

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. The Quality Guides provide information 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.

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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 the 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 individuals who might otherwise work in isolation. These teams develop a vision and prioritize improvement efforts to ensure that the school mental health system is meeting the needs of students and the larger school community. School mental health teams work to maximize resources to address the mental health needs of students and their families.

School mental health teams should involve students, families, staff, and community partners that represent diverse cultural identities and backgrounds including age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, and socioeconomic status. Teams should prioritize trauma-informed approaches and cultural responsiveness, anti-racism, and equity as they relate to the team's mission, goals, and deliverables.

The role of a district-level school mental health team

Shape school mental health policy and practice.

- **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.
- **Organize efforts** across schools to ensure consistent standards of support are met districtwide (e.g., a standard Memorandum of Understanding [MOU] with community partners).

Train, coach, and support school teams.

- **Influence practices and implementation** of school mental health services and supports by offering ongoing technical assistance and resources for school- and community- employed staff. These trainings may be informed by school and district needs assessments and can be delivered in-person or online.

Serve as a liaison between state agencies and local schools.

- **Ensure state departments of education and behavioral health recognize the roles that schools can play** in addressing mental health needs of students.
- **Advocate for policy change and funding opportunities** that can promote high quality and sustainable school mental health.

Collect student, family, and community partner perspectives on mental health needs and strategies.

- **Get input from students, families, and community partners** on mental health needs, priorities, and potential action steps to advance a multi-tiered system of support.
- **Inform Request for Proposal (RFP) processes** to allow community organizations to apply for the opportunity to work within the schools. An RFP can involve funding for specific deliverables or may just involve the opportunity to provide services in a school under certain conditions without monetary compensation.

Possible team members for a district-level school mental health team

- **Director/Supervisor of School Health & Behavioral Health Staff**
(e.g., Director of Student Support or related services, Supervisor of School Psychologists, School Social Work Supervisor)
- **Director of Special Education/ Exceptional Student Education**
- **Parents/caregivers**
(e.g., representatives from a parent teacher organization or other family organization)
- **School-based staff representatives** *
(e.g., teachers, school administrators, school- and community-employed mental health staff)
- **Supervisor, administrator and/or clinician from a community-based mental health program or organization**

* 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.

The role of a **school-level** school mental health team

- 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-level school mental health team

- **School health & behavioral health staff**
(e.g., school psychologists, counselors, nurses, speech language pathologists)
- **Teachers***
- **School administrators**
(e.g., Principal, Assistant Principal, Behavioral Interventionist)
- **Students**
- **Parents/caregivers**
- **School-based community health & behavioral health providers**

* *Be sure to include diversity in grades, subjects, and electives.*

What is the **connection** between school- and district-level teams?

While they operate at different levels, school- and district-level school mental health teams should be coordinated in their efforts.

For example, district mental health teams may examine data in aggregate across schools to understand trends across the district, whereas school mental health teams may examine individual student progress data to match interventions to students within a school. The district might provide funding and support for training in specific school mental health topics or interventions, while the school team would ensure that training and implementation is applied throughout the building. **Both district and school teams work to foster partnerships with community leaders, family members, and students to improve school mental health systems.**

Establish multidisciplinary and diverse teams



Best Practices

- Use recruitment and hiring practices to attract diverse team members.
- Include team members who reflect the diversity of students, families, and staff.
- Ensure that representatives of different groups regularly attend and have an active and equitable voice in team meetings and decision-making processes.
- Engage school mental health system team members from the following groups:
 - School mental health staff (e.g., social workers, psychologists, counselors)
 - School health staff (e.g., nurses)
 - Teachers
 - School administrators
 - Youth/Students
 - Parents/Families
 - Community health & Behavioral health providers
 - Child welfare staff
 - Juvenile justice staff
 - Community leaders
 - Community School Coordinators
 - English Language Learning educators



Tips

- Ask 2-3 members of each stakeholder group about their **interests, barriers, and facilitators** that might influence participation.
- Use **culturally relevant resources accessible to diverse audiences** (e.g., multilingual and available in formats for individuals with reading or visual impairments).
- **Remove transportation barriers** 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.



Build meaningful student and family partnerships



Best Practices

- Involve students and families in all aspects of mental health prevention, intervention, promotion, program selection, implementation, ongoing quality assessment, progress monitoring, and evaluation.
- Involve multiple students and families on teams in meaningful and structured roles.
- Gather additional information from students and families using surveys, interviews, and focus groups; ensure the individuals who lead these efforts represent the diverse identities of students.
- Identify existing youth and family mental health advocacy and navigation organizations in your community, prioritizing those that value cultural responsiveness, anti-racism, and equity (CARE).
- Partner with youth and family organizations to bring knowledge and passion based on practical, real-life experiences and expertise to support providers and other students and families within the system.
- Demonstrate equity in partnerships with students and families from groups that have been historically marginalized by amplifying and prioritizing their voices (*e.g., engaging them in leadership positions, promoting shared decision-making*).



Tip Encourage participation among students and families in school mental health team meetings.

Students and family members on teams can offer perspectives for families within the district and community and promote mental health team initiatives with other families to encourage support and participation. To increase family participation:

- **Provide students and their families with meeting agendas a week prior to convening.** This practice offers key stakeholders the opportunity to share their perspectives and prepare thoughtful questions.
- **Communicate appropriately with your audience.** Avoid jargon or acronyms and explain terminology 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 feedback about which tools were most acceptable, feasible, and unbiased.

Facilitate effective school-community partnerships



Best Practices

- Establish communication mechanisms (e.g., team meetings, email communications, conference calls) to ensure ongoing and effective communication between school leadership/staff and community partners.
- Engage community partners that represent and are trusted in the community, value cultural responsiveness, anti-racism, and equity (CARE), and use trauma-informed, healing-centered approaches.
- 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, that have been informed by youth and families, to allow for accessing and sharing data to inform needed services and supports and the impact of partnership activities.
- Ensure appropriate documentation procedures and systems are in place to facilitate communication between school staff and relevant community partners (including school-based health care team, if applicable). Examples may include:
 - Release of Information forms
 - Consent forms that are compliant with federal privacy laws (e.g., HIPAA and/or FERPA, as applicable)



Tip

Data-sharing agreements may be between schools and other districts or educational organizations, community mentorship organizations, and student health service providers. These agreements may address:

- Specific social emotional learning (SEL) programming.
- Data collected on the success of programming.
- Building community awareness on 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

- 1. 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. Using electronic survey software (e.g., Qualtrics, Survey Monkey) may make this process more accessible and increase participation.
- 2. Convene community partner leadership at the district-level** on a regular (e.g., quarterly) basis to discuss service delivery and business operations.
- 3. Develop a “wish list” of community partner services or features that would best fit the needs of the district.** Example wish list items may be:
 - Participate on district-level mental health teams or serve as guest participants for specific projects or programming on school-based teams.
 - Provide mental health services and supports at Tier 1, 2, and 3.
 - Use evidence-based services and supports.



Tip

Partner with local universities to collect and analyze data.
Data collection could include:

- Productivity (i.e., number of services provided)
- Impact of service provision on psychosocial and academic functioning
- Student/family satisfaction and engagement
- Family partnership
- Extent to which families/community members/students/staff would recommend services



Resource

MPS Expanded School Based Mental Health Collaboration Agreement

is an example of an agreement document used in Hennepin County/ Minneapolis Public Schools that aims to strengthen long-term partnerships and ensure a focus on supporting students and families within the school.



Resources

- **School or District Wish List for Community Mental Health Provider Services** can be customized by individual schools or districts to determine and rank the criteria they would like for services provided by community mental health providers. Selected criteria can also be incorporated into a memorandum of understanding with the provider agency.
- **Anatomy of a Memorandum of Understanding** illustrates the components of a memorandum of understanding (MOU) that school-community partnerships may include.

Anatomy of a Memorandum of Understanding

Purpose of agreement

Explain what the MOU is for and any definitions of programs or services.

Memorandum of Understanding Between Appleville School District and Hope Child and Family Services

Purpose of agreement: The purpose of this agreement is to establish roles and responsibilities of the Parties to develop and implement a comprehensive school mental health system that utilizes the strengths and expertise of school and community-partnered professionals.

Roles and responsibilities of each party

Outline what activities the school district and community partners are expected to participate in. Examples include: prevention, promotion, and intervention services; attendance at team meetings; training or professional development provided and/or attended; space and resources for activities and collaboration; data reporting and use guidelines; and guidelines related to student and family confidentiality.

Fiscal and resource agreement

Detail payment exchanged, if applicable. Detail resources or other non-financial sources of support that will be exchanged (e.g., *delivery of professional development*). MOUs are very helpful for any kind of shared agreement, whether or not payment is exchanged.

Roles and responsibilities of each party: The Parties agree to the following roles and responsibilities.

- Responsibilities of Hope Child and Family Services (HCFS)
 - Actively participate in school and mental health team(s)...
 - Provide mental health services to include...
- Responsibilities of Appleville School District
 - Identify school(s) that demonstrate readiness...
 - Provide confidential space in school(s) that includes...
 - Facilitate inclusion and active participation of community partners...
 - Create data-based decision models and referral processes that promote...

Fiscal and resource agreement

- Appleville School District will pay HCFS the total sum of [XX]...
- Payments will be made in a...

Liability release as an independent contractor

Detail limits to liability for both/either parties here.

Liability release as an independent contractor

- In providing services to Appleville School District students, HCFA shall at all times operate as an independent contractor and shall have no authority to make any arrangements or incur any liabilities on behalf of the Board.

Duration and termination

Outline how long the MOU is valid for and procedures for requesting termination by either party.

Duration and termination

- This Agreement is for the period beginning [Month/Day/Year] to [Month/Day/Year]...

Insurance and indemnification

List the types of insurance that the community provider will purchase and maintain, including general liability, professional liability, and worker's compensation, as applicable.

Insurance and indemnification

- [Program Name] shall purchase and maintain during the term of any resulting agreement...

Address each tier of the multi-tiered system of support



Best Practices

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



Tips

- **Be thoughtful about the selection and inclusion of members on tier-specific teams.** In addition to educators and school-based mental health staff, teams benefit from other members such as community staff, business leaders, foundation partners, and university partners.
- **Review student 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 families should understand these transitions 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.**



Resources

- *The Collaborative for Academic, Social, and Emotional Learning (CASEL)*'s **Grade-Level Team Meeting Tool** helps facilitate conversations about SEL during already-established teacher meetings.
- 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 steps to take after a student with a potential mental health concern is identified.



Avoid duplication and promote efficiency of teams



Best Practices

- Establish well-defined and unique goals for distinct teams with structures in place to avoid duplication of team effort.
- 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 only as necessary.



Tips

- Assign **one staff person as a coordinator of resources** to ensure that resources are not duplicated.
- **Maintain resources in one centralized location** to streamline document sharing. Teams can use cloud-based programs (e.g., DropBox, Google Drive, Microsoft OneDrive) if there is not already an established filesharing system.
 - **Ensure that all documents are well titled** so that staff can quickly search through the resources using key words.
 - **Organize files** in a way that is intuitive and frequently used files are easily accessible.



Resources

- The **SMART Goal planning worksheet** can help teams establish well-defined goals.
- The **School Mental Health Team Alignment Tool** can help school mental health teams align resources and reduce duplication.



Establish meetings structure and process



Best Practices

- Schedule and hold regular team meetings.
- Accommodate differences in family and community partner schedules when planning meetings that include them.
- Accommodate, to the extent possible, differences in languages to support caregiver participation.
- Track attendance and troubleshoot as needed to ensure consistent attendance.
- Establish a routine scheduling process and use family engagement strategies (e.g., *reminder calls*) to increase attendance.
- Create and use an agenda.
- Use meeting practices that promote inclusion (e.g., *active listening, ensuring all opinions are heard*).
- Focus on making actionable decisions.
- Use meeting time to follow up on the status of action items.



Tips for meetings:

- Keep it **brief!**
- **Use huddles:** time-limited, problem-solving, and action-planning oriented small break-out groups during meeting time. Reserve meeting time that allows these small groups to schedule between-meeting check-ins.
- Use **structured, concise communication** with collaborating team members.



Resource

Using a well-designed agenda can help everyone stay on task. **The School Mental Health Team Meeting Agenda Template** offers a model.



Best Practices

- Clarify roles and responsibilities for both school-employed and community-partnered school mental health and health staff to ensure smooth collaboration and make sure services are not duplicated.
- 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 overlapping responsibilities and/or roles, have a clear plan for who will address each type of issue first and how tasks will be assigned.
- Ensure that identification of disproportionalities and/or disparities, and advocacy for youth and families from historically marginalized communities is included in the responsibilities of staff.



Action Steps

1. Provide a written **list of each team member's primary and secondary roles, and the responsibilities of each role.**
2. **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 team member.

Make mental health referrals to school-based mental health services

School-based mental health services refer to services offered directly in the school building whether provided by school or community staff.



Best Practices

- **Use an up-to-date school mental health team resource map or guide, which includes:**
 - Name of team member
 - Description of their role/responsibilities/services
 - School location, days, and hours
 - Eligibility requirements or students they work with
 - How to refer students
- **Identify and integrate students' and families' unique cultural needs and assets when providing resources.**
- **Address impact of stigma and mistrust of education, mental health, and healthcare institutions throughout referral process.**
- **Refer to school-based mental health services that are trauma-informed, healing-centered, culturally responsive and anti-racist and offer culturally specific or relevant interventions.**
- **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 mental health, school health, and community-based providers to confirm referral, service availability, and facilitate a seamless entry into services and supports.**
- **Hold routine referral feedback meetings or use Referral Feedback Forms to let referral sources know the outcome of the referral.**





Tip Include referral feedback as an agenda item during mental health team meetings.

This process reserves time to check in on:

- Services and school-based provider utilization
- Referral rates
- The referral processes
- Outcomes of referrals *

* Specific information regarding the referral and outcome of a particular student should not be shared publicly at meetings. Rather, "outcomes of referrals" addresses general comments about the final recommended placement of referrals received as a group.



Resource

The **Referral Feedback Form** offers an example of using a form to develop a feedback loop between a provider and a referral source.

School Mental Health Program Referral Feedback Form

To: _____

From: _____

Date: _____

Regarding: _____

Thank you for referring the above student for school mental health services. The status of the referral is as follows:

- Was unable to contact parent or guardian
- Student/family has not responded to appointment requests
- Student/family declined counseling services: No consent provided
- Student was referred for outside evaluation/treatment
- Student is already receiving mental health services from another provider
- Student/family has been reached, evaluation in progress to determine most appropriate services
- Consent forms were signed by the student/parent/guardian, services initiated
- Other: _____

Comments: _____



Make mental health referrals to community-based mental health services

Community-based mental health services refer to services offered by community staff outside of the school building.



Best Practices

- **Use an up-to-date community resource map, which includes:**
 - Name of program or organization
 - Description of services
 - Website, address, phone number, hours of service
 - Eligibility requirements
 - Insurances accepted
 - Cost of service
 - Waitlist 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 strengths, needs, outcomes of value to the student and family, referral options, and complete any releases of information.
 - Direct contact with community provider to confirm referral, service availability, and facilitate a seamless entry into services and supports.
 - 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.
- **Consider students' and families' unique cultural needs and assets when providing resources.**
- **Consider impact of stigma and mistrust of education and mental health institutions throughout referral process.**
- **Refer to community-based mental health services that are trauma-informed, healing-centered, culturally responsive, and anti-racist, and offer culturally specific or relevant interventions.**
- **Follow-up with community provider and family to facilitate ongoing coordination and information sharing.**





Action Steps: Community Referral Plan of Action

1. Develop a **frequently asked questions** (FAQ) document about behavioral health services.
2. **Develop a “Plan of Action” for times when a community referral is needed.** This process may include a brief checklist attached to a release of information. This helps to ensure that important details are shared with families when making a referral, such as behavioral or mood concerns, socialization or academic progress, a release of information, and anything else that supports the clinician who receives the referral.



Resources: FAQ Examples

- **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 that provides information about common emotional health issues.



Resources: Referral Templates and Example Forms

- **Referral and Triage Flow Charts**
 - Student Mental Health Referral and Triage Flow Chart: **Team Process Model**
 - Student Mental Health Referral and Triage Flow Chart: **Direct Access Model**
- **When to Refer a Student Example Handout**
- **Referral Form Example**
- **Release of Information Template**



Tip

When developing a list of providers and making referrals, teams should consider treatment modality, insurance acceptance, geographic location, gender identity, age, culture, ethnicity, and other areas of diversity.



Example from the Field

Many cities, counties, and states maintain publicly available and searchable databases of behavioral health service providers. 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 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 languages.**

Use data to determine the mental health services and supports needed by students



Best Practices

- Use multiple data sources to match mental health interventions with student strengths, needs, and valued outcomes.
- Use validated, culturally responsive screening/assessment/survey tool(s) that reflect valued outcomes and are appropriate (*e.g., developmentally*) to your student population and in the first language(s) of students and families.
- Use tools that incorporate screening for social determinants of health (*e.g., poverty, housing stability*), protective factors and assets (*e.g., extended family support*), and trauma exposure and traumatic stress.
- Use a consistent and systematic process of using screening and assessment data to match students with appropriate levels of support.
- Ensure coordination across team members to limit duplication of screening/assessment/survey tool(s).





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 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 on emotions?”*
 - *“Have you ever participated in activities where you practiced social skills or talked about your emotions and behaviors with other people? What would that be like for you? 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?”*





Best Practices

- Align data definitions.
- Use data systems that allow for easy data entry and retrieval for review and sharing. Ensure protocols are in place to:
 - Allow for valid, reliable data collection.
 - Address confidentiality considerations (*with respect to where data are maintained and who can access them*).



Action Steps: Selecting Survey Software

1. Work with your IT team to select and **get familiar with survey software** that will work for your team.
2. **Arrange brief trainings for staff** who will use the software to build surveys or will collaborate on data collection projects.



Tips

- To ensure valid, complete, and reliable data, implement 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 are helpful to whom. To **respect confidentiality**, only request, collect, and share data that 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.

For more resources,
visit the **SHAPE Resource Library** at
www.theSHAPEsystem.com



School Mental Health Quality Guide *At A Glance:* Teaming



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- 2 Student & family partnerships**
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- 5 Avoid duplication & promote efficiency of teams**
- 6 Meeting structure & process**
- 7 Delineate staff roles & responsibilities**
- 8 Referrals to school-based mental health services**
- 9 Referrals to community-based mental health services**
- 10 Data-based decisions to determine mental health services & supports for students**
- 11 Data sharing**



Best Practices

- Use recruitment and hiring practices to **attract diverse team members** who reflect students and families.
- Ensure representatives of **various groups regularly attend meetings** & hold **equitable decision-making power**.
- **Involve students and families** on teams, and in prevention, intervention, and health promotion processes.
- Gather feedback from students and families using **surveys, interviews, and focus groups**.
- Identify and partner with **youth and family mental health organizations that value CARE** in your community.
- Ensure **ongoing and effective communication** between school leadership/staff and community partners.
- Use **memorandums of understanding** or other agreements to detail the terms of partnerships.
- Use **data sharing agreements** to inform the impact of partnership activities.
- Clearly delineate **purpose, target goals, activities, and processes** of each team.
- Form teams to effectively **address Tiers 1-3**, and develop a **clear process for moving students between tiers**.
- Practice **consistent communication and coordination** among various teams.
- Facilitate **regular information sharing and evaluation** across and within teams.
- Hold regular team meetings which **engage families and utilize inclusive practices**.
- Focus on making **actionable decisions** and following up on the status of action items during meetings.
- **Clarify roles and responsibilities** for school-employed and community-partnered school mental health staff.
- Ensure roles and responsibilities **reflect the skills, training, and knowledge** of each type of staff member.
- Identify and integrate **students' and families' unique cultural assets and needs** when providing resources.
- Consider and **address stigma and institutional mistrust** throughout referral process.
- Use **actionable, meaningful data** to match students to appropriate services and supports.
- **Align data definitions** and use data systems that **allow for easy data entry, retrieval, review, and sharing**.



Examples from the Field

- To improve early identification of student mental health needs, a large Midwestern district started a **Mental Health Screening Team** by using a more systematic and equitable process, which included students and family members.
- Many cities, counties, and states maintain publicly available and searchable databases of behavioral health service providers on their websites. Nationwide resources can be accessed by dialing 2-1-1 to reach the **24/7 Crisis, Information, and Referral line**.

School Mental Health Quality Guide *At A Glance:* Teaming



Action Steps

- **Identify prospective community partners** by gathering input from staff, caregivers, and students through processes such as listening sessions, surveys, or mental health team meetings. Based on the needs of the district, **generate a “wish list” of services** each partner would provide. **Convene community partner and district-level leadership** regularly to discuss service delivery and operations.
- **Develop a comprehensive list or “map” of each school’s mental health team**, each team member’s primary and secondary roles, and the responsibilities of each role.
- **Establish a FAQ** regarding behavioral health services and a **“Plan of Action”** for community referrals.
- **Select the most suitable survey software** for your team and **arrange brief trainings** for staff.



Tips

- Increase team engagement by using **culturally relevant and accessible resources**, allowing **remote participation**, and **sharing recent team initiatives and successes**.
- Encourage family participation in team meetings by **providing agendas a week prior** to meetings, and **avoiding jargon and acronyms** in communications.
- Use **data sharing agreements** to assess specific programs, build community awareness of mental health topics, and inform educational programming decisions.
- **Partner with local universities** to collect and analyze data.
- Consider **including community staff, business leaders, foundation and/or university partners** in tier-specific teams.
- When transitioning a student across tiers, **use data to review progress, make decisions, and establish goals** for the student to revisit each meeting.
- Assign one staff person to **coordinate resources**; maintain an organized and practical **filesharing system**.
- Include **referral feedback** as an agenda item during mental health team meetings.
- When developing provider lists and referral teams, consider **areas of diversity**, such as treatment modality, insurance acceptance, gender identity, ethnicity, etc.
- Amplify **student and family voice** in intervention decisions; approach mental health conversations with **cultural humility**.
- When using survey software, ensure **valid, complete, and reliable data** by implementing protocols such as forced responses, limiting accepted response types, and avoiding qualitative responses.
- Maintain **confidentiality of datasets** by requiring unique and secure log-in credentials for survey software and de-identifying data prior to distribution even among the team.



Resources

- [Leading by Convening](#)
- [MPS Expanded School Based Mental Health Collaboration Agreement](#)
- [School or District Wish List for Community Mental Health Provider Services](#)
- [Anatomy of a Memorandum of Understanding](#)
- [Grade-Level Team Meeting Tool](#)
- [School Mental Health Referral Pathways Toolkit](#)
- [The SMART Goal planning worksheet](#)
- [The School Mental Health Team Alignment Tool](#)
- [The School Mental Health Team Meeting Agenda Template](#)
- [The Multi-Disciplinary School Mental Health Team Roles and Functions worksheet](#)
- [The Referral Feedback Form](#)
- FAQs from *The Society of Clinical Child & Adolescent Psychology* & *The Jed Foundation*
- Student Mental Health Referral and Triage Flow Chart: [Team Process Model](#) & [Direct Access Model](#)
- [When to Refer a Student Example Handout](#); [Referral Form Example](#); [Release of Information Template](#)