

APPENDIX B

MEETING NEW DEMANDS:

SCHOOL AND COMMUNITY AGENCY PARTNERSHIPS*

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The time for foundational change and a re-imagining of what is possible in community life has presented itself in a Post-Covid world. The pandemic's impact on all aspects of family and community life is evident in the early analysis of data across multiple disciplines, from economics, to mental health, and academic performance. Concerns about racial justice, political discord and gun violence have deepened the challenges of finding our way through the pandemic and its consequences. All of this adds stress to every classroom in our system.

Schools and community agencies are facing an epochal demand for mental health services and at the same time, are increasingly aware of the costs associated with inadequate interventions. School mental health supports are a critical component of any educational system and can be a **key factor** in reducing disparities in academic achievement, as well as physical and mental health.

Funded and licensed community behavioral health programs are accessible in most school districts on Long Island. Historically, educators have long been reluctant to engage with the social-welfare business. The result has been an isolated development of this critical community support. Overcoming this hesitancy has been slow, but school systems have demonstrated their willingness to step away from their reluctance, when confronted with critical social issues. One notable example is the major role school systems played in stemming the tide of the polio epidemic, by engaging with outside systems to ensure the vaccination of millions of children in America.

Over time, once controversial actions like employing a school nurse with daily access to children, developing "health centers" directly in school facilities, or adding social workers as a faculty position are now broadly accepted by schools and the communities they serve. The multiple ways schools responded to the social service needs of their staff, students, and families during the pandemic, is further evidence of today's schools' commitment to the social well-being of all stakeholders.

*This document is adopted from, and adds commentary to "*School & Mental Health Partnerships*" prepared by NYS Office of Mental Health (2018)

The federal government's awareness that schools may be the strongest institution within a community to address the full range of children's and family's needs, is demonstrated in the *123 billion dollar* allocation that has been earmarked for school recovery. The allocation may very well be an acknowledgment that school systems often exceed the reach of religious, fraternal, and civil organizations. The manner in which districts choose to spend the money can build the sustainable partnerships needed to address the social wellness of children, which has a direct impact on every component of a school district's mission.

There are several models of establishing a system of care. This document suggests that a successful and sustainable partnership can best be achieved by creating a structured and contractual relationship between a school district and a carefully vetted community based not-for-profit agency. In such a customizable partnership, there are clear advantages when the agency is licensed and funded as a mental health/substance use treatment program.

The inextricable link between academic performance and physical and emotional well-being directs attention to the value of an integrated approach to education – one that connects a behavioral and mental health approach to learning. Professional staff shared, in the fullest way possible by a school district and a community agency, can help create social and emotionally healthy classrooms and enhance school climate. As educational experts and mental health experts share assignments in a school community, they will naturally cross-fertilize thinking on the developmental needs of children.

Nurtured over time a partnership can seamlessly integrate the full spectrum of mental health supports and services needed to confront today's challenges. There are more foundational similarities between a community agency and the local school district than previously understood.

- Schools access and engage community youth (and their families) from their Pre-K programs through the high school years. They have the capacity to shape values, beliefs, behaviors and character through policy and curriculum, and by influencing parenting and community norms and goals.

Local community agencies in large measure share those goals. They reflect the beliefs, values and character of the same school community. Both systems, increasingly guided by the *Strategic Prevention Framework* and evidence based practices, develop programs which influence the same community. Thus, a unified research-informed approach to youth and family needs can guide program development within both systems.

- School systems and community agencies share similar means of governance through an elected board of directors representing community stakeholders, who govern by constitution, policy, by-laws, and regulation to achieve their primary mission. Professionals in both systems are state licensed and responsible to state licensing boards.

Unique differences between schools and community agencies can also be seen as a benefit. Since the calendar and hours of operation of the two systems are different, the partnership will dramatically increase access to services and compensate for the limitations of a school calendar. Similarly, shared staff providing services in agency offices *and* schools will extend the reach of both systems.

Building on the similarities of mission, structure, and methods a partnership can initiate a prevention-focused public health model, linked to student outcomes in the areas of:

- Education
- Mental Health
- Physical Health
- Child Welfare
- Substance Use
- Juvenile Justice
- Civic Education
- Caregiver Support

Direct access to school based mental health services **improves:**

- Physical and psychological safety
- Academic performance
- Social-emotional competencies

Direct access to school based mental health services **reduces:**

- Disciplinary referrals
- Dropout rates
- Substance misuse
- Involvement in the criminal justice system
- Acts of emotional and physical violence

A true partnership can be built upon acceptance of the different but interdependent missions of a free and public education system and that of an agency designed to address the social and emotional determinants of physical and emotional health within a community.

Careful selection of an appropriate partner for a school can be facilitated by private sector supports and government agencies. In Nassau County, the Superintendent of BOCES, Commissioner of Human Services, or Director of Mental Health and Substance Use Services can assist in the task.

During the initial period of exploring partner compatibility, one can begin with simple collaborative efforts such as a shared presentation on relevant community issues or a staff development training provided by an agency. Representatives from the agency might be appointed to serve on a school district committee or coalition. With growing confidence and

trust, the district might then contract for a specific agency service such as a substance use prevention program or targeted intervention program. Other examples include small group support for in-school or after-school suspension programs or parent education programs. Expanded collaborative efforts can precede a formal partnership that joins the two systems.

Arguably the greatest strength of collaboration is that of shared staff. Ideally, a shared mental health professional can be assigned a specific program responsibility in a school along with a related assignment in the community agency. Being involved in the culture and organizational procedures of the agency and the school, the staff member is in a unique position to help coordinate services and communication between the systems.

Shared staff requires a clear delineation of roles and responsibilities in each setting. Developing a Memorandum of Understanding (MOU) is a critical step in the process. An MOU would outline services, data collection responsibilities, a confidentiality protocol, and information sharing process.

A school and community agency partnership embodies the notion that social determinants of health greatly influence academic performance. It recognizes that socio-cultural shifts catalyzed by the evolution of an information superhighway, the influence of social media, and transitional thinking about substance use, gambling and sexuality, now require an educational response, informed by partners in the “social welfare business”. The resulting public health model can support and provide for greater well-being in school and in life.

A successful partnership between a school district and a community agency can enhance the sustainability of programs in both systems. Shared awareness of existing programs within the school and the community will help to avoid duplication of services that often occur when organizations are working independent of each other. Since the calendar and hours of operation of the two systems are different, the partnership will dramatically increase access to services and compensate for the limitations of a school calendar.

A partnership offers fiscal advantages, as some grants restrict access to schools or to private not for profit systems. A school and community agency partnership may be able to access these funding streams. New revenue opportunities and grants requiring school-community cooperation will generate an expansion of services to meet increased demands. A decision to create a partnership may prevent disruption or elimination of key school mental health services in the face of budget shortfalls or the end of a grant.

Some examples of the wide array of resources available to support partnerships include:

- Legislative Authorization and Federal Block Grants
- NY State agencies funding community agencies and schools such as:
 - Office of Mental Health Services,
 - Office of Addiction and Substance Use Services,
 - Department of Health,
 - Department of Education,
 - Office of Children and Family Services,
 - Title XX,
 - SAMSHA
- State and County funding secured through budget line items, local tax revenue, funding designated for the implementation of special programs and initiatives
- Fee for Service Revenues from third party payers, children's health insurance, Medicaid and commercial insurances
- Private Individual Donors and local and regional Private Foundations (Long Island Community Trust, Hagedorn Family Foundation, Robert Wood Johnson Foundation)

A true partnership joins critical components of a community in a collaborative that provides a comprehensive public health approach to challenges schools face in their overall mission. In addition to developing and expanding mental health and educational services and managing referral and processes for families, perhaps the most important outcome of constructing a school and community agency partnership is placing the whole village in the role of raising children.