

# School Mental Health Quality Guide

## Teaming



School Health Assessment  
and Performance Evaluation System



**School Mental Health Quality Guide: Teaming** is part of a collection of resources developed by the National Center for School Mental Health (NCSMH) at the University of Maryland School of Medicine for The SHAPE System. The Quality Guides provide guidance to help school mental health systems advance the quality of their services and supports. This guide contains background information on teaming, best practices, possible action steps, examples from the field, and resources.

**Recommended APA reference**

National Center for School Mental Health (NCSMH, 2020). *School Mental Health Quality Guide: Teaming*. NCSMH, University of Maryland School of Medicine.

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# What is a School Mental Health Team?

A school mental health team is a group of school and community stakeholders at a school or district level that meets regularly, uses data-based decision making, and relies on action planning to support student mental health.

School mental health teams facilitate communication, collaboration, and mutual support among individual team members who might otherwise work in isolation. School mental health teams develop a vision and prioritize improvement efforts to ensure that the school mental health system is meeting the individual needs of all students and the larger school community. School mental health teams work to maximize resources available to address the mental health needs of students and their families.

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## What is the Function of a District School Mental Health Team?

**Shaping school mental health policy and practice.** Teams may set expectations for interventions, data collection, and the way school teams are expected to assess and address student needs at individual, small-group, classroom, and whole-school levels. District school mental health teams may organize efforts across schools to ensure consistent standards of support are met district-wide. Developing a standard Memorandum of Understanding (MOU) with community partners district-wide is one example of an activity that a mental health team may initiate.

**Training, coaching and supporting school teams** in developing and sustaining comprehensive school mental health systems. Districts may provide technical assistance to school teams on how to select in-service trainings for school and community employed staff. Trainings that are offered can be informed by school and district needs assessments. Districts can develop standardized trainings and resources for schools that can be delivered in-person or web-based. Districts can influence practices and implementation of school mental health services and supports by offering ongoing technical assistance and resources for school-based staff.

**Serving as a liaison between state agencies and local schools.** District-level teams can ensure state departments of education and behavioral health recognize the roles that schools can play in addressing mental health needs of students. District leads can advocate for policy change and funding opportunities that can promote high quality and sustainable school mental health.

**Collecting student, family, and community partner perspectives on mental health needs and strategies.** District teams can create opportunities for diverse stakeholders to share their perspectives on mental health needs, priorities, and potential action steps to advance a multi-tiered system of support. These opportunities can advance community investment and partnership in school mental health. Student, family and community partners can help determine what services are offered and how they can best be provided. District teams can also help to inform a Request for Proposal (RFP) Process. An RFP can offer a fair process to allow organizations to apply for the opportunity to work within the schools. An RFP can involve funding or may just involve the opportunity to provide services in a school under certain conditions.

**Possible team members for a District School Mental Health Team include:**

- Director/Supervisor of school health & behavioral health staff (e.g., Director of Student Support or Related Services, Supervisor of school psychologists or school social workers)
- Special Education (SpEd) / Exceptional Student Education (ESE) Director
- Parents/Caregivers (e.g., PTO or other family organization representative)
- School-based staff representatives (e.g., school administrator, school and community employed mental health staff/teacher). Depending on the number of schools in the district, there may be too many schools to each have an individual representative. In this case, districts may wish to assign a liaison to represent a group of schools.

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## What is the Function of a School-level School Mental Health Team?

**School-level, school mental health teams:**

- Conduct a systematic needs assessment and complete resource mapping activities
- Participate in district-level trainings and consult with the district for technical assistance
- Implement district school mental health policies and practices
- Inform the district about the success of interventions and policies
- Align services for students using a data-driven process
- Foster school partnerships with community leaders, family members, and students



## Possible team members for a School-building School Mental Health Team include:

- School health and behavioral health staff (e.g., school psychologist, counselor, nurse, speech language pathologists)
- Teachers (be sure to include diversity in grades, subjects, and electives)
- Facilities/Operations representative (e.g., janitorial, cafeteria, maintenance, transportation, and secretarial staff)
- School administrators (e.g., Principal, Assistant Principal, Behavior Interventionist)
- Students, parents, and caregivers
- School-based community health and behavioral health providers

## How are school and district teams related?

There should be some symmetry of processes between district and school mental health teams. Their functions are similar but at different levels. For example, district mental health teams may examine data in aggregate across schools to understand trends in the larger district, whereas school mental health teams may examine more individual student progress data to best match the appropriate interventions to students within a school. The district might provide overall funding and support for training in specific school mental health topics or interventions, but the school team would ensure that training and implementation is occurring consistently throughout the building. Both district and school teams work to foster partnerships with community leaders, family members, and students to improve mental health systems.



# Multidisciplinary Teams



## Best Practices

- ✓ Representatives of different groups regularly attend and have an active voice in team meetings.



## action steps

### Developing a Multidisciplinary Team

Engage the following groups to develop a multidisciplinary team:

- School health and behavioral health staff
- Teachers
- School administrators
- Facilities/operations staff
- Youth/students
- Parents/caregivers
- Parent Teacher Association
- Community health and behavioral health providers
- Child welfare
- Juvenile justice
- Community leaders

Have team members agree to hold one another accountable for regular attendance and active participation

When team members are not regularly in one location hold meetings via phone and video conferencing/ collaboration technology (e.g., GoToMeeting, Adobe Connect).

## Tips

- Ask 2-3 members of each stakeholder group about their interests, barriers, and facilitators that might influence participation.
- Use culturally-informed branding and offer resources in a variety of accessible presentations (e.g., available in formats for individuals with reading impairments, visual impairments, and for those who speak different languages).
- Remove transportation as a barrier to participation by providing team members with opportunities to call in or join via video conferencing.
- Share recent team initiatives to build interest in joining.



**Resource:** Leading by Convening, developed by the IDEA partnership, provides guidance to teams about how to change practice through relationships and shared work among education, mental health, youth and family and other stakeholders.

## Youth and family partnerships



### Best Practices

- ✓ Involve students and families in all aspects of prevention, intervention, and health promotion design, implementation and evaluation; students and families can provide insight on school strengths and areas of need, program selection, implementation considerations, and on-going quality assessment and progress monitoring.
- ✓ Involve multiple students and families on teams; provide guidance and foundational information prior to each meeting so that they can have a meaningful role.
- ✓ Gather additional information from students and families using surveys, interviews, and focus groups.
- ✓ Identify existing youth and family mental health advocacy and navigation organizations in your community.

### Tips

- Parents and other family members are experts on their own children and should be encouraged to participate in team meetings about school mental health. Students and family members on teams can:
- Offer perspectives for families within the district and community
- Promote mental health team initiatives with other families to encourage support and participation.
- Provide students and their families with meeting agendas a week prior to convening. This offers key stakeholders the opportunity to share their perspectives and prepare thoughtful questions.
- Communicate appropriately with your audience. In a general community setting it is important to avoid jargon or acronyms. Members should be mindful to explain any terminology used in meetings that may not be understood by all of the participants in a meeting.

### Example from the Field

One large Midwestern district wanted to improve early identification of student mental health needs by using a more systematic, equitable process. They started a Mental Health Screening Team, including numerous students and family members to help review, select, test, and gather input on specific screening tools and procedures throughout the school year. Parents were instrumental in writing and revising communications from the schools to parents about screening. Students provided invaluable feedback about which tools were most acceptable, feasible and unbiased.



## Community partnerships



### Best Practices

Partnering with the community, including health and mental health providers, can augment efforts of the school.

- ✓ Establish communication mechanisms (e.g., team meetings, email communications, conference calls) to ensure ongoing and effective communication between school leadership/staff and community partners.
- ✓ Use memorandums of understanding or other agreements to detail the terms of the partnership (e.g., by whom, what, when, where, and how will services/supports be provided).
- ✓ Support a full continuum of care within a multi-tiered system of support by school and community partners working together and maximizing their respective knowledge and resources.
- ✓ Use data sharing agreements to allow for accessing and sharing data to inform needed services and supports and the impact of partnership activities.

### Tips

Data sharing agreements may be between schools and other districts or educational organizations, community mentorship organizations, and students' health service providers.

Data sharing agreements may address:

- Specific Social and Emotional Learning (SEL) programming
- Data collected on the success of programming
- Building and community awareness of topics related to mental health
- Assessment and mental health related treatment data from external providers to better inform a child's educational programming



# action steps

## Identify Community Partners

- Identify prospective community partners by obtaining input from school staff, caregivers, and students through listening sessions, mental health team meeting participation, and/or a structured needs assessment process. Tip: The use of electronic survey software (e.g. Qualtrics, Survey Monkey) has made this process more accessible and may increase participation.
- Convene community partner leadership at the district level on a regular (e.g., quarterly) basis to discuss service delivery and business operations.
- Develop a “wish list” of community partner services or features that would best fit the needs of the district. Example items for a wish list:
  - Active participation on district-level mental health teams or guest participants for specific projects or programming on school-based teams
  - Provide mental health services and supports at Tier 1, 2 and 3
  - Utilize evidence-based services and supports

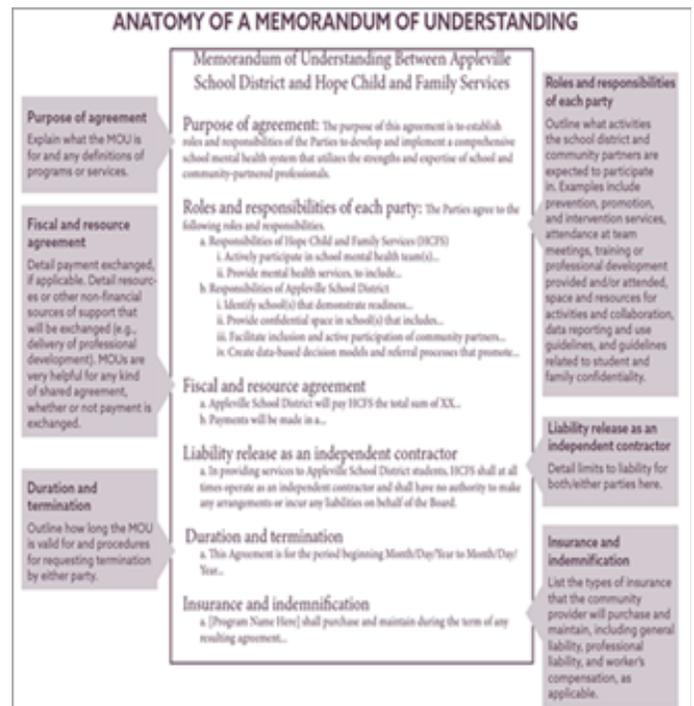
## Tips

Get creative! Data collection and responsibilities do not necessarily need to be assigned to a mental health service provider. These data analysis specific items may be an opportunity to collaborate with a local university on research. Examples of data that can be considered include:

- Productivity (number of services provided)
- Impact of service provision on psychosocial and academic functioning
- Specific Social and Emotional Learning (SEL) programming
- Data collected on the success of programming
- Building and community awareness of topics related to mental health
- Assessment and mental health related treatment data from external providers to better inform a child’s educational programming



**Resource:** Anatomy of a Memorandum of Understanding illustrates the components of a memorandum of understanding (MOU) that school-community partnerships may include.



# Address all tiers



## Best Practices

A comprehensive school mental health system will include promotion, prevention, and intervention services and supports. Teaming structures vary based on school or district resources, size, staffing, and priorities.

- ✓ Establish a team or teams to effectively address Tier 1, Tier 2 and Tier 3.
- ✓ Establish a clear delineation of purpose, target goals, activities, and processes of each team.
- ✓ Establish a clear process and logic for moving from one Tier to a higher or lower Tier.
- ✓ Establish effective communication between teams addressing Tier 1, Tier 2 and/or Tier 3.



## Tips

- It is important to be thoughtful about the selection and inclusion of members on tier-specific teams. In addition to more traditional members such as educators and school-based mental health staff, teams could benefit from having other partners such as community staff, business leaders, foundation partners and university partners.
- Review students' progress and make data-based decisions when considering transitioning a student across intervention tiers. Sources of data may include progress on pre-determined goals, academic performance, disciplinary incidents, and attendance. Students and their parents should be clear on what constitutes these moves and should play an active role in establishing goals that are timely and attainable for the student.
- Goals should be revisited at each meeting, purposes and guidelines should be revisited a minimum of once each year.



**Resource:** [The Team Inventory Activity](#) from the ISF Implementation Workbook can help identify which tiers are addressed by teams that already exist in your school.



**Resource:** The Collaborative for Academic, Social, and Emotional Learning (CASEL) developed a [Grade-Level Team Meeting](#) framework which helps to facilitate conversations regarding SEL during already established meetings among teachers.



**Resource:** [The School Mental Health Referral Pathways \(SMHRP\) Toolkit](#) developed by Now Is The Time Technical Assistance Center (NITT-TA) provides guidance for collaboration within schools, between schools, and among other youth-serving agencies on the steps to take after a youth with a potential mental health issue is identified.

## Avoid duplication and promote efficiency



### Best Practices

Do you have more than one team that addresses different aspects of school mental health? If so, it is important to avoid duplication across those teams and promote their efficiency.

- ✓ Establish well-defined and unique goals for distinct teams with structures in place to avoid duplication of team efforts.
- ✓ Practice consistent communication and coordination among various teams.
- ✓ Address any confidentiality barriers to facilitate regular information sharing across and within teams.
- ✓ Have a system to evaluate existing team structures, with existing team continuation and new establishment



### action steps

#### Research and Develop Resources

- Work with your team to develop a list of most commonly used resources, and work with subcommittees to research and develop materials which would be helpful in supporting initiatives on your school campus.
- If you already have a flessharing system, take the time to make sure that all documents are well titled so that staff can quickly search through the resources using key words present in the tile. Do your best to keep your files well organized in a way that is intuitive and frequently used files are easily accessed.



## Tips

- Charging one staff person as a coordinator of resources helps to ensure that resources are not duplicated. Senior staff members aware of resources that administration and teams that have developed over time are a huge asset!
- It is important to maintain resources in one centralized location, and limit access and editing privileges. Several cloud-based programs are available such as DropBox, Google Drive, and Microsoft OneDrive, if your organization does not have an already-established file sharing system.



**Resource:** [The School Mental Health Team Alignment Tool](#) is meant to help school mental health teams align and reduce duplication. It offers a template to list each team that has a purpose related to school mental health, examine overlap, and inform integration as needed.

**Resource:** [The SMART Goal planning worksheet](#) can help teams establish well-defined goals.

## Meeting structure and process



### Best Practices

- ✓ Track attendance and troubleshoot as needed to ensure consistent attendance.
- ✓ Establish a routine scheduling process.
- ✓ Create and use an agenda.
- ✓ Focus on making actionable decisions.
- ✓ Use meeting time to follow up on the status of action items.

## Tips

- Keep it brief! Discuss daily information sharing and planning.
- Use huddles: time limited, problem-solving, and action-planning oriented small break-out groups during meeting time. Additionally, it might be helpful to reserve meeting time that allows these small groups to schedule between-meeting check-ins.
- Try debriefs: be open, fair, respectful feedback about school team performance either when these events are happening (as appropriate) or as soon as possible after.
- Use structured, concise communication and hand-offs to collaborating team members.



**Resource:** Developing and using a well-designed agenda can help ensure that everyone stays on task. The [School Mental Health Team Meeting Agenda Template](#) offers a model for a standard agenda.

## Delineated roles and responsibilities



### Best Practices

- ✓ Clarify roles and responsibilities for both school-employed and community partnered school mental health staff
- ✓ Ensure roles and responsibilities reflect the skills, training, knowledge and areas of expertise of each type of staff member
- ✓ When there are multiple individuals with the responsibility of a given role and/or responsibility, have a clear plan for who will address the issue first and how responsibilities will be assigned



### action steps

#### Establish Roles

- Provide a written list of each team member's primary and secondary roles, and the responsibilities of each role.
- Establish a "map" of each school's mental health team, as well as the roles and responsibilities of each team member. District level teams may wish to compile district-wide maps of all individuals sharing similar roles on each school's mental health team and establish how district-level roles relate to school-level roles.



**Resource:** [The Multi-Disciplinary School Mental Health Team Roles and Functions worksheet](#) can help teams outline the roles and functions of each

# Effective referral processes to school services



## Best Practices

Having an effective, transparent referral process for school-based mental health services is necessary to make sure students and their families are referred to appropriate providers, services, and supports in a timely manner.

- ✓ Use an up-to-date school mental health team resource map or guide (name of team member, description of their role/responsibilities/services, school location including days and hours, eligibility requirements or students they work with, how to refer students).
- ✓ Provide clear information for students and families to self-refer and connect directly to mental health services.
- ✓ Promote direct contact to, from, and among school-based providers to confirm referral, service availability, and facilitate a seamless entry into services and supports.

## Tips

- The National Association for School Psychologists offers a recommended ratio of 1 school psychologist to every 500-700 students enrolled in the schools served. The recommended ratio of students to school counselor is 250:1; the recommended ratio of students to school social workers is 400:1 (NASP Recommendations for Comprehensive School Safety Policies, 2013).
- Include referral feedback as an agenda item during mental health team meetings. This reserves space to check in on services and school-based provider utilization, referral rates, outcomes of referrals (treatment, additional referral to outside providers, etc.), and troubleshooting the referral processes.
- Specific information regarding the referral and outcome of a particular student should not be shared publicly at meetings. Rather, “outcomes of referrals” specifically addresses general comments about the final recommended placement of referrals received as a group. Mental health teams may wish to use the Referral Feedback Form to compile input and streamline this reserved time.



**Resource:** [The Referral Feedback Form](#) offers a feedback loop between a provider and a referral source.



## action steps

### Develop Resources Maps

- Mental health teams may wish to develop their own printable resource maps which reference local databases of behavioral health service providers.

## Effective community service referrals



### Best Practices

- ✓ Use an up-to-date community resource map (name of program or organization, description of service, website, address, phone number, hours of service, eligibility requirements, insurance accepted, cost of service, wait list status, any other unique considerations).
- ✓ Develop a clear, consistent referral process to community providers to promote successful linkage including:
  - Referral consultation meeting with student and family to review needs, options and complete any releases of information
  - Direct contact with community provider to confirm referral, service availability, and facilitate a “warm hand-off”
  - Clear referral instructions for student and family with up-to-date contact information
  - Discussion of potential barriers to following through with referral and how to overcome them
  - Referral follow-up meeting with student and family to confirm linkage and address any remaining barriers
  - Follow-up with community provider to facilitate ongoing coordination and information sharing



## action steps

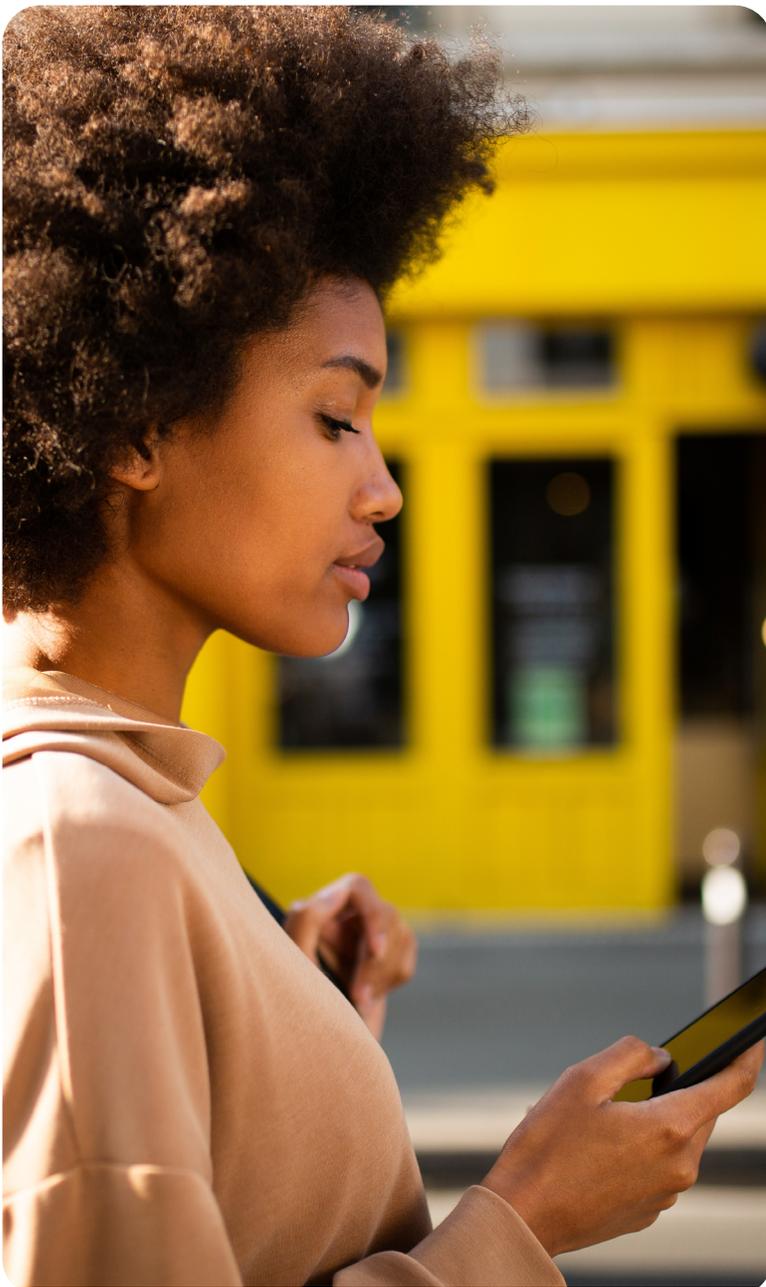
### Community Referral Plan of Action

- Research or develop a frequently asked questions (FAQ) regarding behavioral health services. Several websites offer strong models (see Resources below).
- Develop a “Plan of Action” for times when a community referral is warranted. This may be a brief checklist attached to a release of information which helps to ensure you cover important details to share with a parent when making a referral, such as behavioral or mood concerns, statements regarding socialization or academic progress, a release of information, and anything else which may support the clinician who receives the referral.



**Resources:** The Society of Clinical Child & Adolescent Psychology provides an FAQ specific to child therapy, as well as [resources for locating and choosing a provider](#).

The JED foundation maintains an FAQ for teens, young adults, and parents which offers information in a “card” system that provides several short pieces of information on a variety of topics, with additional embedded resources (<https://www.jedfoundation.org/mental-health-resource-center/>).



## Tip

When making referrals, teams should ensure that multiple providers who are diverse in many areas, including treatment modality, insurance acceptance, geographic location, gender identity, age, culture, ethnicity, and other areas of diversity are included any time that referrals are offered.



**Resource:** Many geographical areas (cities, counties, or states) maintain databases of behavioral health service providers which are publicly accessible and searchable.

The most comprehensive websites provide contact information for each resource including addresses, maps, transportation options, hours of operation, fee information, eligibility requirements, and accessibility for individuals with differing ability statuses. Several nationwide services also exist to help connect community members to resources. Directory information may be accessed by dialing 2-1-1 to reach the 24/7 Crisis, Information, and Referral line and speak with a call center representative in over 180 different languages.

## Data-based decisions for student interventions



### Best Practices

To match students to the appropriate services and supports, school and district mental health teams must use actionable, meaningful data. Mental health screening or another systematic identification process can be used to match the appropriate type of level of support to each student. Data cannot simply be collected, rather it needs to be used to inform student mental health related decisions.

- ✓ Use multiple data sources to match mental health interventions with student need
- ✓ Use validated screening/assessment/survey tool(s) appropriate to your student population
- ✓ Use a consistent and systematic process of using screening and assessment data to match students with appropriate levels of support

# Tips

- Maintain communication and active involvement from students and their families when making intervention decisions, even when using standardized processes. This helps the student and their family have a voice in the process.
- Approach conversations around mental health and SEL programming with cultural humility. When recommending a transition to a higher tier of intervention, have a conversation with the student and their family about their experiences with activities and discussions surrounding emotions and behavior.
- Ask questions such as:
  - How does your family talk about things that make them happy? How about things that frustrate them, or make them sad? How do they express themselves when they feel these emotions?
  - How does your family feel about conversations about emotions?
  - Have you ever participated in activities where you practiced social skills or talked about your emotions or behaviors with other people? What would your family think?
  - Have you ever tried to change something about the way you act? When you're trying to change something about your behavior, what has worked for you in the past?



## Data sharing



Promoting data sharing is foundational for effective teaming and collaboration, and is especially important when there are partners.



## Best Practices

Align data definitions

- ✓ Use data systems that allow for easy data entry and retrieval for review and sharing
- ✓ Protocols are in place to:
  - Allow for valid, reliable data collection
  - Address confidentiality considerations (with respect to where data is maintained and who can access it)



## action steps

### Selecting Survey Software

- Work with your IT team to select and get familiar with survey software that will work for you and your district.
- Arrange brief trainings for staff who will benefit from using the software to build surveys or who will collaborate on data collection projects.

## Tips

- Ensure valid, complete, and reliable, data is collected by implementing protocols on survey software such as forced responses to items and limiting the types of responses accepted for questions (e.g. providing a calendar for dates to be selected rather than entered). Qualitative responses should be avoided except when requesting feedback.
- Collaborate with team members to establish exactly what data is helpful to who. To respect confidentiality only request, collect, and share data which may help support the goals of the team with team members who need the information to promote the team's work.
- Survey software should require unique and secure log-in credentials to increase confidentiality.
- Access to raw data should be limited to those cleaning the dataset. Data should be de-identified prior to distribution even among the team.



**Resource:** [The Release of Information Template](#) allows for parents and guardians to release specific information related to their treatment.

For more resources, visit the  
**SHAPE Resource Library** at  
[www.theSHAPEsystem.com](http://www.theSHAPEsystem.com)



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and Performance Evaluation System**