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TEAMS, PARTNERSHIPS, AND COLLABORATIONS

In this chapter, we will:

- ◆ Define teams, partnerships, and collaborations
- ◆ Summarize how teams, partnerships, and collaborations promote child and adolescent mental health
- ◆ Explain how to build effective teams, partnerships, and collaborations

Scenario

It doesn't happen in every school. In fact, it wasn't until I transferred to this new school district where I took charge as school principal that I became part of a district with a history of a strong district-wide system of student support. One of the first things the superintendent had me do was participate in a training to assess the school district's capacity to address students' mental health needs. There were student support teams at each school to promote mental health, prevent mental illness by teaching life skills universally to all students, identify and intervene with those mental health issues that were barriers to learning and student achievement, and lastly, integrate and reinforce the lessons students learned during treatment. The district leadership envisioned a model where the wellness of all students is optimized.

Our student support teams are made up of teachers, the nurse, guidance counselors, social workers, the school psychologist, building and district

administrators, family members, and a community mental health organization representative. After a while, we began to see that teaming wasn't enough. We needed to look more strategically at our partnerships.

We all came together to evaluate student and family needs, what school policies and practices were working in the schools, new practices and programs to consider implementing, program gaps, and staff support and training. Special attention was given to discussing the partnerships the school district had with local community mental health agencies, government services, community groups, and other school districts.

In one area, we couldn't figure out how to access the services the students needed. Finally, someone suggested we contact the state behavioral health office. You know, I found out that the state office was struggling with the same problem, except they had a plan. The State Department of Behavioral Health Services along with the Department of Education formed a collaboration to address the problem. They were working on legislation and changes in the state school code. I was surprised and pleased. The state child welfare office staff asked me for input and suggestions for other policy changes.

Source: Devon Smith, a principal in a suburban school district outside of Atlanta, Georgia

Defining Teams, Partnerships, and Collaborations

The terms *team*, *partnership*, and *collaboration* are used in many ways and have a variety of meanings to different people. This section provides the working definitions used in this text. One caution and potentially confusing issue is that the terms *partnership* and *collaboration* are commonly used interchangeably. We will show that these are, in fact, quite distinct terms. With all three terms, individuals and organizations work together to overcome challenges they cannot handle by themselves. They demonstrate the concept of synergy: the sum total of people's combined efforts will be greater than the effect each person would have working alone.

A **team** is a group of interdependent individuals who share responsibility for specific outcomes for their organization (e.g., school). The minimum defining features are shared responsibility and interdependence. Team members are interdependent if each depends on the others to carry out his or her role, to accomplish goals, or to create a product. For example, a team at a school addressing students' mental health concerns and problems might be composed of school staff (e.g., teachers, administrators, counselors, nurses) and community organization staff (e.g., mental health, drug and alcohol, juvenile justice, school-based probation). Each member brings expertise from their professional role and experience working with youth, shares the goal of helping and supporting children and adolescents, and works with other team members to create a plan of action and to identify **resources** and supports to address students' needs.

A **partnership** is a group of interdependent local organizations represented by individuals who share responsibility for specific outcomes across organizations at

the local level. Similar to teams, the minimum defining features of a partnership are shared responsibility and interdependence. Partnership members use their organization's role and experience working with youth and their shared goal of helping and supporting children and adolescents to create resources and supports within and across a community to address students' needs. For example, local community partnerships among mental health agencies, drug and alcohol programs, human services and youth development organizations, faith-based programs, and schools develop and sustain a range of educational and health programs and services with multiple entry points and funding. The goal is to create an accessible, consumer-driven continuum of mental health practices and services.

A **collaboration** is a group of interdependent organizations represented by individuals who share responsibility for specific outcomes across a region or state(s) working at the governmental and public policy level. Similar to teams and partnerships, the minimum defining features are shared responsibility and interdependence. Collaboration members use their organization's role and experience working with youth and shared goal of helping and supporting children and adolescents to create resources and supports across a region or state(s) to address students' needs. For example, state-level departments of education, health, public welfare, and justice form a collaboration for planning, budgeting, and legislative actions to provide infrastructure to create and finance school-based mental health services.

Teams, partnerships, and collaborations arise as individuals and organizations (governmental, educational, nonprofits, community-based, and others) seek to overcome challenges they cannot meet alone. This shared goal (overcoming a challenge) defines the members of a team, partnership, or collaboration. In this text, we use the term *partnership* when discussing and describing local, community-level efforts. We use the term *collaboration* when explaining regional, state, and national efforts.

A Socio-ecological Approach to Promoting Child and Adolescent Mental Health

Teams, partnerships, and collaborations take a socio-ecological approach to promoting child and adolescent mental health (**Figure 3-1**). The **socio-ecological approach** considers all levels when addressing the mental health needs of children and adolescents. As we work with each level (i.e., children and adolescents, schools, community, etc.), we adapt practices to fit local needs and strengths. In this approach, the teams, partnerships, and collaborations are the links that unite the different levels to address students' mental health concerns and problems and to promote their mental health.

Teams occur mostly at the school building level, with the participation of families and youth from the building. At the school building level, local community human service agencies and programs are part of the school teams. Partnerships typically are formed at the school district level including all of the district buildings and joining with a broader range of community-wide agencies,

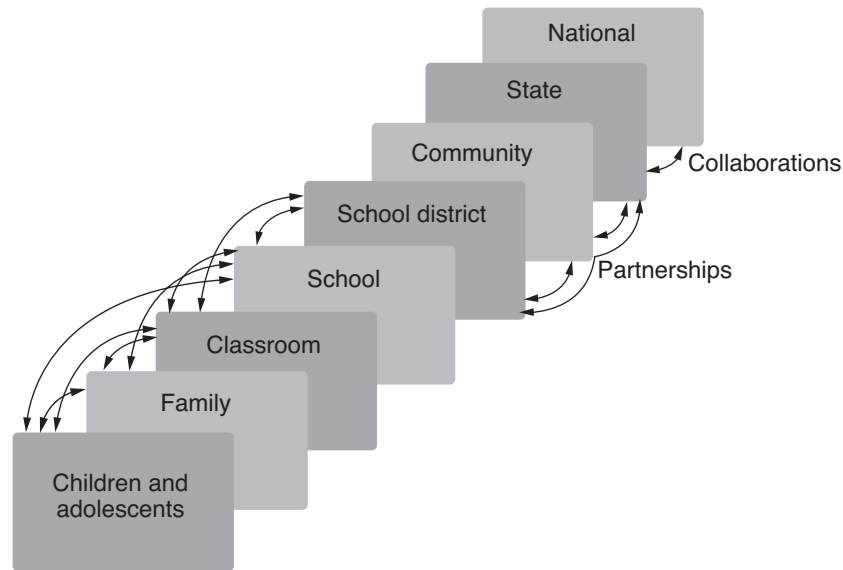


FIGURE 3-1 Teams, partnerships, and collaborations linking the levels of promoting child and adolescent mental health.

services, and programs. Health insurance providers, state government programs, and businesses often are partnership members. Collaborations reach higher to the national and state level to address broad public policies. Collaborations will seek input from many of the other levels (e.g., family, school districts, community), but the collaboration leadership tends to reside at the state or national level. All three together contribute to the mental health of children and adolescents.

School Teams

School teams are composed of school and community program staff, including school principals, assistant principals, resource specialists, psychologists, community outreach workers, social workers, teachers, and school counselors, who address students' mental health concerns and problems. They meet regularly to provide referrals, intervention, monitoring, and support. With the input of parents, they develop strategies to improve specific behaviors, and they seek additional resources and community services. According to Miller, Peterson, and Skilba (2002), there are a wide variety of teams in a school. Different from groups that are charged with a task, a team shares a common vision and mission. There is an emphasis on working together as a unit with evenly divided leadership, equal communication, and strong cohesion that result in task accomplishment.

Teams' effectiveness reflects the level of administrative support they receive, the availability of needed resources including sufficient time, the leadership of the team, and the focus, commitment, and motivation of team members. Team composition, size, membership, communication, and support from stakeholder groups (e.g., school and agency staff, community members, parents) also contribute to the team's effectiveness.

Miller et al. (2002) describe two types of teams: academic concerns teams and student support teams.

Academic Concerns Teams

An **academic concerns team** deals with academic issues and operates mainly at the school with school staff. This type of team will frequently be driven by school curriculum, projects, and educational initiatives. For example, various grade-level and subject-area teams process information about student achievement and develop academic strategies to help students. Curriculum planning teams focus on how to improve student academic outcomes and achievement. School improvement teams are charged with meeting adequate yearly progress (AYP) and improving school climate. Often, multidisciplinary teams are formed to deal with the need for special education testing and placement. Finally, special education is rooted in a team approach that has as its core an Individualized Education Program (IEP), a legally binding document that spells out exactly what special education services a child will receive and why. It will include the child's classification, placement, services (such as a one-on-one aide) and therapies, academic and behavioral goals, a behavior plan if needed, the percentage of time in regular education, and progress reports from teachers and therapists. The IEP is planned at an IEP team meeting.

Student Support Teams

Student support teams are concerned with student behavioral health and school climate reflective of the system of care available within the school community. Expected members include staff from the school, community-based agencies and programs, government agencies, clergy, community members, and parents. Youth members may also be included on the teams. Student support teams go by many names (**Table 3-1**). Some have a broad focus and the mandate to address the mental health concerns and problems of children and adolescents. Others will focus on a specific concern such as bullying or safety. Regardless of their focus, as a member of a student support team, you can build the school community mental health promoting culture and climate.

Devon Smith, the principal in a suburban school district from the opening scenario, talks a lot about when he had an "aha moment" early in his teaching career related to addressing students' mental health concerns and problems. He was asked to serve on his school's student support team. After training,

TABLE 3-1 Student Support Teams Operating in Schools

- ❖ *School safety teams* (Stephens, 1995) focus on creating, implementing, practicing, and improving comprehensive safe school plans. School safety team plans generally include local police, fire, emergency management, and school district personnel that plan specific responses for a wide variety of natural disasters as well as safety concerns.
- ❖ *Crisis response teams* (Poland, 1999) are generally composed of school district personnel who work to prevent, respond to, and recover from acute crisis events, and facilitate the school communities' return to function.
- ❖ *Student assistance teams* (Fertman, 1999; Fertman, Tarasevich, & Hepler, 2003) are multidisciplinary trained teams that identify students' learning barriers and create plans to address these barriers. When the problem is beyond the scope of the school, teams connect students and families with community resources, and provide support during and after treatment (State of Pennsylvania Department of Education, 2002).
- ❖ *Positive behavioral support teams* (Sugai & Horner, 2001) are a three-tiered framework for decision making. Tier one teams address universal prevention practices in the school and classroom to prevent problem behavior in the school population. Tier two teams review discipline data by students, date, time, and location and review environmental as well as student-focused issues to create strategies that reduce the frequency of problem behavior in groups of students. Tier three teams address the individual needs of each student and create strategies to help reduce the intensity of problem behavior in that one student.
- ❖ *Bullying prevention teams* (Olweus, Limber, & Mihalic, 1999) are part of the Olweus Bullying Prevention Program, which is designed to improve peer relations and make schools safer, more positive places for students to learn and develop. A team is convened to address three goals: Reduce existing bullying problems among students, prevent new bullying problems, and achieve better peer relations at school.
- ❖ *Individual functional behavioral assessment teams* (Chandler, Dahlquist, Repp & Feltz, 1999) work to understand the antecedents, behaviors, and consequences of student behavior and create plans to reduce or extinguish negative behaviors through a series of prevention and positive rewards.
- ❖ *Safe and responsive schools planning teams* (Skilba, Peterson, Boone, & Fontinini, 2000) assess, plan, and implement efforts to address school violence prevention, discipline reform, and behavior improvement.
- ❖ *Learning support resource teams* (Adelman and Taylor, 2007) are key infrastructure teams that focus on school system-wide as well as community-wide resource mapping, continuous analysis, planning, development, evaluation, and advocacy for all students and the resources, programs, and systems to address barriers to learning and promote healthy development.
- ❖ *Coordinated school health teams* (Allensworth & Kolbe, 1987) are coalitions of individuals from within and outside the school community interested in improving the health of youth. The overall goal of this group should be to collaborate to create a healthy school environment where students are fit, healthy, and ready to learn.

he began to see that although he couldn't change a student's overwhelming depression, suicidal thinking, or substance abuse, he could finally talk about it with a multidisciplinary team of professionals and strategize ways to get the student help before a serious crisis emerged. This proactive approach appealed to Devon, and although he didn't see instant progress in these students, he knew that the school was now responding differently and in a more systematic way to their concerns.

Each school and community is unique in what they call their teams and how they staff them. You just cannot do it by yourself. As you work in schools and communities, one of your first tasks is to identify the student support teams working to promote young people's mental health and to join the effort. Being part of the teams, you benefit by being able to work smarter, not harder.

Student Support Teams In this text, we view all teams, regardless of their name and particular priority population of children and adolescents and their families, as student support teams. For us, student support teams are all teams that build the school community mental health promoting culture and climate. They operate at every level of education (preschool, primary, secondary, postsecondary) and across all types of educational institutions (public, private, proprietary, religious, charter, online).

Entering a school, you will probably find a couple of support teams operating that address a particular student population. At some point in time, school communities reach team overload. There just is not enough time, energy, budget, and staff to have what can seem like endless team meetings. Eventually, teams in schools need to consolidate. It is working smarter in a time of increased economic pressures and decreased resources. You will need to know and honor the history of a school's student support team. This knowledge allows you to build on past successes and initiatives as well as to learn from prior challenges.

Student Support Teams Link to the Classroom At the center of the student support team's work and the source of its greatest impact is its link to the classroom. Teams have direct contact with and support teachers (as well as other staff who teach). Classrooms reflect the school community's values, belief systems, norms, ideologies, rituals, and traditions, and they are shaped by the school community's political, social, cultural, and economic contexts (e.g., home, neighborhood, city, state, country). At the heart of the classroom are the teacher and students. Classrooms reflect this relationship. They reflect the individual teacher's style, organization, attitudes, morale, curricular and instructional practices, and expectations. Members of student support teams are allies and partners with classroom teams. Not every team member necessarily is involved with the classroom or at every other level in the socio-ecological model (Figure 3-1). Rather, members take on different roles. Depending on the particular team members' level of interests, time, and energy, involvement varies with students, classroom teachers, parents, partnerships, collaborations, and programs and services

(primary, secondary, and tertiary). Key is that the team members have access to many points of influence in the lives of young people, one of them (but not the only one) being the classroom.

Partnerships: Schools, Community Organizations, and Many More

Partnerships at the local level reflect the commitment and investment of people and resources for the solution to local needs. Partnerships require specifically defined **roles and responsibilities**, and usually the commitment of resources (fiscal and otherwise) for the implementation of specific interventions, usually delineated in a formal document. Partnerships promoting the mental health of young people commonly occur at the county level, reflecting that many school districts encompass a county. For example, the Philadelphia School District and Philadelphia County are contiguous (geographically the same), as are the Los Angeles Unified School District and Los Angeles County.

Partnerships encompass a broad number of types of relationships. A partnership is “an undertaking to do something together . . . , a relationship that consists of shared and/or compatible objectives and an acknowledged distribution of specific roles and responsibilities among the participants which can be formal, contractual, or voluntary, between two or more parties” (*Partnership Resource Kit*, 1995). **Table 3-2** provides four **partnership models**. Donations and sponsorships are commonly associated with mental health promotion activities (e.g., family meals, supplies, materials, equipment). Cooperation means organizations may work together informally to achieve each organization’s day-to-day goals, for example, through support or referrals. It is a relatively superficial level of interaction, as are interagency meetings and informal networking. Coordination is characterized by deliberate joint and often formalized relations for achieving shared or compatible goals. It involves establishing a common understanding of the services committed to and provided by each agency and by determining each agency’s accountability and responsibility to specific groups.

The Santa Maria partnership (**Table 3-3**) is an example of a community partnership focused on coordination of programs and services to address the mental health concerns and problems of children and adolescents in the southwest community of Los Angeles, California.

Collaborations Work at the Regional, State, and National Level

By definition, expect collaborations to work on changes in practices and policies across a region, state, or states. State government agencies may align policies and regulations pertaining to the funding of programs and services. With the support of statewide advocacy agencies, legislative change can occur. Collaborations provide access to a broad scope of knowledge and expertise for program and service planning, implementation, and evaluation. Collaborations help schools implement and sustain a complex change process to address mental health issues systemically as part of a positive school climate to promote

TABLE 3-2 Models of Partnerships	
<p>Donation One-time contributions (financial or non-financial) to support a program or service. Donors may expect public recognition or tax credits</p>	<p>Examples:</p> <ul style="list-style-type: none"> ❖ A restaurant donating food to a community wide violence prevention family activity event ❖ Donating art supplies to a summer camp for children living in settings with few summer activities and recreational opportunities
<p>Sponsorship Giving financial support for a set time period or cycle of a program or providing a contribution for supporting a service program. Sponsors may expect public recognition in return for the support</p>	<p>Examples:</p> <ul style="list-style-type: none"> ❖ Local college provides office space or equipment for a prevention project ❖ The local library provides a meeting space for family literacy participants
<p>Cooperation Organizational procedures, policies, and activities remain distinct and separate and are determined without reference to the procedures and policies of the other agencies. The organizations are autonomous, function independently in parallel fashion, and work toward the identified goals of their respective programs. It demonstrates a peaceful co-existence, but is neither genuinely interactive nor interdependent.</p>	<p>Examples:</p> <ul style="list-style-type: none"> ❖ The governor creates by executive order a behavioral health cooperative partnership that will develop a coordinated, efficient state mental health system. This cooperative comprises Department of Corrections, Department of Health, Department of Welfare, Department of Juvenile Corrections, State Department of Education, Office of Drug Policy, and State Mental Health Planning Council.
<p>Coordination A multidisciplinary approach in which professionals from different agencies confer, share decision making, and coordinate their service delivery for the purpose of achieving shared goals and improving interventions. Interagency coordination differs slightly from cooperation, but represents a more sophisticated level of interagency interaction. It is a process of engaging in various efforts that alter or facilitate the relationships of independent organizations, staffs, or resources</p>	<p>Examples:</p> <ul style="list-style-type: none"> ❖ Public health, social services, mental health, and school staff might hold case conferences to coordinate services for at-risk school children. ❖ At the county level members of school support team coordinators meet with county child and adolescent mental health, substance abuse, juvenile probation, behavioral health providers and managed care organizations to discuss emerging issues and create focused action plans.
<p><i>Source: Adapted from Skage, S. (1996). Building Strong and Effective Community Partnerships: A Manual for Family Literacy Workers. Alberta: The Family Literacy Action Group of Alberta.</i></p>	

academic achievement. Collaborations provide a sustainable infrastructure for partnerships and capacity to provide resources and training to school staff and community members.

In states such as California, New York, Texas, New Mexico, and Florida, it is common for the state department of mental health to take the lead in

TABLE 3-3 Santa Maria Community Child and Adolescent Mental Health Promotion Partnership

Santa Maria Community Child and Adolescent Mental Health Promotion Partnership partners and interacts with school and community agency staff; community members, including consumers, families, and businesses; and government, religious, and organizational representatives.

Santa Maria Community Child and Adolescent Mental Health Promotion Partnership serves as a forum for the identification and discussion of:

- ❖ Mental health needs of children and adolescents and their families
- ❖ Assets that promote mental health and competent young people
- ❖ Public and private sector policies related to mental health services and programs
- ❖ Education
- ❖ Events on a range of mental health–related topics

The Partnership was originally formed in 2008 to promote mental health in the county and increase the quality and accessibility of mental health services.

Mental health services include prevention and treatment services provided to children and adolescents. Recent initiatives have focused on children with severe and persistent mental illness, emotional disturbances, developmental disabilities, and substance abuse disorders.

The Partnership is open to anyone in the community who is interested. It is made up of a range of community members and representatives of organizations who are concerned about mental health, including those who receive mental health services, their families, and other partners:

Beach Latino Health Alliance Santa Maria Hospital Blue Cross, Blue Shield, Blue Care Network Santa Maria City Services County Health Department Southern Area School District Health Clinic Santa Maria Coordinated School Health Director County Health Department Drug and Alcohol Provider Association California State University Santa Maria Probation Office Community Prevention Partners Local Health Agency Wave Beach Hospital Crisis Team Intervention Services	Santa Maria Community Drug and Alcohol Prevention Services Santa Maria Community Mental Health Child Health Associates Family Services and Advocacy Community member
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forming the collaborations (**Table 3-4**). These will be the most formal interorganizational relationships involving shared **authority** and responsibility for planning, implementation, and evaluation of a joint effort (Hord, 1986). **Regional collaborations** can also bring **autonomous organizations** together (**Table 3-5**) to fulfill a common mission that requires comprehensive planning and communication on many levels using shared rules, norms, and structures to act or decide on issues of concern (i.e., addressing child and adolescent mental health concerns and problems). The risk to each collaborating organization is greater because each member contributes its own resources and reputation (Mattessich, Murray-Close, & Monsey, 2001).

Collaborations require two or more agencies working together in all stages of program or service development; in other words, “joint planning, joint implementation, and joint evaluation” (New England Program in Teacher Education

TABLE 3-4 State Department of Mental Health Collaborations

The *New York State Office of Mental Health* collaborates with eight other state departments in The Children’s Plan, a program designed to support the social and emotional wellness of children and their families, reduce barriers to care, promote child mental health, and provide resources to families. Services and resources are coordinated from departments including the State Education Department, Council on Children and Families, Office of Children and Family Services, and Office of Alcoholism and Substance Abuse Services.
<http://ccf.ny.gov/ChildPlan/index.cfm>

The *Florida Department of Children and Family Child Mental Health Services’* system of care collaborates with families and caregivers, caseworkers, and community services providers to coordinate services from multiple agencies. These Family Service Planning Teams are headed by one designated individual who coordinates the collaboration of all involved organizations to help ensure that children with mental health and emotional problems are able to remain at home, succeed in school, and thrive in their communities.
<http://www.dcf.state.fl.us/programs/samh/mentalhealth/CMHsystem.shtml>

The *New Mexico Behavioral Health Collaborative* is a collaborative created by the governor and the state legislature in 2004. The legislation allows several state agencies and resources involved in behavioral health prevention, treatment, and recovery to work as one in an effort to improve mental health and substance abuse services in New Mexico. This cabinet-level group represents 15 state agencies and the governor’s office.
<http://www.bhc.state.nm.us>

The *Texas Health and Human Services Commission* collaborates with parents, youth, and representatives from state organizations such as the Department of Family and Protective Services, Texas Youth Commission, and Department of Aging and Disability Services to create the Council on Children and Families. The goal of this program is to provide seamless, integrated health, education, justice, and human services to children and youth.
http://www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/Council.shtml

TABLE 3-5 Regional Collaborations

The *Pennsylvania Network for Student Assistance Services (PNSAS)* is a collaboration of the state departments of education, health, and public welfare for the statewide implementation of the Pennsylvania Student Assistance Program in all public and charter schools. School-based teams in collaboration with county liaisons provide support and referrals to students (and their families) with drug, alcohol, mental health, and other behavioral health issues that impede school success. Health and public welfare collaborate with county agencies to provide liaisons to school-based teams. Other collaborations exist (1) at the state, county, and/or local level to provide statewide training (Commonwealth Approved Training System), research-based practices, and technical assistance; and (2) with other agencies and professional organizations for health promotion activities.

<http://www.sap.state.pa.us>

The *Anoka County Children and Family Council* encourages the community agencies, individuals, school districts, shelters, police departments, and service providers that affect the lives of children and families in Anoka County, Minnesota, to work together. It does this by coordinating efforts to improve efficiency among agencies and by maintaining various grant programs that foster cooperation. It has developed and funded programs to address the needs of the families in its community, such as mental health, and the needs of newcomers for linguistically and culturally appropriate services. It is the council's position that prevention of crises provides a more stable and safe environment for children.

http://ww2.anokacounty.us/v4_collaboratives/acfc.aspx

The *Alameda County School Health Services Coalition's* mission is to bring education and health partners together to build communities of care that foster the academic success, health, and well-being of children, youth, and families in Alameda County, California. The School-Based Behavioral Health Initiative works with 140 schools across 12 school districts in Alameda County through diverse staffing models. Approximately 49% of these schools have achieved universal access to behavioral health services by weaving together resources and funding streams.

Through collaboration, the coalition members strive to achieve the following:

- ❖ Students are healthy—physically, socially, and emotionally.
- ❖ All students are given the chance and the expectation to succeed academically.
- ❖ Students are caring, competent, engaged, and prepared for college and career.
- ❖ Families actively support their children's education and healthy development.
- ❖ Schools are safe and healthy learning environments.
- ❖ Institutions effectively serve the needs of the whole child.
- ❖ Students live and learn in stable, safe, and supportive communities.

Defined as both a place and a set of partnerships between schools and communities that integrates academics, youth development, family support, health and social services, and community development and engagement, full service community schools improve student learning, build stronger families, and promote healthier communities.

<http://acschoolhealth.org/SchoolBasedBehavioralHealthInitiative.htm>

[1973] in Hord, 1986). There is a cooperative investment of resources (time, funding, and material), and therefore joint risk taking, sharing of authority, and benefits for all partners (*Partnership Resource Kit*, 1995). Collaboration connotes a more durable and pervasive relationship than a partnership (**Table 3-6**). Collaborations bring previously separated organizations into a new structure with full commitment to a common mission. Such relationships require comprehensive planning and well-defined communication channels operating on many levels. Authority is determined by the collaborative structure. Risk is much greater because each member of the collaboration contributes its own resources. Resources are pooled or jointly secured, and the products are shared.

TABLE 3-6 Elements of a Collaboration Among Organizations

Vision and relationship	<ul style="list-style-type: none"> ❖ Commitment of the organizations and their leaders to fully support their representatives. ❖ Common new vision and goals are created. ❖ One or more projects are undertaken for longer term results.
Structure, responsibility, and communications	<ul style="list-style-type: none"> ❖ New organizational structure and/or clearly defined and interrelated roles that constitute a formal division of labor are created. ❖ More comprehensive planning is required that includes joint strategies and measuring success in terms of impact on the needs of those served. ❖ Beyond communication roles and channels for interaction, many “levels” of communication are created because clear information is a keystone of success.
Authority and accountability	<ul style="list-style-type: none"> ❖ Authority is determined by the collaboration to balance ownership by the individual organizations with expediency to accomplish purpose. ❖ Leadership is dispersed and control is shared and mutual. ❖ Equal risk is shared by all organizations in the collaboration.
Resources and rewards	<ul style="list-style-type: none"> ❖ Resources are pooled or jointly secured for a longer-term effort that is managed by the collaboration structure. ❖ Organizations share in the products; more is accomplished jointly than could have been individually.
<p>Source: From Mattessich, P.W. & Monsey, B.R. (2000). <i>Collaboration: What Makes it Work</i>, p. 61 (Fieldstone Alliance, an imprint of the Turner Publishing Company). Use by permission.</p>	

Building Effective Student Support Teams

Student support teams that effectively address children and adolescents' mental health concerns don't just happen. They are the result of strategic effort and commitment from many people and organizations. They are all based on the concept of synergy: the sum total of a team's focused efforts will be greater than the effect each would have working alone. Members are interdependent and have shared responsibility for attaining a goal. Members are frank about the struggles and challenges they face. Teams do not always work well. There are conflicts and forces that derail the best intentions and plans. Effective teams share seven qualities (Fertman, 2004; Larson & LaFasto, 1989):

1. *Outcomes-oriented structure*: They establish measures that help to evaluate how they function and review effectiveness periodically through maintenance activities. Regular checkpoints, benchmarks, or short-term goals help to keep an organization moving forward. Likewise, periodic activities that build a common knowledge base or improve functioning further solidify the structure.
2. *Select highly skilled members*: Members are selected because of their diversity and skills. Team, partnership, and collaboration size is optimal. Members are either homogeneous and share similar experiences and views, or heterogeneous with different backgrounds and perspectives. Typically, more diversity produces better results. Sometimes the leader carefully selects members, or administrators choose the best people based on their professional expertise. Sometimes members recommend new members for approval.
3. *Commitment to vision and outcomes*: They are a team, partnership, or collaboration, not a group. Groups generally have finite tasks, and leadership isn't shared. Team, partnership, and collaboration members work with each other, disagree openly, and depend on the other's contributions. They have shared values and a sense of a mission. Usually, the shared vision or mission is reflected in that of the member's organization.
4. *High standards of excellence*: They have group norms, roles, responsibilities, and boundaries. Clearly defined roles and governance structure facilitate understanding of where one fits in. Teams, partnerships, and collaborations develop a culture that norms behaviors among the members.
5. *Leadership*: They have support from the highest levels of the organization. At each level (team, partnership, and collaboration), the leader(s) facilitates the process, making sure that information and knowledge are equally shared while providing for the needs of the members.
6. *Sufficient internal and external resources*: They have an infrastructure of support including clear policies and procedures, time, private space to meet, access to technology and files, and so on.

7. *Use experience and feedback to learn:* Ideally, they meet all goals and complete all assigned tasks, but that is not realistic. Frank discussion of hoped-for outcomes as well as what did or did not happen creates opportunities for learning and creative problem solving.

Team Logistics

Table 3-1 lists nine student support teams that you might find in a school building and throughout school districts. Typically school administrators at the building (e.g., principal, nurse, school counselor) and district level (e.g., assistant superintendent, pupil personnel director, school nursing services director) select team members from among pupil services (counselors), nursing staff, faculty (classroom, specialty), and support staff. Team management, leadership, and resource decisions are part of forming a team. Team leadership may rotate, with team members sharing tasks and responsibilities, or one individual may take the leadership responsibilities. For example, a school counselor, nurse, or assistant principal might be selected to supervise and direct the team. In some districts, the team leadership is from local community agencies. Team leadership responsibilities include information management (collecting student and family information), scheduling meetings, setting meeting agendas, meeting with families and caregivers, working with partnerships and collaborations, and serving on school curriculum review committees. The team leader at district level leads the mental health promoting school community initiative.

Additional team logistics to know are meeting times (e.g., before/after school, during the school day), meeting length (e.g., class period), and frequency (daily, weekly, bi-weekly). Finally, participation on a team (as well as partnership and collaboration) involves time-consuming work and responsibility. As part of any decision to be a team member, an individual needs to consider how his or her participation will fit into an already busy schedule and full list of activities and responsibilities. Participation and leadership roles may be included as part of job descriptions. Work schedules may be structured to reflect the participation (e.g., release time in the form of a reduced teaching or counseling load).

Team Dynamics

Dynamics are the unarticulated forces that exist “under the surface” that influence the way a team acts, interacts, and performs. Many factors affect team dynamics, such as personalities and skills of team members, how the team structures its work, and how team members relate to each other (Levi, L.J. 2010).

Dynamics relate to how team, partnership, and collaboration members accomplish assignments and how they relate to each other during task completion. Dynamics emerge from the way members communicate with each other and how decisions are made. In healthy teams, leadership and power are shared, although all members understand that the team leader may have to be the final arbiter and make the decision.

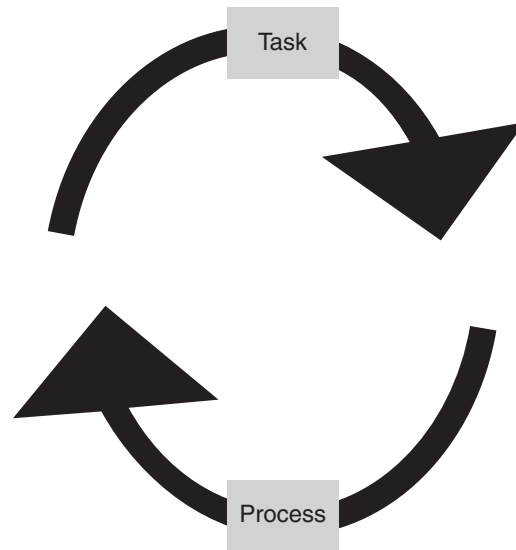


FIGURE 3-2 Team dynamics.

Two dynamics are constantly operating: task and process (**Figure 3-2**). Task dynamics deal with behaviors that accomplish the work that needs to be done and fulfills the goals and responsibilities. Process dynamics involve behaviors that help keep the team, partnership, or collaboration functioning, and foster good relationships. Some people naturally gravitate to task behaviors, whereas others are most comfortable with process behaviors.

Teamwork depends on both task and process behaviors occurring simultaneously. Task-oriented behaviors include initiating discussion, sharing information, clarifying the needs, summarizing dialogue and stating next steps, expediting process, and redirecting tangential discussions. Process-oriented behaviors include observing the actions and behaviors of members, harmonizing during disagreements, encouraging team members to speak, and compromising as necessary.

Managing Conflict

One important aspect of being a member of a team, partnership, or collaboration is **conflict management**. It is difficult to do. Many people are uncomfortable with conflict, but not dealing with it can paralyze your team. Consider five points to help better manage conflict (Segal & Smith, 2011):

1. *A conflict is more than just a disagreement.* It is a situation in which one or both parties perceive a threat (whether or not the threat is real).
2. *Conflicts continue to fester when ignored.* Because conflicts involve perceived threats to our well-being and survival, they stay with us until we face and resolve them.

3. *We respond to conflicts based on our perceptions of the situation, not necessarily an objective review of the facts.* Our perceptions are influenced by our life experiences, culture, values, and beliefs.
4. *Conflicts trigger strong emotions.* If you aren't comfortable with your emotions or able to manage them in times of stress, you won't be able to resolve conflict successfully.
5. *Conflicts are an opportunity for growth.* When you're able to resolve conflict in a relationship, it builds trust. You can feel secure knowing your relationship can survive challenges and disagreements.

The ability to successfully resolve conflict depends on one's ability to manage stress quickly while remaining alert and calm. By staying calm, you can accurately read and interpret verbal and nonverbal communication. You want to control your emotions and behavior. When you're in control of your emotions, you can communicate your needs without threatening, frightening, or punishing others. Pay attention to the feelings being expressed as well as the spoken words of others. Finally, be aware and respectful of differences. By avoiding disrespectful words and actions, you can resolve the problem faster.

Managing and resolving conflict requires the ability to quickly reduce stress and bring your emotions into balance. You can ensure that the process is as positive as possible by sticking to the following conflict resolution guidelines:

- ❖ *Listen for what is felt as well as said.* When we listen we connect more deeply to our own needs and emotions, and to those of other people. Listening in this way also strengthens us, informs us, and makes it easier for others to hear us.
- ❖ *Make conflict resolution the priority rather than winning or "being right."* Maintaining and strengthening the relationship, rather than "winning" the argument, should always be your first priority. Be respectful of the other person and his or her viewpoint.
- ❖ *Focus on the present.* If you're holding onto old hurts and resentments, your ability to see the reality of the current situation will be impaired. Rather than looking to the past and assigning blame, focus on what you can do in the here-and-now to solve the problem.
- ❖ *Pick your battles.* Conflicts can be draining, so it is important to consider whether the issue is really worthy of your time and energy. Maybe you don't want to surrender a parking space if you've been circling for 15 minutes. But if there are dozens of spots, arguing over a single space isn't worth it.
- ❖ *Be willing to forgive.* Resolving conflict is impossible if you're unwilling or unable to forgive. Resolution lies in releasing the urge to punish, which can never compensate for our losses and only adds to our injury by further depleting and draining our lives.
- ❖ *Know when to let something go.* If you can't come to an agreement, agree to disagree. It takes two people to keep an argument going. If a conflict is going nowhere, you can choose to disengage and move on.

Effective Partnerships and Collaborations That Work

Effective partnerships and collaborations consistently talk about and revisit six issues related to how the organizations interact and relate to each other (Fertman, 1992).

1. *Clear goals and realistic expectations:* Talk about what goals and expectations are for individuals and organizations. Be clear about why organizations are part of the partnership and collaboration. Talk about what each thinks they can contribute. Be specific about what problems, concerns, or issues are to be addressed. Define the priority population (i.e., primary, secondary, tertiary prevention). Gather available data for decision making and determining tasks. Remember to be realistic and respectful of demands made on everyone's time.
2. *Roles:* Overall, roles for effort need to be defined. Talk about what the structure will look like. How will leadership be shared? Define roles for each person and organization. Write down individual tasks and responsibilities. Be careful not to let one organization or individual take on the majority of tasks. Talk frankly about how to obtain the necessary information, and how to make decisions about what strategies and services are used. All members at the table must have an equal voice. Discuss the use of members' skills in different situations. Be aware that people and roles change with time and with each effort.
3. *Balance:* Working together implies that everyone contributes something. Participation does not always mean providing direct services. Often, what are needed are in-kind contributions, technical expertise, and access to desired resources and information. A second element of balance is efficient use of existing resources. Discuss how existing resources are being used to address the problem and whether there are any deficiencies in those resources. Also look for ways resources might overlap.
4. *Equality:* In the beginning stages of development, it is normal to have discussions full of minor conflicts as members begin to know and trust each other. Respect each other and work toward the best interests of the student, family, community, and school. No single job or task should overshadow the work of others or the goal that brought the different parties together. Attempts to work outside the process often create obstacles to future collaboration. Communication between and among members is very important and may avoid someone working outside the process simply because he or she "didn't know" or "wasn't told."
5. *Trust:* Establish ground rules for the process. Be candid about the risks and mutual benefits of working together. All organizations are justifiably concerned about possible damage to their reputations. Resolve conflicts that may arise among members. A mutual understanding of the risks as well as the benefits may help reduce some of the anxiety.

6. *Coordination*: To ensure plans progress as designed and goals are accomplished, a system must be established to coordinate the efforts. Once the system is in place, the challenge is to make it operational and keep it going. Helpful here is that the type of governance structure be defined and roles and duties assigned. Members need information and need to know who to go to for answers.

Summary

A team is a group of interdependent individuals who share responsibility for specific outcomes for their organization (i.e., school). A partnership is a group of interdependent local organizations represented by individuals who share responsibility for specific outcomes across organizations at the local level. Collaborations are groups of interdependent organizations represented by individuals who share responsibility for specific outcomes across a region or state(s) working at the governmental and public policy level. The minimum defining features of teams, partnerships, and collaborations are shared responsibility and interdependence. Teams, partnerships, and collaborations take a socio-ecological approach to promoting child and adolescent mental health.

Student support teams in schools address mental health concerns and problems and go by many names. Partnerships at the local level reflect the commitment and investment of people and resources for the solution of local needs. Partnerships promoting the mental health of young people commonly occur at the county level, reflecting that many school districts encompass a county. Collaborations work on changes in practices and policies across a region, state, or states. State government agencies may align policies and regulations pertaining to the funding of programs and services. With the support of statewide advocacy agencies, legislative change can occur. Collaborations provide access to a broad scope of knowledge and expertise for program and service planning, implementation, and evaluation.

Student support teams, partnerships, and collaborations that effectively address children's mental health concerns don't just happen. They are the result of strategic effort and commitment from many people and organizations. They are all based on the concept of synergy: the sum total of a team's, partnership's, and collaboration's focused efforts will be greater than the effect individuals would have working alone.

For Practice and Discussion

1. Most people were a member of at least a few different teams while growing up (e.g., community sports teams, summer camp teams, school academic teams, teams for class projects, high school and college sport teams). From your experience, what are positives and negatives of being on a team? How were the team members selected? Who were the leaders? What were the team's goals (what did it accomplish)? What was your role on the team?

TABLE 3-7 Team Member Self-Assessment					
Skills and Traits	Beginning 1	Developing 2	Accomplished 3	Exemplary 4	Score
Make Contributions					
Research and gather information	Do not collect any information that relates to the concern.	Collect very little information—some relates to the concern.	Collect some basic information—most relates to the concern.	Collect a great deal of information—all relates to the concern.	
Share information	Do not relay any information to teammates.	Relay very little information—some relates to the concern.	Relay some basic information—most relates to the concern.	Relay a great deal of information—all relates to the concern.	
Respect confidentiality	Not able to differentiate confidential information.	Able to differentiate confidential information but shares no information outside of team.	Able to differentiate confidential information from academic or behavioral strategies and sometimes generate appropriate action plans.	Grasp appropriate use of information without compromising confidentiality.	
Punctuality	Do not complete assigned tasks.	Complete tasks late.	Complete most tasks on time.	Always complete tasks on time.	
Take Initiative					
Fulfill responsibilities	Do not perform any duties of assigned team role.	Perform very few duties of assigned team role.	Perform nearly all duties of assigned team role.	Perform all duties of assigned team role.	
Participate appropriately	Do not speak during the team meeting.	Either give too little information or information that is irrelevant to concern.	Offer some information—most is relevant.	Offer a fair amount of important information—all is relevant.	

Complete assigned tasks	Always rely on others to do the work.	Rarely do the assigned work—often need reminding.	Usually do the assigned work—rarely need reminding.	Always do the assigned work without having to be reminded.	
Respect Opinions					
Listen to other teammates	Always talking—never allow anyone else to speak.	Usually doing most of the talking—rarely allow others to speak.	Listen, but sometimes talk too much.	Listen and speak a fair amount.	
Cooperate with teammates	Usually argue with teammates.	Sometimes argue.	Rarely argue.	Never argue with teammates.	
Utilize decision-making process	Usually want to have things own way.	Often side with friends instead of considering all views.	Usually consider all views.	Always help team to reach a fair decision.	

Select a team where you were a member and use **Table 3-7** to assess your personal team member skills. Compare and contrast your scores with your classmates'.

2. Tour a local school. During the tour, ask about the different school and community teams. Identify the purpose and membership of the teams. Collect information about team activities, programs, and services.
3. Do a Web search for mental health partnerships that serve children and adolescents in the local county. From the following list, identify the current members and their organizations. What are two other organizations that might strengthen and expand current services and programs?
 - a. *Local and state public health officials and agencies*, such as boards of health, the state or local health department, human service agencies, environmental inspectors and agencies, workplace health and safety inspectors and agencies, and departments of public works
 - b. *Health practitioners, administrators, and others who are part of the local public health system*, such as physicians, nurses, alternative medicine practitioners, hospital and clinic directors and administrators, mental health professionals, physical and massage therapists, and athletic trainers
 - c. *First responders*, such as EMTs, paramedics, police, and firefighters

- d. *Local and state elected and appointed officials*, such as mayors, city or town council members, planners, county officials, and state/provincial or federal legislators
 - e. *Human service organizations*, such as social service agencies, area agencies on aging, community health centers, senior meals and transportation services, food pantries and soup kitchens, Jewish Family Service, Catholic Charities, Diakon Lutheran Social Ministries, refugee and immigrant mutual aid organizations, support groups, and others
 - f. *Community organizations*, such as service clubs (e.g., Lions, Rotary), the Chamber of Commerce, youth organizations, athletic clubs, or the YMCA
 - g. *Schools*, including public schools, local colleges and universities, and other educational institutions
 - h. *Faith communities*, such as Church World Services, ministeriums, community ministries for the homeless
 - i. *Businesses*, such as grocery stores, pizza parlors, restaurants, fast food providers, office supply vendors, hardware and paint suppliers, florists, car washes, car dealerships
 - j. *Community members*—people representing the diversity of ages and incomes, and the racial/ethnic mix in the community
4. The Philadelphia, Miami–Dade, and Los Angeles Unified School Districts are large school districts, contiguous with their counties (Philadelphia, Miami, and Los Angeles, respectively). Explore their Web sites to find and report on partnerships with the county departments of human services, family and children, health, and public safety. Look for partnerships that include parents, community members, community agencies, foundations, community colleges, universities, and business partners. Contact one of the partnership members and ask why they decided to form the partnership.
 5. Do a Web search of your state government to identify collaborations between different state agencies and departments that address mental health services and programs for children and adolescents. Use the search terms *child adolescent mental health programs*; *drug and alcohol services*; *collaborations*; and *legislation*. Identify two and contact them for further information. Ask if you may attend their next meeting. Note the dynamics in action. Was it a productive meeting? Share the experience with the rest of the class.
 6. The school administration is looking at the purpose and functions of existing teams and wondering about integrating several of them. Review Table 3-1 and select five teams. In your opinion, which teams have the same or similar functions? Should they be combined? Which teams should stand alone? Why or why not?

Key Terms

Academic concerns teams	43	Partnerships	40
Authority	49	Regional collaborations	49
Autonomous organizations	49	Resources	40
Collaborations	41	Roles and responsibilities	46
Conflict management	54	Socio-ecological approach	41
Dynamics	53	Student support teams	43
Partnership models	46	Teams	40

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