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Utilizing cross-sector collaboration to improve access to behavioral health services in schools

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ABSTRACT

The benefits and challenges of cross-sector collaboration are well outlined in the literature on community network development. Two sectors, schools and community behavioral health agencies, often work with the same youth inasmuch as students with behavioral difficulties in schools may also receive services from behavioral health providers. The purpose of this article is to present a case study on the implementation of a screening, triage, and referral process developed by a Central Virginia school system and community service board as part of a collaborative network which may provide generalized lessons that other organizations consider when addressing behavioral problems in schools.

KEYWORDS

School; community; collaboration; behavioral problems; screening; triage; referral

The facilitators and barriers of cross-sector collaboration are well documented in the literature on developing and sustaining viable community networks. For example, leveraging shared resources and working toward a common goal are often cited as precursors that facilitate the successful development of a cross-sector network (Provan & Kenis, 2008; Provan & Lemaire, 2012; Smith Ramey & Randall, 2020). Two sectors, schools and behavioral health agencies, often work with the same youth and families as students with behavioral problems in schools may receive counseling, case management, or medication management provided by behavioral health agencies. Estimates cite about 20% of school-age children have diagnosable mental health or substance use conditions and less than half of these youth receive needed treatment (Powers, Swick, Wegmann, & Watkins, 2015; Villarreal & Castro-Villarreal, 2016).

In Central Virginia, historically schools and community providers focused on coordination of services through collateral contacts between school personnel and behavioral health providers to ensure that staff in both organizations were apprised of pertinent information regarding the shared students. Collaboration did not extend beyond the exchange of information about students served in both organizations. However, there were two factors that drove the need for greater collaboration between these agencies. First, some students with behavioral challenges in the school setting committed infractions of school rules (e.g.,

bringing drugs to school, coming to school under the influence of drugs or alcohol) resulting often in a suspension or other removal from school without addressing underlying needs contributing to the delinquent behavior (e.g., mental health counseling, substance use counseling, family counseling). Second, the behavioral health agency experienced challenges with client engagement and session compliance with youth referred for services, with data highlighting 25–30 missed counseling sessions per week, on average.

To address both of these challenges, a cross-sector network in Central Virginia facilitated the development of a screening, referral, and triage process for youth and families to increase access to needed services. With this process, youth have been linked to recommended behavioral health services resulting in improvement in their school attendance, school behavior, and ability to meet their educational goals. The purpose of this article is to present a case study on the implementation of a screening, triage, and referral process developed by a Central Virginia school system, Bedford County Public Schools, and the behavioral healthcare agency, Horizon Behavioral Health, as part of a collaborative network in Central Virginia, which may provide generalized lessons that other agencies and schools consider when addressing student behavioral problems. Prior to discussing the development and implementation of the screening, triage, and referral process and offering generalized lessons learned, a brief description of the collaborative network including the guiding theory will be presented.

Brief literature review

The literature review will focus on three areas that predicated the development of a screening, triage, and referral process between the two organizations. First, a brief review of the research on cross-sector collaboration will be presented. Second, research on school and community behavioral health collaboration will be reviewed. Third, background and research on school suspensions will be presented, as a main focus of the school and community behavioral health collaboration was to reduce school suspensions by increasing access to behavioral health services.

Cross-sector collaboration

Cross-sector collaboration can be described as sharing information, resources, and activities by organizations in two or more areas to collectively achieve an outcome that could not be achieved by an individual organization (Bryson, Crosby, & Stone, 2006). Benefits of collaboration may include organizations recognizing that their individual limitations in resources or funding may be barriers toward achieving desired outcomes (Provan, 1984; Zuckerman & D'Aunno, 1990). Research suggests conditions can facilitate collaboration

across organizations, such as willingness to cooperate with others, a previous history of collaboration, the need to share expertise, and the need for organizations to be able to adapt to changing circumstances (Alter & Hage, 1993). Characteristics of high functioning networks include involvement at multiple levels, network design, appropriate governance, building and maintaining legitimacy, stability, trust, and friendship (Provan & Lemaire, 2012). Research highlights multiple benefits for collaboration including pooling limited resources in organizations, increased learning opportunities, and improved quality of services (Provan & Lemaire, 2012). Challenges of collaboration may include a variation in commitment to network goals, a culture clash, loss of independence, coordination fatigue and costs, reduced accountability, and a complex management system (Huxham & Vangen, 2005).

School-mental health collaboration

Kaffenberger and O’Rorke-Trigiani (2013) found reasons for collaboration between schools and community behavioral health providers may include an opportunity for school professionals to connect students and families with community mental health service supports, assist with the transition and initiate direct communication with a counselor to provide critical information, and formalize communication and partnerships with a counselor to ensure that school-based services complement community-based services and vice versa. Vaillancourt and Amador (2014) offer several key elements of successful school and community partnerships including a diverse leadership team, assets, needs assessment, resource mapping, a designated service coordinator, clear expectations, shared accountability, ongoing professional development, and regular evaluation of effectiveness. Potential obstacles limiting effective collaboration may include different diagnostic systems between the schools and community counselors and issues of privacy and limited parent involvement (Villarreal & Castro-Villarreal, 2016). Barriers cited include, but are not limited to building trust and avoiding turf wars and planning for long-term sustainability (Vaillancourt & Amador, 2014).

Alternatives to suspension

Schools have a history of using exclusion practices as a consequence for student misbehavior with a trifold purpose: a) remove the student, b) provide temporary relief to teachers and school personnel, and c) to get the attention of the student’s parent or guardian (Chin, Dowdy, Jimerson, & Rime, 2012). Research suggests that suspensions may be counterproductive especially for students with behavioral and emotional disabilities in that removing these students from school is associated with increased problem behaviors and a higher likelihood of subsequent suspensions (Chin et al., 2012; Losen &

Haynes, 2016). Fenning et al. (2011) found that most school responses to a range of student misbehaviors focused on punitive measures, including suspension and expulsion. Their research also showed that some states, however, supported policies that promote alternatives to exclusionary discipline practices.

In January 2019, the Virginia Department of Education (VDOE) published *Model Guidance for Positive, Preventive Code of Student Conduct Policy and Alternatives to Suspension* and conducted statewide training sessions that changed the recommended approach to disciplinary actions. In response to Virginia data indicating that the state had developed a “School to Prison Pipeline” (Powell, 2016), the preferred approach switched from sanctions to supports, exclusion from school to alternatives to suspension. Bedford County Public Schools (BCPS) updated its local code of conduct to align with these statewide recommendations. BCPS’ policy revisions provided a backdrop for the school and community behavioral health agency to develop a collaboration to reduce the “School to Prison Pipeline” in Central Virginia.

Background and development of the central virginia collaborative network

A Multiple Agencies and Counties Partnership (MACP) was formed in 2016 to increase collaboration across several human services agencies in Central Virginia. Some of the precursors leading to the development of the network included youth and families not being provided services within expected timeframes and a lack of understanding of the roles and functions in each agency leading to frustration and possible triangulation among providers and community members seeking services. Initial MACP members included the community service board (Horizon Behavioral Health), the department of social services, the public schools (Bedford County Public Schools), and the court service unit. These agencies initially formed the network as they shared many of the same clients and families. As other community agencies became aware of MACP’s collaborative efforts and resource pooling, membership increased. Two key factors leading to MACP’s early formation included the quality of the relationships between the organizations and readiness to cooperate (Hajjar et al., 2020). MACP organizations indicated that network outcomes have enhanced their legitimacy in the community, enabled them to expand services, increased their knowledge of community resources, and assisted them to provide youth and families quicker access to services by engaging new referrals with a streamlined process.

MACP has been shaped by the Network Theory (Provan & Kenis, 2008) for several reasons. The first reason is MACP’s governing structure. MACP operates under a shared participant form of governance to ensure all agencies have an equal vote. Second, there is a high level of goal consensus among organizations in

MACP, and organizations have reported an increased trust in partnering agencies through participation in MACP. The third reason is that the Network Theory addresses persistent tensions, such as flexibility versus stability. The network has been able to balance this tension during times of crisis, such as COVID-19, by moving to a distance collaboration modality (DCM) meeting format. Several MACP agencies have indicated that MACP's projects have increased their legitimacy in the community through marketing strategies and press releases on MACP projects, demonstrating public value (Smith Ramey & Randall, 2020).

MACP meetings include detailed agendas and meeting minutes, as meeting agendas provide structure coupled with accountability to support the long-term sustainability of a network (Walzer, Weaver, & Mcguire, 2018). Organizations have stated that MACP enables them to accomplish more collectively than what they could accomplish as a single agency. One MACP community deliverable was the development, implementation, and expansion of a Family Treatment Drug Court (FTDC) in 2018. The goal of the FTDC is to improve family wellness by providing substance use treatment for parents whose children are involved in the child welfare system due to parental substance use. The FTDC started as a pilot with five families in 2018 and through federal funding in 2020, will expand to serve 200 families in the next five years.

During strategic planning meetings in 2018, MACP partners identified a need to improve linkage for services to youth with mental health and/or substance use treatment needs. MACP members, including partners from Bedford County Public Schools and Horizon Behavioral Health, developed a process to refer youth with school disciplinary infractions for a bio-psycho-social-cultural assessment of needs. Following successful implementation of this screening, triage, and referral process, the school and community services board developed a Memorandum of Understanding (MOU) in 2020 for a screening, triage, and referral process to refer students with identified needs for assessment and treatment through school-based outpatient counseling. The proximal goals of these initiatives were to decrease youth substance use and other problematic behavior and improve emotional well-being, with the distal goals of improved functioning in schools, family, and the community. The background and development of the two community and school deliverables will be discussed next.

Development of two initiatives to improve student outcomes

Screening, triage, and referral for students with disciplinary infractions

In 2018, the ongoing collaboration between Bedford County Public Schools and Horizon Behavioral Health resulted in the development of a collaborative process for addressing substance use incidents in the schools. Prior to this time, students who were recommended for long-term suspensions due to

substance possession, use, or distribution were subject to a disciplinary hearing. In many cases, students were suspended for periods of time up to 364 days or expelled by the School Board for at least 365 days. In most cases, students were assigned to the county's alternative education program for the length of the suspension period. This program contained a drug awareness program, at first run by school staff, but later facilitated by Horizon counselors on site. In some instances, students who completed that program and maintained a positive academic and discipline record at the alternative program were allowed to return to their base schools on a probationary basis. The school district *Code of Student Conduct* contained fairly limited administrative discretion for consequences in cases related to illegal substances.

At the same time, Horizon staff offered the opportunity for school administrators and the discipline hearing officer to refer students involved in substance-related incidents for a Global Assessment of Individual Need (GAIN). The GAIN is a reliable and valid bio-psycho-socio-cultural assessment that provides a comprehensive and holistic framework to gather information (Dennis, 2003). The GAIN has been normed on ages twelve and above and includes referral information, substance use, mental and emotional health, physical health, environmental/living situation, legal status, and vocational or school status and assesses for issues of race, culture, or gender that may influence treatment (Dennis, 2003). The results of this assessment would determine if further intervention were needed for the youth. Some interventions include individual counseling, substance use treatment, or family counseling.

School-based outpatient services

Later in 2019, Horizon and BCPS were discussing further partnership opportunities. The expansion to the screening, triage, and referral process included embedding outpatient counselors in the schools. Horizon assigned outpatient clinicians to two high schools in order to offer counseling services on site. Embedded counselors in schools not only made treatment more convenient for families who often struggled with transportation and financial resources, but it also decreased the “no-show” rate for Horizon counselors which was proving to be a financial drag on that organization. As a result, in 2020, the school and community service board MACP partners, BCPS and Horizon, developed a formal Memorandum of Understanding (MOU) to outline a process for referral and treatment for students with mental, emotional, or substance use treatment needs. The MOU was important for three reasons: 1) The MOU outlined a formal process for referrals directly from the school to the community service board's point of contact; 2) The MOU allowed outpatient counselors to provide counseling and case management onsite at identified schools; 3) The MOU offered the opportunity to increase the number of schools where outpatient counseling was being provided over

time. Furthermore, the MOU signified a successful partnership with the schools and community service board on discipline referrals by expanding the collaboration to include school-based referrals from teachers, school counselors, and school administrators.

The partnership between BCPS and Horizon underscored a shift in the school system's approach in addressing students with behavioral or emotional challenges. BCPS high schools were simultaneously rethinking "alternative" education programs by establishing on-site learning spaces, facilitated and monitored by teachers and mental health professionals. BCPS aligned their approach consistent with a Social and Emotional Learning (SEL) model. In an SEL model students must be able to work with others and understand and manage their emotions in order to set achieve goals. These abilities, or SEL skills, are paramount for improving students' academic achievement, decreasing problem behaviors, and increasing students' college and career readiness (Weissberg & Cascarino, 2013). BCPS implemented online Social and Emotional Learning resources such as Suite 360, small group settings, and dedicated, trained staff members. Students have been assigned for varying lengths of time to the programs depending on their needs and the severity of their behaviors.

In 2020, the combination of the substance use referral process, the on-site therapists, and the school-based alternative programs resulted in a system in which excluding students from school, even to an alternative education program, for marijuana possession or use or similar incidents was unnecessary. Instead of a long-term suspension or expulsion, BCPS now has the opportunity for a student to remain in school in a structured, nurturing environment, participate in counseling services with a licensed clinician, and continue participation in positive school activities such as athletics or fine arts. Typically, students are still "suspended" in substance-related discipline hearings, and students are allowed to return quickly to the base schools on a probationary basis as long as they meet the conditions for assessment and treatment set forth by the hearing officer. In the future, this approach will not need to be limited to substance-related incidents; rather anger management, defiance, social conflict/aggression, and other types of behaviors can be addressed in this manner without exclusion from school.

Benefits to collaboration

Since the onset of the partnership between BCPS and Horizon in 2018 and subsequent expansion of the partnership in 2020, several benefits and challenges have been identified. In the next sections, benefits and challenges to collaboration will be outlined.

Early identification of treatment needs

One of the most obvious benefits to the school and community service board collaboration is the early identification of student unmet mental health and/or substance use treatment needs. While some students referred for an assessment by school personnel may have already been in treatment or counseling, the majority of students had not accessed needed services. Using the school personnel to identify and refer students in need of services allowed youth to receive services through early intervention in order to circumvent an escalation of future behavior problems which may place the youth at risk of court involvement and possible out of home placement (e.g., possession of substance use, juvenile detention placement). An assistant principal in one of BPCS' two high schools underscores the importance of access to care: *"There is a tremendous need for intentional mental health support for students in our community. Many students are unable to locate services, are unsure how to receive services, as well as unable to access services due to transportation or other issues. Having Horizon in our school on a daily basis to support specific mental health needs of students through intentional therapy sessions has made an observable difference in our student's academic and behavioral successes."*

Rapid linkage to services

In addition to the early identification of needs, rapid linkage to treatment proved to be a benefit of the BCPS and Horizon collaboration. Through the screening and referral process, students were offered rapid linkage to treatment which likely avoided wait lists associated with noncompliance, as research documents the correlation of rapid linkage to treatment and increased engagement and retention in counseling (Godley, Godley, Dennis, Funk, & Passetti, 2007). On average, students were offered a face-to-face assessment within five to seven days of the referral for services. Once the assessment was completed, treatment was initiated within ten days of the assessment.

As suggested from the research on school and community collaboration, a consistent process and points of contact were established in the screening and referral process (Vaillancourt & Amador, 2014). Identifying key leads from the school and community service board ensured a seamless flow of information and communication. These leads were able to streamline what can often be experienced as a cumbersome process for youth and families as the referral and intake process may include leaving voicemail messages for intake staff, coordinating schedules and transportation, and scheduling a financial assessment with the financial specialist. A single point of contact from the community services board assisted with guiding coordination of services.

Consistent communication and information sharing

Through an established protocol for screening, triage, and referral, information sharing across agencies was also streamlined. Consistent with research, the school referral sources were able to obtain releases of information to share necessary logistical and background information on students to assist the treatment staff in case conceptualization and service planning (Villarreal & Castro-Villarreal, 2016). The community service board assigned specific counselors to certain schools which allowed for relationships to develop between school personnel and counselors, fostering trust among both organizations.

Improved service access

Lastly, embedded counseling in the schools assisted with improved service access, including reducing transportation barriers which are often cited by families as a reason for non-engagement. Moreover, providing counselors in the school addressed possible stigma associated with seeking behavioral health services consistent with research that suggests that students are more likely to follow through with school-based services than community behavioral health services (Kaffenberger & O'Rourke-Trigiani, 2013). As previously stated, high “no show” rates for counseling appointments at the community service board outpatient offices often led to obstacles in youth receiving needed services.

Barriers to collaboration

Non-engagement by parent or student

Even with the direct referral pipeline from the school personnel to the behavioral health point-of-contact, some parents did not engage with services. For example, some parents were not responsive to phone calls, electronic mail, or other attempts to schedule an assessment for their youth. This resulted in referrals that did not engage in needed services. To address the identified barrier, the school referral source (e.g., the discipline hearing officer) outlined expectations for the services at the onset of the referral process. The parent or guardian were given clear information on the referral and assessment process. Furthermore, the discipline hearing officer framed the assessment and any subsequent treatment recommendations as a resource for the family rather than a punitive consequence. In many cases, probationary return to the regular school program was contingent on assessment and resulting services as a requirement of the discipline hearing decision.

Differing perspectives on student needs

School counselors and other school personnel may have different training backgrounds and theoretical orientation from community counselors. These differences may be a barrier toward effective communication and decision-making when youth are identified in need of behavioral health services. For example, community counselors may focus on family functioning, and school counselors may have more of a focus on evaluation and treatment for behavioral problems in the schools (Villarreal & Castro-Villarreal, 2016). To address this identified barrier, BCPS and Horizon partners framed the difference in perspective as an opportunity for both parties to have a rich and full understanding of all needs that a student may have. Cross-sector treatment teams meetings, including clinical disposition meetings and Family Assessment and Planning Team (FAPT) meetings allowed both organizations to share their feedback and perspective toward the overall goal of improving student wellness and learning capabilities.

Potentially generalizable lessons learned

The development, implementation, and growth of the school-community behavioral health partnership offers several potential lessons for other communities that may be considering a collaboration to address student mental health and substance use treatment needs. In the next sections, potentially generalizable lessons will be presented.

Continuous communication at all partnership levels

Communication between school personnel and community behavioral health personnel should be prompt, responsive, and continuous. Consistent with previous research, clear expectations, shared accountability, and assessing effectiveness at consistent intervals serve as a basis for effective partnerships (Vaillancourt & Amador, 2014). On a network level, BCPS and Horizon MACP partners meet monthly to review and discuss program effectiveness through MACP network meetings. On a youth and family level, the school personnel and community counselors share information regularly in order to assess progress and guide overall treatment planning and service delivery. This information sharing is documented in clinical staffing notes or other ancillary documentation in order to demonstrate collaboration across agencies. Other communities that are considering a school and community behavioral health partnership may benefit from understanding the importance of continuous communication at all levels of the partnership.

Cross-Train at multiple levels of the organization

To address a possible barrier of different diagnostic systems between the schools and community behavioral health (Villarreal & Castro-Villarreal, 2016), personnel from both agencies should be trained to understand at minimum the basic tenets of each organization's diagnostic and operational system. Horizon uses the Diagnostic and Statistical Manual 5th edition (DSM-5) as the basis to establish a treatment plan and clinical services while the school does not use the DSM-5 to establish a diagnosis. Prior to the onset of the Bedford County Public School and Horizon Behavioral Health collaboration, there were instances in which a Horizon case manager attempted to advocate for a youth to receive special education services or other school-based resources without fully understanding the educational criteria. This led to unintentional triangulation between the parent, school, and behavioral health provider. To address this triangulation, school personnel provided cross-training to behavioral health providers. Drawing from the research, other schools and community behavioral health agencies may benefit from providing cross-training across agencies in order to ensure that there is a shared understanding of the diagnostic systems of both organizations (Vaillancourt & Amador, 2014).

Agency leadership

Leadership from key individuals in both the community services board and school district have set a tone for further collaboration throughout the organizations. Multiple leaders, including outpatient services supervisors at the community services board and discipline hearing and mental health officers in the school system are committed to making the partnership strong and model that commitment to other staff and families. Other school systems and community agencies may benefit from ensuring that key individuals in leadership positions in both organizations demonstrate commitment and a willingness to partner in order to facilitate community-level deliverables.

Conclusion

This case study described the development and implementation of a screening, triage, and referral process for students exhibiting behavioral and/or emotional problems in the school setting. This process was facilitated through a network collaborative in Central Virginia as guided by the Network Theory model (Provan & Kenis, 2008). The description of the new process of cross-sector collaboration included the benefits and challenges in order to meet the needs of the children in Central Virginia. Through partnership between a public school system and community behavioral health agency, students and families were able to access services to address mental health and

substance use needs. A limitation of this case study is generalizability as conditions in every community may not be similar to the Central Virginia community to facilitate a community-level deliverable (e.g., some networks may not have moderate or high-level goal consensus, trust, friendship). Additionally, the onset of COVID-19 in 2020 caused a barrier in data collection as schools in Central Virginia transitioned to virtual learning platforms. Because of the restructured nature of schooling due to the COVID-19 pandemic, data from the newer approach are difficult to compare to the pre-COVID trends. Additional data will need to be collected to compare outcomes prior to the onset of the screening, triage, and referral process.

Community collaboration has been determined to yield numerous benefits to cross-sector agencies, and the purpose of this article is to share the cross-sector collaboration between the schools and community behavioral health to offer generalized lessons learned for other community collaborative networks. Other school systems and community behavioral health agencies may learn from this case study, including successes and challenges, in order to replicate a similar process to address identified student mental health and substance use treatment needs. Furthermore, the processes described facilitate an alternative to student suspension for behavioral problems in the school setting and aim to address root causes of disruptive behavior through therapeutic intervention.

Disclosure statement

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