

**Table 1. Characteristics and outcomes of included studies**

<b>Author (year)</b>	<b>Health Condition</b>	<b>Mode of communication</b>	<b>Frequency of communication</b>	<b>Primary Outcome on Students</b>	<b>Secondary Outcome</b>	<b>Noted barriers to effective communication</b>
Bradley-Klug KL, et. al. (2010) <sup>29</sup>	Mental Health	<ul style="list-style-type: none"> <li>• 37% preferred phone calls</li> <li>• 22.2% preferred written reports</li> </ul>	<ul style="list-style-type: none"> <li>• 53.9% reported a few times per year or less</li> <li>• 38.3% reported communicating only a few times per year</li> </ul>	<ul style="list-style-type: none"> <li>• 90.23% reported improved student outcomes</li> <li>• 67.11% reported improved ability to assess patient progress across settings</li> </ul>	<ul style="list-style-type: none"> <li>• More experienced pediatricians were more likely to collaborate</li> <li>• 75% of pediatricians said collaborating with school personnel was very beneficial</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of time</li> <li>• Inaccessibility of school personnel</li> <li>• Lack of reimbursement for collaboration</li> <li>• Need for HIPAA compliance</li> </ul>
Bradley-Klug KL, et. al. (2013) <sup>28</sup>	Mental Health	<ul style="list-style-type: none"> <li>• 60.3% preferred telephone</li> <li>• 16.7% via formal report</li> <li>• Face to face meeting was least effective (1.9%)</li> </ul>	<ul style="list-style-type: none"> <li>• 60.6%: reported “a few times per year”</li> <li>• 8.1% reported “once per month”</li> <li>• 13.1% reported “never”</li> </ul>	<ul style="list-style-type: none"> <li>• 93.7% reported improved student outcomes/health as a result of communication</li> <li>• 75.6% reported communication improved ability to assess student progress across settings</li> </ul>	<ul style="list-style-type: none"> <li>• Communication ranked as “very beneficial” by 78% of school psychologists</li> <li>• 83.4% reported opportunity for cross-disciplinary problem solving</li> <li>• 53.3% said communication voided duplication of services</li> </ul>	<ul style="list-style-type: none"> <li>• Pediatric professionals were not accessible</li> <li>• Not enough time in day</li> <li>• Different views on child development</li> </ul>
Dang M, et. al. (2007)	ADHD	Written forms utilizing pre-	A couple of times per year	<ul style="list-style-type: none"> <li>• More efficient assessment, diagnosis, and</li> </ul>	<ul style="list-style-type: none"> <li>• Elimination of one additional clinic visit for families</li> </ul>	Time

21		made templates		treatment process of children with ADHD	<ul style="list-style-type: none"> <li>• Parental resistance to ADHD treatment noted</li> </ul>	
Erchul WP, et. al (2007) <sup>23</sup>	ADHD	Meetings	Bi-weekly	Teacher dominance in consultation relationship correlated with increased treatment effectiveness and improved student behavior	<ul style="list-style-type: none"> <li>• Consultants and teachers were about equally influential or dominant</li> <li>• Consultant dominance did not relate to consultation outcomes</li> </ul>	ND
Guevara JP, et. al. (2021) <sup>24</sup> 1/3/24 7:48:00 PM	ADHD	<ul style="list-style-type: none"> <li>• Phone</li> <li>• Text Message</li> <li>• Email</li> </ul>	Quarterly (at least)	Students in both groups experienced clinical improvement in ADHD symptoms	<ul style="list-style-type: none"> <li>• 30% of students had a teacher use the portal to complete a Vanderbilt Teacher Rating Scale</li> <li>• In care management group, 34% of children had a teacher engage with care managers</li> </ul>	<ul style="list-style-type: none"> <li>• Care managers found it difficult to schedule sessions</li> <li>• Difficulty finding contact information</li> </ul>
Moran K & Bodenhor n N (2015) <sup>27</sup>	Mental Health	<ul style="list-style-type: none"> <li>• Telephone</li> <li>• Email</li> </ul>	ND	Collaboration provided a more complete picture of a student's situation and improved child behavior at home and school	Collaboration resulted in more efficient use of time by school counselor	<ul style="list-style-type: none"> <li>• Lack of time</li> <li>• Mismatched schedules</li> <li>• Parental release of information</li> </ul>

Shahidullah JD, et. al. (2024) <sup>26</sup>	Suicidality	<ul style="list-style-type: none"> <li>• Electronic</li> <li>• Phone call referral</li> </ul>	Short-term, initial crisis evaluation and option for additional visit for medication management	<ul style="list-style-type: none"> <li>• 24% of students referred received same-day assessment</li> <li>• 82% of students referred received subsequent referral to community providers</li> </ul>	Mean wait time for first appointment with community referral was 3 weeks	Funding
Shea KM, et. al. (1996) <sup>25</sup>	ADD/ADHD	Written reports	Once	<ul style="list-style-type: none"> <li>• Diagnosis of ADD/ADHD given to 81% of referred students</li> <li>• 78% of parents believed changes made in school helped their child</li> </ul>	High concordance between referral diagnoses and medical diagnoses confirmed quality of school screening process	ND
Villareal V (2018) <sup>30</sup>	Mental Health	Written reports	<ul style="list-style-type: none"> <li>• 34.9% reported never collaborating</li> <li>• 41.7% reported collaborating 1-3 times per year</li> <li>• 10.4% reported collaborating</li> </ul>	<ul style="list-style-type: none"> <li>• 80.4% reported collaboration improves student mental health outcomes</li> <li>• 56.7% reported collaboration improves student academic outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Statistically significant beneficial relationship between frequency of information release to community mental health providers and whether schools had formal process for</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of access to community providers</li> <li>• Lack of time</li> <li>• Different diagnostic symptoms</li> <li>• Lack of parental consent</li> </ul>

			4-6 times per year <ul style="list-style-type: none"> <li>• 7.7% reported collaborating at least once per month</li> </ul>		releasing information <ul style="list-style-type: none"> <li>• School psychologists who reported greater frequency of releasing information also reported greater frequency of obtaining information</li> </ul>	
Wolraich ML, et. al. (2005) <sup>22</sup>	ADHD	<ul style="list-style-type: none"> <li>• Verbal</li> <li>• Written</li> </ul>	Less than 5% of primary care physicians communicated with school staff per parental report	No significant reduction in ADHD symptoms	Communication between physician and school increased initially after intervention, then declined	<ul style="list-style-type: none"> <li>• Lack of cohesion with district's priorities</li> <li>• Lack of time</li> </ul>

\*ND = no data