

INCREASING THE MENTAL HEALTH & SOCIAL SERVICE CAPACITY OF ASNA SCHOOLS

A BRIEF PROGRESS REPORT

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Introduction

In the Fall of 1998, the Alternative School Association Network (ASNA) was funded by the Jackson County Mental Health Levy Board and the Hall Family Foundation to develop and implement a strategic plan to assess need and increase the capacity of ASNA school sites to deliver mental health and social services. This process has encouraged ASNA to develop new relationships, networks and resources.

A working group of twenty-five — ASNA educational members, community mental health and social service providers and funders, students and parents — have been meeting monthly since December, 1998 and are committed to completing their task by May, 1999. Most recently, four issues/themes were gleaned from a number of “needs” to focus our work. The four issues/themes:

- The Challenges Facing Teen Parents & Early Childhood Education
- The Transition of School/Welfare to Work
- Issues of Social & Cultural Support
- Community Development

The working group understands, in the near future, it will be important for these issues/themes to be supported by more specific data from ASNA school sites and mental health and social service partners. In response, ASNA management team members have involved thirteen school districts at the Superintendent level to gather pertinent information from over twenty ASNA member sites.

While ASNA leadership and working group participants have had an opportunity to glimpse what might be possible through partnerships, what eventually happens will necessarily build on specifics about needs, existing practices and relationships. And, there has been a strong collective willingness to collaborate but exactly how will emerge as three strategic questions are answered. The first question: (1) How can the resources and relationships of area mental health and social service providers be helpful in the development of ASNA's capacity?

The Partnership

Currently the Working Group is considering the following partnerships:

- ASNA is a collaborative venture among public and private schools and agencies concerned with quality educational opportunities for students in alternative schools in the five-county metropolitan Kansas City area. The purpose of ASNA is to coordinate, strengthen, and increase the effectiveness of education and services for “at risk” and hard-to-educate students by creating a network of learning opportunities.
- LINC was an initiating partner in this effort and LINC’s regional mandate is designed, in part, to promote collaboration. It seems obvious that ASNA could benefit from LINC’s learnings, the coordinated funding from the various state departments, and the possibility of a funded site coordinator — all of which, if actualized, would advance ASNA’s capacity building agenda. LINC’s Educational Committee and various other committees and efforts may also be of strategic benefit to ASNA and its school sites.
- The Jackson County Mental Health Levy Board — a funder of both this project as well as for a number of individual ASNA school sites — has a critical leveraging role in the mental health community; one of their organizing criteria is to promote collaboration. The clout of the Levy Board would be an important resource, particularly with mental health resources and providers in the community. The Levy Board also has quality assurance expertise that could be brought to bear in developing and researching outcome/evaluation expectations.
- Issues of drug abuse and dependency have figured large in the expressed needs of school sites. Laurante Javois, from the Division of Alcohol & Drug Abuse, and Sue Giles, from the Addiction Technology Transfer Center, have been involved in the Working Group process from the beginning and both represent critical expertise, leveraging, and training resource potentials for an ASNA partnership.

Additionally, Susan Wilson (Swope Park) and Alan Flory (Research) have provided important mental health leadership through their participation in the Working Group, demonstrating a healthy commitment to working together with ASNA on the potential for partnership. The consortium of community mental health centers (Swope, Truman, Research and Comprehensive), may be an obvious partner for ASNA. ASNA is in the process of identifying which school site members are currently collaborating with which community mental health center; this information would provide a start in identifying

school site projects for further focus and study — an intended, original outcome of this project. An important issue is how ASNA and its school sites would work together: within the consortium’s geographic-area mandates, develop relationships with individual centers, and/or work with the community mental health centers through the broader umbrella of either LINC’s Caring Communities or the Jackson County Mental Health Levy Board?

Throughout the Working Group process, other mental health and social service resource providers have also been involved — COMBAT, Partnership for Children, The Children’s Place, Project Neighborhood — it seems prudent that some accommodation should be made for their interests and others as they may be on to things that other partners might be missing. ASNA must be collectively and continuously smart in scanning the mental health/social services universe and acting with those that want to partner.

Our second strategic question: (2) How can the organizational “mandates” and “practices” of these institutional partners be brought together in a coherent and effective partnership to serve the needs of ASNA young people and their families?

The Functions

ASNA now has an opportunity to build on its relationships; asking questions about both the functions and structure necessary to address the mental health and social service needs of ASNA school sites.

The provision of three organizational functions — identify, implement & sustain — would ensure that the ASNA membership has the ongoing structure and processes necessary to develop and implement partnerships that result in increased mental health and social service capacity. And, it is not likely that these functions can be provided effectively without partnerships.

Operationalized and effective partnership represent a significant critical mass potential in the ongoing

- 1) identification of the needs of ASNA’s young people and families;
- 2) identification and delivery of effective programs, best practices, training opportunities [from school sites & through partners];
- 3) identification of delivery challenges and barriers;

- 4) advocacy to educate legislators through access to young people and their parents, and,
- 5) leveraging of funding.

A formal structure addressing these opportunities would put ASNA, its members, and partners on the cutting edge of leadership and success with at-risk young people and their families.

ASNA School Sites represent access to young people, parents, and their communities. Some school sites have long and effective histories of working within communities and developing “best” practices that would be significant contributions in dialogue and action with mental health and social services providers. Also, those school sites have developed advocacy functions on behalf of neighborhoods that typically are not connected to more professional provider organizations. An opportunity exists for partners to build greater access through improved relationships.

When it’s all said and done, who else is currently working with these young people and their families? If these young people and families are simply left alone, there will be significant future costs to society in terms of incarceration, treatment, and unfulfilled lives.

Issues

As is typical of most collaborations, issues of ownership (how to create co-ownership), autonomy (how to maximize participation with expertise of partners identified and valued), and money (how to create win win situations) loom large. Our third strategic question: How do we tailor mental health and social services to specific school sites, keeping in mind outcomes which bring the voice of young people and their families to the table?

Next Steps

It is the current intention of the Working Group and potential partners to identify what specifications they need from each other to advance the actuality of collaboration as well as explore what structured process(es) might be necessary to develop and implement formal partnerships with mental health and social service providers and funders at the final two meetings: Tuesday, March 2 and Tuesday April 6.