



COLORADO

UNIVERSAL MENTAL HEALTH SCREENING TOOLKIT

2025



Before you Begin

- This toolkit is meant to provide a summary of a variety of different resources related to mental health screening in schools as well as clarity around what may be potential points of confusion.
- It consists of this document that outlines critical considerations when thinking about implementing universal mental health screening as well as a [folder](#) with supplementary resources.
- We are working to integrate information about the Behavioral Health Administration's [6th-12th Grade Mental Health Screening Program](#), throughout this document - we will highlight areas where the program aligns with the Mental Health Screening Toolkit and simplifies the screening process by removing guesswork.
- If you have general feedback on the document or input on how to best support school communities in using the toolkit, please complete [this brief survey](#).
- If you would like to be kept informed about any future training opportunities around the toolkit specifically or mental health screening in general, please provide your name and email address [to this Google Form](#).
- Have questions? You can reach out to the Colorado Project AWARE Team at coaware@cde.state.co.us.

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Universal Mental Health Screening Toolkit

Many toolkits have been created to help guide schools through universal mental health screening. Much of the content presented here is taken from those guidance documents and we encourage schools and districts to use any of these other resources they find useful. Implementation of mental health screening is not necessarily a linear process and to enact all the components recommended across the different guidance documents can take time and resources that may feel overwhelming or unavailable. Our goal in creating this toolkit was to sift through available resources to present the common themes and to clarify what seem to be potential points of confusion.



We start with outlining critical considerations before and in the early stages of taking on the task of universal mental health screening. These first steps - generally: being clear on what is being screened for and why, gathering input and support from the community, and determining response capacity - will both impact what screening tool is chosen and can be helpful in ensuring that all the necessary work that will follow will receive the necessary resources.

Then we will present the “nuts and bolts” steps that are needed to carry out the screening. Each screening tool and school or district is unique and not all steps will need to be followed for all purposes. Our intent in presenting these is not to suggest they must all be followed exactly, but rather to catalog as many of possible potential discussions and tasks that can be helpful to ensure a successful screening process.

Lastly, we discuss the importance of having a continuous improvement plan in place to determine whether the screening is meeting student and community needs and achieving specified goals.

We have included an overview section at the beginning of the document that lists out the key points in each section and provides a high-level view of the variety of considerations necessary for implementing universal mental health screening successfully. We encourage the reader to start here as it’s likely you have already thought through some of these components. The hyperlinks embedded in the overview will allow you to jump to find more detailed information in the areas where you have questions.



Overview of Critical Considerations for Implementing Universal Mental Health Screening

[How Screening Fits within the Overall Context of Mental Health and Wellbeing Supports for Students](#)

- Universal mental health screening is only one of many potential avenues for supporting student wellbeing.
 - Because of this, **other factors may be important to assess**, including mental health systems and perceptions of school culture and climate.
- Placing universal mental health screening within this context also helps to **shift away from an individual, deficit based view of mental health** and ensures more equitable screening processes.
- It's essential for your team to have a **clear common understanding of what is meant by mental health and universal mental health screening**.
- A variety of arguments can be made for **why universal mental health screening in schools is important**; these may be useful in gaining support for screening and for clarifying what your school or district's purpose is for carrying out screening

[Important Steps Before Starting with Screening](#)

- Bring together a team (or teams) to oversee the screening process. Important roles for this team(s) include:
 - **Gathering input from** the school community (students, staff, families) and **garnering their support** for the screening
 - Determining the **purpose** of/goals for the screening
 - **Overseeing the implementation** of the screening process and the coordination of the necessary roles (or ensuring a different team exists to carry out this role).
- **Understanding of the resources available** within your school/district and in the larger community to respond to the screening data is needed to identify what and how you will universally screen for mental health.
- **Selecting a screening tool** that best suits your school/district needs and goals.

[Planning for Responding to the Screener](#)

- Planning for **multiple levels of response including school-wide, grade and/or classroom wide**, as well as at the individual student level
 - The **degree and immediacy of individual student responses** will depend somewhat on the content of the screener that is used.
 - Schools should **capitalize on existing systems in place to respond** to students with mental health concerns (e.g., threat assessments, suicide risk assessments, existing referral processes and community partners).



Other Factors to Consider in the Screening and Response Process

- Basic Considerations
 - Piloting
 - Respondent (e.g., teacher or student)
 - Timing
- Legal/ethical considerations
 - Relevant laws
 - Consent/Assent
- Communication Plan
- Data Infrastructure
 - Data Process (collection, storage, display, and interpretation)
 - Data Content (what scores to use, how to integrate with other information, how to use for intervention planning, what data to share with whom)

Follow-up Steps and Continuous Quality Improvement

- **Data collection beyond gathering of the screening data** itself will likely be helpful in evaluating the impact of the screening process. This could include:
 - Tracking of what interventions are implemented as a result of the screening
 - Tracking of whether/how interventions are carried out
 - Assessment of the impact of the intervention
- In addition to data collection, the planning or implementation team should have a **process for gathering input** from students, staff, and families caregivers on their experience of the screening to determine what worked well and what might be areas for improvement.
- Both data and the input of the school community should be reviewed to **determine whether the screening met the specified goals.**

How Screening Fits within the Overall Context of Mental Health and Wellbeing Supports for Students

Key Points

- Universal mental health screening is only one of many potential avenues for supporting student wellbeing.
 - Because of this, **other factors may be important to assess**, including mental health systems and perceptions of school culture and climate
- Placing universal mental health screening within this context also helps to **shift away from an individual, deficit based view of mental health** and ensures more equitable screening processes.
- It's essential for your team to have a **clear common understanding of what is meant by mental health and universal mental health screening**.
- A variety of arguments can be made for **why universal mental health screening in schools is important**; these may be useful in gaining support for screening and for clarifying what your school or district's purpose is for carrying out screening.

Why This Section is Important

This section provides background information (e.g., context and definitions) that is important to discuss prior to implementation of universal mental health screening. Though some of the information may not be new to some members of your team, it could be useful to review and share with the team to ensure common understanding.

Mental Health Screening in the Broader Context of Supports for Wellbeing and Belonging

Health + Wellbeing



CDE's Landscape of Wellbeing and Belonging website underscores the [importance of screening](#) in its inclusion of screening as one of the essential elements needed to support the Health and Wellbeing feature.

Health and wellbeing is only **one of five** foundational and interconnected components that are important to consider when working to improve wellbeing and belonging in schools. In addition to Health and Wellbeing, the remaining factors include: School Environment, Relationships, Social Emotional and Behavioral Competencies, and Engaging Learning Practices. More information can be found at the [Landscape of Well Being and Belonging](#) website.

Given the breadth of these components, there are multiple types of data collection that can be useful in supporting students. Although the purpose of this toolkit is focused specifically on **screening of students**, it's important to note that a school or district's ability to support their students will be enhanced when they have also assessed their mental health systems and school climate and culture. In addition, as

Moore and colleagues argue¹, equitable screening requires a shift away from “individual- and deficit-focused approaches to systems- and holistic-focused approaches” (p. 57).

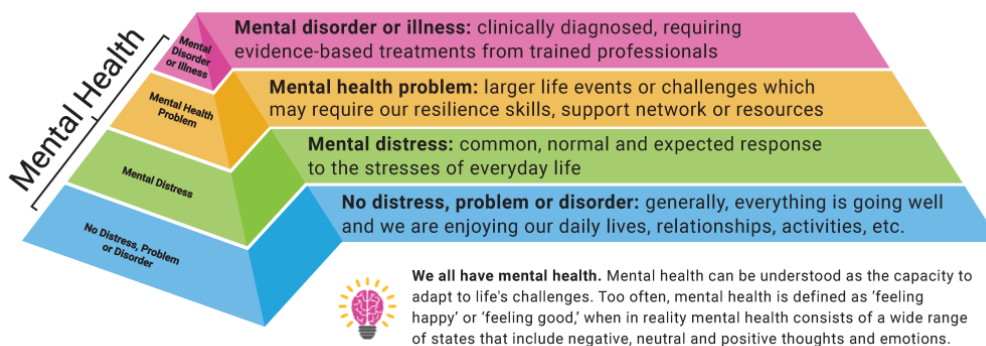
→ [Mental health systems assessment](#) provides information on many of the factors that are key in carrying out screening (e.g., resource mapping, availability of universal, targeted, and intensive supports, systems for teaming and data collection and reporting). The National Center for School Mental Health (NCSMH) includes screening as one of the components of an effective mental health system as part of their [School Health Assessment and Performance Evaluation System](#).

→ [Assessment of school climate and culture](#) is important due to the [association between school climate and student wellbeing \(e.g., prosocial behavior and flexibility\) and belonging](#). Knowledge of students’ perception of their school climate provides a better understanding of the context in which screening results exist and therefore allows for broader opportunities for responding in ways that are supportive of students.

How Do We Define Mental Health?

Language Matters


Using clear, shared language to talk about our states of mental health can help reduce stigma and take action. This is mental health literacy.



The Mental Health Literacy pyramid shows four distinct, yet interrelated states that help us understand and act on our mental health.

The pyramid is not a continuum – we do not progress from one level of the pyramid to another, and we can even experience each state simultaneously.



 Learn more at MentalHealthLiteracy.org

Mental health is defined by the American Psychological Association as “a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life. See also flourishing; normality.”²

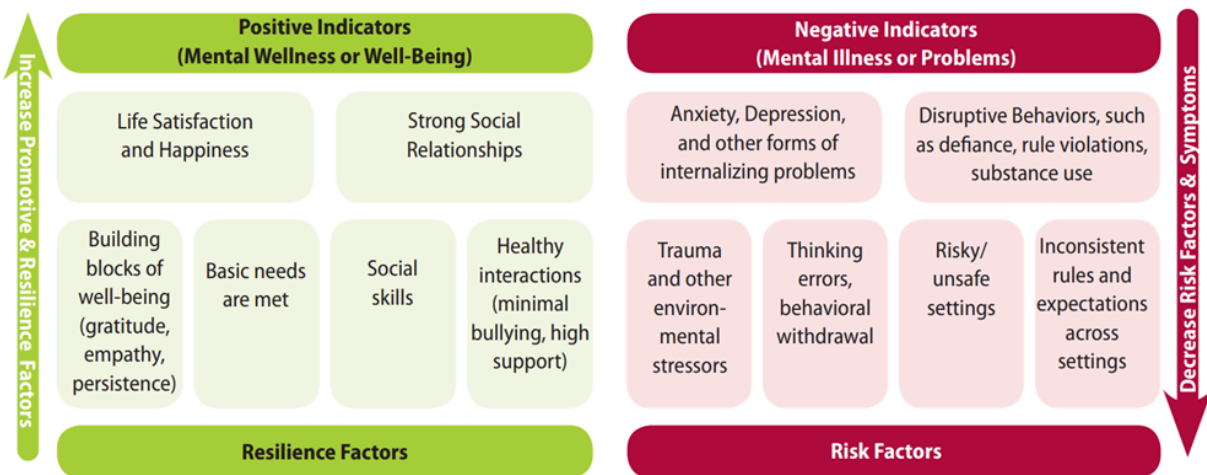
¹ Moore, S., Long, A.C.J., Coyle, S., Cooper, J., Mayworm, A.M., Amirazizi, S, Edyburn, K. L., et al. (2023). A roadmap to equitable mental health screening. *Journal of School Psychology, 96*, 57-74.

² American Psychological Association. (2018). APA Dictionary of Psychology. Retrieved from <https://dictionary.apa.org/mental-health>.

This definition is presented to underscore the importance of being careful to not conflate mental health with mental illness. In fact, according to the organization Mental Health Literacy, mental health comprises four interrelated states that include a wide range of negative, neutral, and positive thoughts and emotions and reflect the universality of mental distress and mental health problems and our capacity to adapt to life’s challenges. Understanding of these states and use of common language is important to reducing stigma and taking action in support of mental health.

[Link to Mental Health Literacy's graphic](#)
[Video Link: Mental Health Literacy Pyramid Explained](#)

This more inclusive definition of mental health is also important because it suggests a wider variety of indicators can potentially be included as part of mental health screening. This is reflected in Florida’s “Complete Mental Health Model.”



This isn’t to suggest that mental health screening should include all of these indicators, but rather to underscore the importance of ensuring that any efforts to engage in “mental health screening” should begin with clarity regarding which components of mental health the district or school would like to screen. In addition, it’s a reminder that we may not all be using the term “mental health screening” in the same way. Finally, Moore and colleagues¹ caution that practices that are deficit-focused (i.e., only assess for risk) are ‘inherently incomplete’ and less likely to result in positive student outcomes.



What Is Universal Screening?

There are many resources on universal mental health screening, and each has their own definitions. Some examples include:

“Used so schools understand how to identify and address the mental health needs of the children and adolescents they serve; termed universal when it is provided to an entire student population (grade, school, district, or state) to identify students’ strengths and needs”

- National Center on Safe Supportive Learning Environments (NCSSLE)

Systematic examination of all students on social emotional indicators to allow for decision-making, referral, and access to interventions; overall goal is to keep students from ‘falling through the cracks’ and ensure all students receive the level of support and care they need”

- Indiana Department of Education

“Provides an opportunity for all children to be considered for risk factors against identified criteria; shifts focus from a ‘wait to fail’ model toward proactively seeking out children who may be at risk of behavioral difficulties and would potentially benefit from specific instruction or intervention”

- Glover & Albers, 2007, cited by Missouri PBIS

“Using a tool or process with an entire population to identify student strengths and needs (often used to identify mental health or substance use concerns)”

- National Center for School Mental Health (NCSMH)

Note that these definitions are not necessarily talking about surveying students or staff; universal screening could be a protocol or process (e.g., putting together existing data points, or a teacher referral system). Even so, this toolkit will focus primarily on survey-based tools.

Generally, the common themes across these resources are as follows:

Universal screening:

- Is proactive, purposeful use of a tool or process
- Assesses **all*** students
- Identifies needs / strengths
- Results in a response: instruction, intervention, referral

*all could be defined at the district, school, grade, or classroom level

Putting it All Together

There are both broad and narrow ways to define mental health screening. Looking at mental health screening through a very wide lens, mental health screening can include a wide variety of purposes in

support of student mental health and well-being and a wide variety of mental health-related content. This wide lens is important to be aware of because two people may use the term ‘mental health screening’ in very different ways. More narrowly defined, the argument can be made that it is important to distinguish *mental health screening* from screening factors that *help to support positive mental health* (e.g., guidance from the [Wisconsin Department of Education](#)). Ultimately, a clear sense of purpose - why the screening is being done and what specific information will be useful for that purpose - is more important than whether one takes a broad or narrow view of the definition.

Broadly defined, mental health screening can include:

- Screening done in support of **mental health (MH) supports for students**
 - Inform and improve **MH** practices
 - Identify students
 - Identify types of supports
 - Create instructional plans
 - Monitor impact
 - Focus PD
 - Increase **early** identification of **MH** needs
 - Demonstrate school/district **MH** needs
 - Foster equitable environments: demonstrate disparities and/or elevate student voice
- Screening done with **mental health-related** (Complete Mental Health) **content**
 - Mental Health Symptoms and/or Disorders Risk
 - Social Emotional Skills/ Competence
 - Well-Being
 - Protective Factors

Regardless of whether one takes a broad or narrow view of the term, it is important to note that mental health screening is **NOT MEANT FOR**:

- Diagnosis
- Sole source of information
- High stakes decisions
- Use with no purpose
- Something ‘done to’ students³

[Universal Mental Health Screening - Narrowly and Broadly Defined one-page handout](#)

Why Mental Health Screening Is Important

Should the need arise to build support for screening, the following list is a summary of arguments made in the toolkits and guidance documents in support of the importance of mental health screening in schools.

- Positive mental health and wellbeing are associated with positive school outcomes for students.
- Schools currently play a major role in supporting the mental health of young people.
- District leaders identify student mental health as an issue that needs to be addressed.
- Screening data provide valuable information to guide school wide prevention strategies and needs for staff training.

³ Kiperman, S., Clark, K., Renshaw, T.L., Anderson, J.R., Bernstein, E., & Willenbrink, J.B. (2024). Guidelines toward more socially just mental health screening in schools. *Journal of School Psychology, 39*, 151-166.



- Early identification and intervention are more likely to lead to positive outcomes for students and less teacher time spent reacting to school-based behavior problems.
- Systematic screening is more likely to effectively and efficiently identify students and *may be* less biased than relying solely on teacher referrals.
- Surveys of parents indicate the majority are supportive of schools building student social and emotional skills and providing mental health and counseling supports.

[This document elaborates on these points and provides citations](#)



Placing Screening Within Context Checklist:

- Consider what sources of information about mental health systems and school climate and culture are available or may need to be collected to fully contextualize student screening data.
- Ensure the screening team has a clear, common understanding of what is meant by mental health and universal mental health screening.
- Share arguments in support of the importance of mental health screening in schools as necessary to garner support for screening.



Important Steps Before Starting with Screening

Key Points

- There are several steps to take **before** starting universal screening for mental health with students.
- Bring together a team (or teams) to oversee the screening process. Important roles for this team(s) include:
 - **Gathering input from** the school community (students, staff, families) and **garnering their support** for the screening
 - Determining the **purpose** of/goals for the screening
 - **Overseeing the implementation** of the screening process and the coordination of the necessary roles
- **Understanding of the resources available** within your school or district and in the larger community to respond to the screening data is needed to identify what and how you will universally screen for mental health.
- **Selecting a screening tool** that best suits your school or district needs and goals.

Why This Section is Important

The earlier steps mentioned in the outline above will be helpful in completing the final step of selecting a screening tool. Different surveys are designed to assess different aspects of mental health. Selecting one that measures the aspect of mental health that will best support the needs of your school or district community makes it more likely you are able to achieve your screening goals. Having multiple sources of input on those goals will help ensure the screening process steps receive the necessary support and resources to allow for their completion. Finally, a realistic assessment of your school or district's ability to respond to the screening data will both help guide determination of what you will screen for and will ensure the screening process does not lead to student needs being identified without a supportive response.

Planning Team Tasks

1. Review existing data, gather input and generate buy in and support

Consideration of not only what information is available on the current status of student mental health and wellbeing, but also factors that may be contributing to their wellbeing (within the school and the community) is recommended as a means of ensuring a more equitable screening process. Also important is the purposeful inclusion of diverse voices in the input process and a commitment to understanding and addressing any mental health inequities.¹

- Gather available data on student wellbeing, school climate, and mental health systems.
 - Be aware of systemic factors that may impact student mental health and well-being.
 - Consider not only 'risk' factors, but also existing community and individual student assets when data are available.
 - Look for any existing disparities that are prominent and may impact student success.
 - Clarify what information is already available and what information is missing
- Possible sources of existing data that can help identify needs and disparities and support justification for mental health screening include:



- **State/community data** ([Healthy Kids Colorado Survey](#) [for middle and high school students], [CDC WONDER](#), [CDC YRBS](#), [CDPHE](#))
 - **School data**, including but not limited to:
 - Discipline
 - Attendance
 - Health indicators
 - Grades
 - Indicators of students socioeconomic status & other social determinants of health
- Gather input from several groups, including students, staff and families.
 - Gain a clear understanding of cultural considerations for students in your community. This can include:
 - Complex stress related to poverty, immigration, language barriers
 - Cultural beliefs about mental health and how concerns should be addressed
 - Identification of marginalized and underserved groups
 - Keep in mind that screening is more acceptable across cultural groups when strengths-based rather than deficit focused as it signals respect and appreciation¹
 - For discussion with school staff, exploration of the mindsets and skills outlined in CDE’s Landscape of Wellbeing and Belonging [discussion of screening](#) may be useful. Specifically:
 - School staff understand that in order to address a problem, you have to have information about the problem (measure it).
 - School staff believe that school is one of the right places to gather information about youth health and wellbeing.



- When eliciting feedback from different groups you can also begin to inform them about the benefits, challenges and concerns related to screening, consent and privacy considerations, and screening implementation, scoring, and referrals.
- Input can be gathered in many ways including:
 - Focus groups
 - Parent/caregiver and staff meetings
 - Feedback cards

2. Develop a clear statement of why your school or district is conducting mental health screening and delineate specific goals

- Determine your purpose

In Section 1 we discussed why mental health screening is important. Here we want you to identify *your* specific reason why. This step will use information from the previous step of reviewing data and gathering input and will then help in the process of developing your goal statement and selecting a screening tool. The following list of reasons why schools or districts may want to conduct mental health screening [National Center for School Mental Health](#) (pp. 3-5) may be helpful in starting your team's brainstorm.

 - Support Multi-Tiered Systems of Support



- Inform promotion/prevention strategies
- Assess indicators of positive well-being
- Identify classroom or grade-level concern
- Identify students with high needs (including risk for mental illness, harm to self, or harm to others)
- Improve access to mental health services and supports

3. Set goals for your screening

- What are you looking to accomplish with screening? How will you know you’ve gotten there? Which indicators are you looking to impact?
- Strategize on how your goals fit in with other initiatives or goals in your school/district
- It may also be useful at this stage to devise strategy to communicate the need and rationale for your school/district

4. Select a screener that will meet your goals

- Possible sources for where you might select a screening tool:
 - Screening team members nominations
 - School/staff nominations
 - [This folder](#) lists various screening tools

5. The last role for your planning team is to consider the remaining steps in the process and **determine whether the planning team will become the implementation team** or whether a separate team may need to be created to oversee the actual implementation of the screener

Who is on the Planning Team or Teams?

With a clear idea of what roles this team will play, selecting members for your screening team is the first crucial step in the overall planning process. When assembling this team, best practice suggests inclusion of a “diverse team of collaborators reflective of the community”.¹ This diversity translates to having a variety of people of different backgrounds, expertise, ages, with membership including both staff and students as well as families, caregivers, and the broader school community.

Some potential team members to consider include, but are not limited to:

- | | |
|---|--|
| ● School/district administrators | ● Staff with Special Education expertise |
| ● Teaching staff | ● Staff with technology expertise |
| ● Mental health staff (school psychologist, school social worker, counselors) | ● Staff with data expertise |
| ● Nurses | ● Students |
| ● Paraprofessionals | ● Families/Caregivers |
| | ● Community partners |

Resource Mapping of Interventions

Although information is being gathered on individual students and much of the guidance that follows is focused on supports for students, it is important to keep in mind that “equitable school mental health screening begins with a focus on changing schools rather than on changing at-risk students” (p.60).¹ Therefore, the table below includes mapping to Tier 1, universal resources in addition to more individualized (Tier 2 and 3) supports. Consideration of Tier 1 supports both helps provide context for

understanding any patterns of mental health concerns and can also help to identify any gaps as well as serve as a placeholder for discussion of needs for additional resources that may follow the screening results.

The **Example In-School and Community Resource Mapping Table** on the following page and [this spreadsheet](#) are meant to serve as examples of the types of information that may be useful to track for **both** in-school and community based supports. It will likely be beneficial to determine as a team what pieces of information (i.e., the column headings) will make most sense for your school or district’s specific needs. The spreadsheet can be downloaded and modified for your use.

- More detailed information on resource mapping can be found in this [document from the National Center for School Mental Health](#).

Example In-School and Community Resource Mapping Table

In School Supports						
Tier	Name of Support	Description of Support	Eligibility Requirements	Cost	Supports to Remove Barriers to Access	Contact Info
1						
1						
2						
2						
3						
3						
Community Supports						
Tier	Name of Support	Description of Support	Eligibility Requirements	Cost	Supports to Remove Barriers to Access	Contact Info

In addition to determining what interventions are available, it may also be useful to think about response capacity.⁴ It is better to start with a smaller pool of students screened and have an effective response than to outstrip the capacity of staff response and have students who have been identified and not connected to supports in a timely manner.

[This page](#) of the resource mapping spreadsheet is set up to calculate the approximate number of students who will need support should each % of your student population be identified as being in need of supports. Keep in mind that some of the students identified may already be connected with supports. In addition, the immediacy and intensiveness of responses required will depend on the content of your screening tool.



Selecting a Screening Tool

As mentioned above in the list of tasks for the planning team, [this folder](#) contains links to various screening tools. Selection of the screening tool should follow from both the planning team's discussion of screening goals as well as the resources to support the results of the screening.

- Additional factors your team should consider include:
 - The cultural appropriateness of the tool - this stems both from the fit of the survey with your community's identified needs and strengths as well as its development with a population similar to yours. Moore and colleagues provide several other factors to consider, including determination of appropriateness of any cut-scores, use of multiple informants and any possible bias of informants.¹
 - The National Implementation Research Network encourages consideration of the following factors from [The Hexagon: An Exploration tool](#):
 - Capacity: financial, structural, cultural responsiveness capacity to sustain
 - Fit: alignment with priorities and organizational structure, fit with community culture
 - Need: data indicating need, community perceptions of need, addresses gaps

⁴ Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools. Retrieved from <https://www.samhsa.gov/sites/default/files/ready-set-go-review-mh-screening-schools.pdf>



- Evidence: strength of evidence - for whom in what conditions
- Usability: well defined, with adaptations for context
- Supports: available assistance
- Other factors included by [NCSMH](#) (p. 14) include:
 - Is it reliable, valid, and evidence based?
 - Is it free or can it be purchased for a reasonable cost?
 - How long does it take to administer and score?
 - Does it come with ready access to training and support for staff?
 - Does it screen for what we want to know? (e.g., type of mental health risk, positive mental health and well being, age range)
- [This document](#) from the Massachusetts Mental Health Consortium has a table (pp. 1-2) with a list of other questions that may be useful to review when selecting a screening survey.



Steps Before Screening Checklist:

- Assemble a team with a variety of perspectives and expertise.
- Gather input from the school community as well as any available existing data on strengths and needs.
- Determine the purpose of and goals for the screening.
- Map both within-school and community-based resources to help support and student needs identified by the screening process.
- Select a screening tool.

Planning for Responding to the Screening Data

Key Points

Thinking through how to respond to the screening data is ***a critical step prior to*** the implementation of the screener. Steps to consider include:

- Planning for **multiple levels of response including school-wide, grade and/or classroom wide**, as well as at the individual student level
 - The **degree and immediacy of individual student responses** will depend somewhat on the content of the screener that is used
 - Schools should **capitalize on existing systems in place to respond** to students with mental health concerns (e.g., threat assessments, suicide risk assessments, existing referral processes and community partners)

Why This Section is Important

This section discusses the planning necessary to respond to the screening data once it has been obtained. Prior to determining how to respond to the data, it is important to think through what responses are already available. Related to this, consideration of the need for additional long-term or short-term resources to support the response is best done in the planning phase.

Response Planning

Most schools have systems in place to respond to students with mental health concerns. Review of existing threat assessment and suicide risk assessment processes as well as any existing referral systems in place and community partners available to support referrals may be helpful in planning screening response.

Existing Processes:	N	Y	What members of our staff are trained:
Suicide risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	
Threat assessment	<input type="checkbox"/>	<input type="checkbox"/>	
Mental health referral process	<input type="checkbox"/>	<input type="checkbox"/>	
	Name of Partner		Staff that might be available to support
Community partners			

A **critical consideration** in your response planning is for students who require an immediate response. This is an absolute requirement when your screening content contains any questions related to imminent danger, but should be considered in general given the possibility that questions related to mental health could lead to distress.

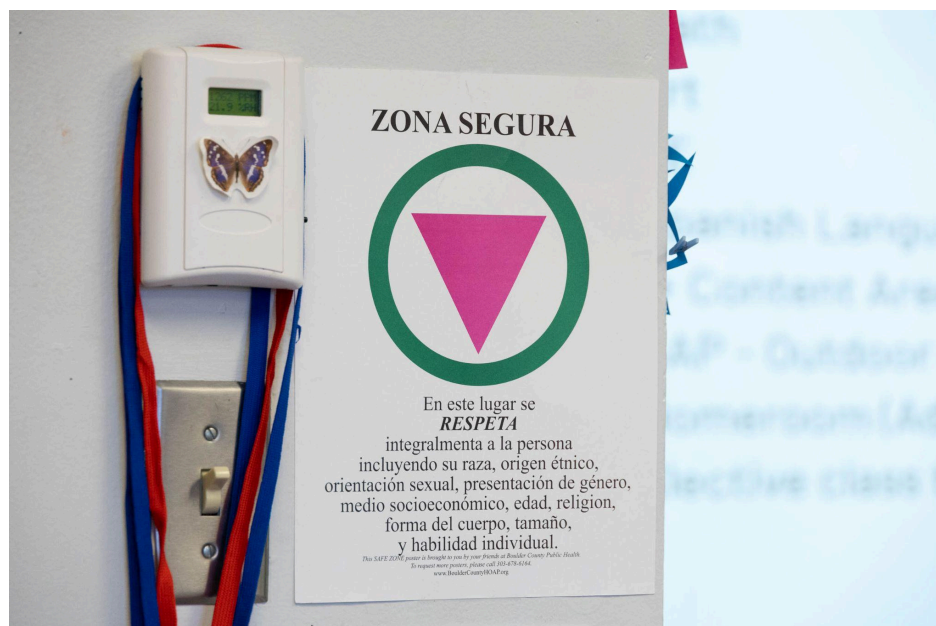
A second response consideration that is a good starting place is to review the data for information for guidance on universal/system-wide responses. This is important both for capacity reasons; when more

than approximately 20% of students demonstrate elevated risk or lack of supports, responding to students individually is likely to outstrip response capacity. In addition, looking for information at the broader, systems level is consistent with Moore and colleagues¹ recommendations for equitable mental health screening.

The last level of response consideration is for how to connect students who have been identified as needing additional support with services, both *internal and external* to the school. The level of responding involves several key considerations:

- Determination of a process for reviewing the screening information in the context of other available information, including determination of whether or not the student has already been connected to services
- Creation for a process of follow-up assessment if additional information is needed to determine the best types of supports, including consideration of whether any of the data warrant the need for a referral for a more formal plan (e.g., 504 plan or Individualized Education Plan [IEP])
- Inclusion of description of next steps in communications with parents/caregivers
- For students who have an existing IEP or 504 plan as well as Multilingual Learner and Gifted students, determination will need to be made of whether the screening data necessitates amending the current plans.
- Means of following up/tracking information regarding the supports with which students are connected

The table on the following two pages maps out questions and considerations in each of these areas: immediate response for students in distress, universal/system-wide data review and response, and individual student follow-up.





Response Planning Questions and Considerations

Immediate Response for Students in Distress						
Concerns are raised about student safety	What's the plan			How many people are needed?		This = a same day response
	What info will be used?	Who will review the info?	What is the response protocol?	Internal	External	
						How will parents/caregivers be notified?
Universal/System-Wide Data Review and Response						
Why	When >~20% of students are identified as having any level of elevation of risk or no supportive factors or strengths, the effectiveness of the response at the individual student level will be limited. A school-wide, grade-wide, or classroom wide response will make more sense					
	To ensure equitable screening - Centering universal/Tier 1 intervention following screening 'acknowledges contextual factors that require changes to the system (e.g., school environment) to foster wellness and address students' needs'. ³					
	Questions to Ask			Responses to Consider		
	What do the results say about the effectiveness of Tier 1 supports: are any changes needed; does an intervention need to be added			Modification of current universal curriculum, addition of a universal curriculum, training for staff, etc.		
	What are the impacts of Social Influencers of Health and Education ⁵ that may be prevalent within the community (e.g., economic in/stability, food in/security, racism) on the results?			Assess what resources currently exist to address these factors; how are they working, do we need more, do we need to modify them		
	What data patterns exist by demographic group - do results vary by student race, ethnicity or language status, gender, socioeconomic, or special education status?			Reflect on and identify factors that contribute to these data trends. It is also important to examine data relative to the heterogeneity within specific racial and ethnic minority groups given unique sociocultural and historical factors and within-group disparities		

⁵ National Center for School Mental Health (NCSMH). (2020). School mental health quality guide: Screening. NCSMH, University of Maryland School of Medicine.



Also will need to:	Communicate results to parents, students, staff
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Potential Resources: [GA AWARE](#)

Individual Student Follow Up

Reminders: (1) Build upon any existing referral systems or means of identifying connecting students with supports
(2) Aligns responses with resource mapping (i.e., have a planned out set of responses as much as is possible)

What's the plan?			Who is available - not necessarily based on role, but content area able to support		Medium risk = response within a week High risk = same day response
What info will be used?	Who will review the info?	What is the response protocol?	Internal	External	

Response Protocol Considerations	What cultural and linguistic supports are needed for an effective response?	How can the cultural relevance of interventions and the incorporation of cultural knowledge into treatment plans be ensured?
	How will we review the list of students identified (e.g., by consulting with teachers and other school professionals) to ensure these students will in fact be most likely to benefit from intervention and are not already connected with supports; are there students who may instead warrant monitoring?	
	Once the list of students is vetted, those students determined to meet the criteria for "at-risk" may need further screening to select proper interventions and supports	What other follow up questions and/or assessments may be helpful to gather more information on students and best connect them to supports (keeping in mind active parental consent will be needed for more focused assessment)
	For students who have an IEP or 504 plan, do either of these plans need to be amended to address the current data? Same for MLL students and GT.	After reviewing the data, does any of the data warrant the need for a referral for a formal plan (504 plan, IEP)?

Thinking Beyond the Screening Response

Tracking of Connections to Supports	Information to determine whether the supports were sufficient in quantity	-Do the students receive the supports? -How long does it take for students to be connected?
	Information to determine whether the supports had a positive impact	-Is the intervention being implemented as intended -What is the impact of the intervention?
Monitoring of the Screening	- Assess the screening implementation process to determine whether changes might be needed- get feedback from teachers, students, admin, etc.	

Process Itself

- How will student and family feedback be integrated



Responding to the Screening Data Checklist:

- Review resource mapping and determine available responses.
- Review existing protocols for responding to students with mental health concerns.
- Develop plans for how to respond day-of for students with safety concerns.
- Develop plans for when and how system-wide responses will be carried out.
- Determine individual student response protocols; how will screening be reviewed in the context of other available information and how appropriate responses will be determined.
- Consider information gathering needed beyond the screening implementation, to include tracking of information regarding students, supports provided, as well as assessment of the screening process itself.



Other Factors to Consider in the Screening and Response Process



Key Points

These are the “nuts and bolts” of carrying out universal mental health screening. Not all factors will be relevant for all screening tools that are used. However, it is important to at least consider whether or not each will need to be addressed.

Why This Section is Important

This section provides a review of all the details that will be helpful to have considered in order to smoothly roll out the screening. Note that the content areas are often presented as considerations or questions to ask as the details for each content area will likely be impacted by your screening goal and the survey tool you choose.

Basic Considerations

Piloting - with a subset of your school (select grades or classrooms) or district (select schools) before implementing your screening more universally has been recommended by experts^{3,6} and can have a number of advantages:

- (1) It will help to determine logistically what works well and what does not.
- (2) If you have concerns about your response capacity, surveying a smaller number of students first will help you more concretely determine what proportion of your students require immediate response or need to be connected to new supports.
- (3) It will allow for the process to be more collaborative with your community; you can gather valuable feedback from students, staff, and families that can in turn create a more supportive and impactful process for students.

⁶ National Center for School Mental Health. (2023). School Mental Health Quality Guide: Screening. NCSMH, University of Maryland School of Medicine. Retrieved from <https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/quality-guides/Screening.pdf>



Respondent - School teams need to consider which respondent, including teachers, parents and/or students, can provide the most relevant and valuable data to inform evidence-based intervention.⁷ [This document](#) from Ohio includes a table (on the page numbered 6) that provides a comparison of students, parents, and teachers as respondents.

Timing - There is no consensus on how often to conduct a universal screener. However, administering a screener at least twice yearly helps determine a baseline and whether Tier 1 (or higher) supports have been effective. Ensure screening takes place at least one month into school as this gives staff time to become familiar with students and decreases the chance of under- or over-representing students at-risk for mental health concerns.⁷

Other Questions and Things to Consider:

- Determine what grade level(s) to screen. This may be influenced by your choice in the survey tool.
- Determine the class period/timing of when the screening will be conducted⁶
 - Consider using times of day outside of instructional time. A common recommendation from the screening literature is to conduct the administration during students' homeroom period, if possible.
 - Consult with teachers and administrators about optimal periods of the day to screen.
 - It may be beneficial to schedule classrooms to complete the survey during the first 15-25 minutes of the period in order to allow for class schedules to proceed as usual.
 - Ensure all students who should be screened are included in the time period or class subject selected (e.g., some older students may leave school early for work study).
- Develop a screening timeline; backwards planning from when you intend to administer the screening survey can be helpful. [This document](#) from Georgia's Project AWARE provides an example of a possible two-year screening timeline.



Legal and Ethical Considerations:

Several laws may have relevance for consideration when carrying out universal mental health screening. While we will provide a brief overview of some potential laws to consider, we recommend that you consult with your district legal support for input on how to best conduct your screening in accordance with relevant legislation.

Individuals with Disabilities Education Act (IDEA)

Universal mental health screening is not the same as screening or evaluation under IDEA. Even so, schools and districts are encouraged to consult with their special education and legal staff to ensure their screening processes are in compliance with IDEA.

[Learn more about IDEA](#)

⁷ Romer, N., von der Embse, N., Eklund, K., Kilgus, S., Perales, K., Splett, J. W., Sudlo, S., and Wheeler, D. (2020). *Best Practices in Social, Emotional, and Behavioral Screening: An Implementation Guide*. Version 2.0. Retrieved from smhcollaborative.org/universalscreening



Family Educational Rights and Privacy Act (FERPA)

FERPA is a federal law that protects the privacy of students' education records. It gives parents certain rights over their children's school records.

- Areas potentially relevant to screening include:
 - **Disclosure to Parents**
 - **Parental Access to Records**
 - **Emergency Disclosures**
 - **Treatment Records**

[Learn more about FERPA](#)

Protection of Pupil Rights Amendment (PPRA) gives parents/guardians of elementary and secondary students specific rights regarding surveys, information collection for marketing, and certain physical exams.

- Potentially relevant topics include
 - **Consent for Surveys**
 - **Opt-Out Rights**
 - **Inspection Rights**

[Learn more about PPRA](#)

Children's Online Privacy Protection Act (COPPA) requires operators of commercial websites, online services, and mobile apps to notify parents and obtain their consent before collecting any personal information on children under the age of 13. The aim is to give parents more control over what information is collected from their children online.⁸

[Learn more about COPPA](#)

Consent and Assent

Consent means giving permission or agreement after fully understanding what is being asked or proposed. For adults, this means they are fully informed and agree to something willingly.

Assent is similar to consent, but typically used for minors. It means the child or young person agrees to something, but their parent or guardian also gives formal consent on their behalf.

As stated in the Substance Abuse and Mental Health Services Administration's (SAMHSA) [Ready, set, go. review: Screening for behavioral health risk in schools](#), "A school must have in place clearly written procedures that comply with a state's legal requirements for requesting consent and notifying legal guardians or students of the results of screening activities" (p. 28). This is why it is critical to check with your school or district's legal staff to determine how best to proceed with parental consent. In general, SAMHSA recommends:

- Providing information about the tool, the process, and follow-up
- Providing a contact name for someone who can answer questions
- Making a copy of the screening tool available to the legal guardians
- Discussing any specific circumstances in which the information will be shared with other service providers

⁸ Herold, B. (2017, July). COPPA and Schools: The Other Federal Student Privacy Law Explained. Education Week. Retrieved from <https://www.edweek.org/technology/coppa-and-schools-the-other-federal-student-privacy-law-explained/2017/>



A key determination to be made in consultation with school or district legal input is whether parental consent should be with active or passive. With active consent, only students whose parents/guardians have provided written consent can participate in the screening, while passive consent means that a parent or guardian's non-response to information provided about the screening allows their student to participate in the screening.

The Massachusetts Mental Health Consortium outlines some useful questions to ask regarding consent:

- Is there an existing district policy regarding consent for screening that should be reviewed?
- Is passive consent a procedure that can be piloted in your district? Why?
- What are the opt-out procedures parents will need to know? How will students know how to opt out?
- How will the opt-out list be maintained and regularly updated? Who will manage this task
- What will be the alternative activity for students who have been opted out?

Pages 4-5 of [this document](#) contains a worksheet teams can use to process the questions as a group.

[Learn more about Consent and Assent](#)

Communication Plan

It's crucial to define communication strategies in order for key individuals to understand why the screening is happening, how student confidentiality will be protected, and how screening results will be shared with key stakeholders, including parents/caregivers, teachers, students, and/or district leaders.

Below, we've gathered some topics that may be useful to include in communication with staff, families, and students. For all communications developed, information shared about screening should be done in multiple formats (e.g., both verbally and in writing) beginning before implementation, with consideration for diverse cultures and languages.

Staff

Clear communication with all school staff will likely include information around:

- Screening purpose and goals (ideally staff will have been engaged in discussion around this in the prior steps of setting purpose and goals)
- Screening process and procedures
 - When the screening will take place
 - How to identify students with declined consent and alternative activities for these students
 - Who is responsible for distributing/proctoring surveys
 - What are procedures for students who miss initial screening administration
 - Who is responding to students in need of support and what supports are available
- Any professional development needed around implementation (what is expected and why)
 - If staff are survey respondents, training around response bias may be beneficial³
 - Consider whether training is needed:
 - for staff who are administering/proctoring the screener (and/or whether a script is needed)
 - for members of the response team
 - to ensure staff understand any data they receive
- Data and information obtained from the screening:
 - Summary information that may be beneficial for all staff includes:
 - Overall summary information of screening results



- Reporting over time on progress of students and effectiveness of systems
- When possible, connecting of changes in outcome data to interventions for students
- Any lessons learned from the screening process
- Consider what more specific information regarding classroom and individual level data will need to be shared with which staff (the “Data Process” page of [this worksheet](#) can be used to guide discussion of what level of data with whom).

Families/Caregivers

Communication with families and caregivers can be done via Informational meetings and/or written communications. Topics to cover should include:

- Screening purpose and goals (ideally families will have been engaged in discussion around this in the prior steps of setting purpose and goals)
- Information about the screener: what the screener is measuring, how data will be used, and if the screener has been validated (i.e., meets research and evidence standards, and is culturally appropriate for the school population)
- After the screening, families should be notified of the results, guided on how to interpret the results and given access to a contact should they have follow-up questions or concerns or wish to discuss next steps.
 - **Important note:** No diagnosis nor specific condition should be identified
- Active parental consent may be required should the need arise for further individualized assessment and services
- The “Data Content” page of [this worksheet](#) can be used to guide discussion around sharing information with families/caregivers

Students

Staff should discuss with students:

- Screening purpose and goals (ideally students will have been engaged in discussion around this in the prior steps of setting purpose and goals)
 - SAMHSA⁴ recommends stating that screening aims to identify issues but does not provide enough information for a diagnosis.
- Screening steps
- What information students will receive back - both globally (e.g., will overall school-wide results be provided to students) and individually - and what are possible next steps/supports available based on the results of the screening

Data Infrastructure

Data infrastructure is not one-size-fits-all because planning steps will depend in some part on the screening tool that you have chosen. For some surveys but not others, the data collection and visualization will be pre-determined. Means of integration with your existing student information system ([SIS] or whether integration is even possible) will vary depending on which SIS you use. Existing staff to support this process will vary across schools and districts. While technology can potentially make screening processes more efficient and robust, it can also be cost prohibitive.

General considerations include:



- To prepare for data analysis and reporting, several process and content-related questions should be considered.
- Ensure district staff with expertise in data collection and processing, privacy, analysis, and reporting are part of these discussions
- Considerations made at this stage can help to ensure more equitable mental health screening.

The questions that follow should be taken as considerations for an “ideal world” situation; if you cannot address all of these items, that’s ok. These discussions will require input from people with a variety of data knowledge, including knowledge of data collection and processing, privacy, analysis, and reporting.

Process questions to ask:

- (1) How will the data be collected (cleaned), stored, and made usable?
 - should students whose parents opted them out of screening be inadvertently screened, what steps will be taken to remove their data?
 - if using a paper and pencil survey, what resources are available for data entry?
 - some screening tools will include data visualization; if this is not included, how will data be summarized and presented?
- (2) How will data be linked with other data systems?
 - best practice = screening data is **only one** source of information; what are ways to review other data sources along with the screening data to ensure the validity of the findings?
 - can the screening data be integrated with SIS information?
 - can screening data be connected to the decision-making processes that follow (this does not imply total automation, team should be vetting the data to decide what other information might be needed)
 - how will screening data be connected to follow-up tracking?
- (3) How will adequate privacy controls be put in place consistent with policy and law? ([FERPA](#), [HIPPA](#), [COPPA](#), [PPRA](#) - see [Wisconsin](#)), but also be accessible to those who need to use it (any information provided to teachers should be confidential and useful)
 - what level of information will be shared with whom?

NOTE: Consultation with your district legal staff will be important in making this determination

Content questions to ask:

- (1) What scores will be used (total score, scale score, what cut points)?
 - what will be reported - level of risk (binary or low, med, high)?

NOTE: Given the lack of consistently available multi-culturally normed measures, development of local decision rules may be helpful to accurately represent the needs of the community.¹
- (2) What other indicators should be considered as part of the decision-making process?
 - What quantitative data + information from people who know the student will be helpful in making supportive decisions for students?

NOTE: A broad array of factors can be considered so as to better contextualize the screener results- health, nutrition, sleep, acculturation - that could impact scores.¹
- (3) At what levels will results be reviewed for intervention planning (school-wide: determine broader school community strengths and needs, assess if goals are being met; grade/classroom - identify teachers or students in need of support)?



- what patterns need to be considered - data over time; school-, grade-, classroom-, and individual-level; subgroups to be viewed)?
- how can we look beyond only within-student explanations for result patterns to consider systemic variables, social determinants of health, etc.?⁴

(4) What information will be shared with parents/caregivers and how?

- work with parents/caregivers to determine what information they would like to have and how it can best be shared.¹
- a one-size response may not work - consider cultural variations in norms around mental health; think about how to and who should contact the family to best ensure trust in the information received.¹
- in addition to screening results, will also want to provide information on any additional assessments that are recommended and/or potential resources available

[Click here for the questions as a planning worksheet.](#) Also, an example of Georgia’s Project AWARE’s universal screening Action Plan - that incorporates much of the above content - [is available at the link here.](#)



Other Factors to Consider Checklist:

- Address the nuts and bolts components of carrying out the screening.
 - Discuss potential benefits of beginning by piloting the screening.
 - Determine when and how the screening will occur and what staff will be needed to support the screening and response (and whether any training will be needed).
 - Determine passive or active consent process.
 - Develop parents/guardian, staff, and student communications.
 - Check with school or district legal staff to ensure screening is compliant with all relevant legal requirements.
- Based on the survey tool that is selected, make decisions regarding data process and content.
 - Consider what information from the screener as well as additional information may be helpful in ensuring that the information is used both to consider system-wide implications of the data as well as to make recommendations for students.



[Click here for a combination of all previous checklists.](#)

Follow-Up Steps and Continuous Quality Improvement

Key Points

- **Data collection beyond gathering of the screening data** itself will likely be helpful in evaluating the impact of the screening process. This could include:
 - Tracking of what interventions are implemented as a result of the screening
 - Tracking of whether/how interventions are carried out
 - Assessment of the impact of the intervention
- In addition to data collection, the planning or implementation team should have a **process for gathering input** from students, staff, and families caregivers on their experience of the screening to determine what worked well and what might be areas for improvement
- Both data and the input of the school community should be reviewed to **determine whether the screening met the specified goals**

Why is this section important

Thinking Beyond the Screening Response		
Tracking of Connections to Supports	Information to determine whether the supports were sufficient in quantity	-Do the students receive the supports? -How long does it take for students to be connected?
	Information to determine whether the supports had a positive impact	-Is the intervention being implemented as intended -What is the impact of the intervention?
Monitoring of the Screening Process Itself	- Assess the screening implementation process to determine whether changes might be needed- get feedback from teachers, students, admin, etc. - How will student and family feedback be integrated into future administrations of the screener	



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