpubs/sma05-4068/>
- Freidman RM, Kutask K, and Duchnowski, AJ. (2002). Policy Leadership Cadre for Mental Health in Schools.
- Hands C. (2005). It's Who You Know and What You Know: The Process of Creating Partnerships Between Schools and Communities. The School Community Journal, Fall/Winter Volume 15, Number 2, Academic Development Institute, Lincoln, IL. <http://www.adi.org/publications.html>
- Health Insurance Portability and Accountability Act (HIPPA) <http://www.hhh.gov/ocr/hippa>
- Hogan MF, et al. (2003). New Freedom Commission on Mental Health Achieving the Promise: Transforming Mental Health Care in America.



REFERENCES *continued*

24. Howell E. (2004). Access to Children's Mental Health Services under Medicaid and SCHIP, *The Urban Institute*, Series B, No. B-60, Washington, DC. <http://urban.org/url.cfm?ID=6311053>
25. Illinois Children's Mental Health Partnership. (2005). *Strategic Plan for Building a Comprehensive Mental Health System in Illinois*
26. Jehl J, Blank M, McCloud B. (2001). *Education and Community Building: Connecting Two Worlds*, Institute for Educational Leadership, Washington, DC. <http://www.iel.org/pubs/ccs.html#education>
27. Knitzer J. *Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness*. New York: New York. National Center for Children in Poverty.
28. Melville A. *Funding for Children's Mental Health Services: Making the Most of Medicaid, Learning Together: The Developing Field of School-Community Initiatives*, Institute for Educational Leadership and National Center for Community Education, Washington, DC. <http://csmha.umaryland.edu>
29. Minnesota Children's Mental Health Task Force. *Minnesota Framework for a Coordinated System to Promote Mental Health in Minnesota*.
30. National Governor's Association Center for Best Practices, Health Division, (2005, January), Issue Brief: *Funding for Children's Mental Health Services: Making the Most of Medicaid*, Washington, DC. <http://www.nga.org/cda/files/0501CHILDMENTALHEALTH.pdf>
31. National Institute for Health Care Management Research and Educational Foundation (2005, February), Issue Paper: *Children's Mental Health: An Overview and Key Considerations for Health System Stakeholders*, Washington, DC. <http://www.nihcm.org/CMHReport-FINAL.pdf>
32. National Collaboration for Youth, Coalition for Community Schools, and the Institute for Educational Leadership (2004), *National Conversation on Helping Young People Succeed: Strengthening and Sustaining Relationships Between Schools and Youth Development Organizations*, Washington, DC. <http://www.nydic.org/nassembly/Final%20web%20document.11.6.02.pdf>
33. National Association of State Mental Health Program Directors and the Policymaker Partnerships for Implementing IDEA at the National Association of State Directors of Special Education Mental Health Project Work Group (2002). *Mental Health, Schools, and Families Working Together for All Children and Youth: Toward a Shared Agenda*.
34. Ounce of Prevention (2010) *Community Systems Development Resource Took Kit: Supporting Local Communities in Collaboration and Partnership Building*
35. Pires SA. *Building Systems of Care: A Primer*, National Technical Assistance Center for Children's Mental Health Center for Child Health and Mental Health Policy Georgetown University Child Development Center, Washington DC, Spring 2002
36. PMP/NASMHPD School Mental Health Project Work Group. *Mental Health, Schools and Families Working Together for Children and Youth: Steps Toward a Shared Agenda Concept Paper*, 2001
37. Raver C and Knitzer J. *Promoting the Emotional Well Being of Children and Families Policy Paper #3*. New York: New York. National Center for Children in Poverty.
38. SAMHSA. (2002-2003). *School Mental Health Services in the United States*.
39. Substance Abuse and Mental Health Services Administration. *Communities That Care Toolkit* (out of print)
40. U.S. Department of Education. (1996). *Putting the Pieces Together: Comprehensive School-Linked Strategies for Children and Families*. Washington, DC: Author. <http://www.ncrel.org/sdrs/areas/issues/envrnmnt/css/ppt/putting.htm>
41. U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*.
42. U.S. General Accounting Office, *Child Trauma and Mental Health Services Report to Congress*. U.S. Government Printing Office.
43. Vidal V. (2005). *Partnerships that Develop Academic Success*, Prevention Forum, Prevention First, Springfield, IL. <http://www.prevention.org>



**TOOLS
FOR BUILDING
SCHOOL-COMMUNITY
PARTNERSHIPS**



**ILLINOIS
CHILDREN'S
MENTAL HEALTH**

PARTNERSHIP

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