MEMORANDUM

TO: The Honorable JB Pritzker, Governor
The Honorable Emanuel "Chris" Welch, Speaker of the House
The Honorable Tony McCombie, House Minority Leader
The Honorable Don Harmon, Senate President
The Honorable John Curran, Senate Minority Leader

FROM: Dr. Tony Sanders
State Superintendent of Education

DATE: March 31, 2025

SUBJECT: School District Readiness and Plan for Phased Approach to Universal Mental Screening

The Illinois State Board of Education respectfully submits this "School Screening Readiness Report" to the governor and General Assembly pursuant to Public Act 103-0885.

This report is transmitted on behalf of the state superintendent of education. For more specific information, please contact Executive Director of Legislative Affairs Dana Stoerger at 217-782-4338 or Dstoerge@isbe.net.

cc: Secretary of the Senate
Clerk of the House
Legislative Research Unit
State Government Report Center

School Screening Readiness Report

March 2025

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ILLINOIS STATE BOARD OF EDUCATION

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School Screening Readiness Report

Executive summary

The U.S. Substance Abuse and Mental Health Services Administration highlighted the impact that early detection of emotional and behavioral health concerns can have on quality of life for children and adults in a 2019 report. It found that "[s]tudents are routinely screened for physical health issues (e.g., vision, hearing). However, emotional or behavioral health issues are generally detected *after* they have already emerged. It is time for that to change."[1] Illinois has taken this call to action seriously by planning a phased implementation approach to universal mental health screening for all K-12 students in Illinois.

Significant work has been done over the last two years to determine what wellness screening activities are currently being carried out in Illinois schools and what would need to happen to implement universal mental health screening programs in all school districts. ISBE has collaborated with child-serving state agencies and partners in the private sector to conduct in-person and virtual listening sessions and to administer two statewide surveys to gather input from school and district personnel, parents and students, and mental health professionals. These activities have shaped a clearer understanding of current district practices and readiness for implementation.

This School Screening Readiness Report is the next step to guide a phased approach to universal mental health screening of all K-12 students enrolled in Illinois school districts. It identifies five key domains of readiness for universal mental health screening derived from the results of a readiness survey (Policies, Operations, Culture and Awareness, Partnership and Capacity, and Engagement and Communications) and reflects upon the significant variation that currently exists among districts in terms of their readiness in each of those domains. It then articulates three recommended phases for implementation of universal mental health screening in schools that take into account this variation in readiness and other feasibility considerations. Finally, it reviews existing mental health resources and services and those in development, along with implementation support that will be provided by ISBE in areas of governance and oversight and policy guidance. It concludes with a timeline for implementation of universal mental health screening in all school districts by the end of the 2027-28 school year.

Universal mental health screening can serve as a powerful tool to ensure that students receive the support they need, regardless of background or circumstance. Offering screenings to every student each year can enable us to proactively identify mental health issues early and provide timely interventions. This strategy not only promotes overall well-being but also helps reduce the stigma associated with mental health. Adopting universal mental health screening is a critical step toward creating an environment where all students have the opportunity to thrive mentally and emotionally.

[1] Substance Abuse and Mental Health Services Administration. (2019). Ready, Set Go, Review: Screening for Behavioral Health Risk in Schools. Rockville, MD: Office of the Chief Medical Examiner.

Introduction: Background and Legislative History

Blueprint for Transformation: A Vision for Improved Behavioral Health Care for Illinois Children

In 2023, with nearly 40 percent of Illinois youth who experienced major depressive episodes unable to access necessary care, Illinois Governor JB Pritzker commissioned an analysis of the children's behavioral health service system in Illinois that encompassed services and supports provided by six child-serving agencies.[2]

At the time, emergency departments and hospital inpatient units were overwhelmed with young people in need of intensive behavioral health care. Thus, the immediate focus of this work was to identify barriers to serving youth with acute mental and behavioral health service needs. The broader focus was on building the state's capacity to promote well-being and meet the needs of youth across the service continuum by streamlining access to services, right-sizing capacity to deliver needed services, and improving our ability to identify problems early to prevent acute crises. Accomplishing these goals requires an understanding of the number of youth needing services. However, Illinois is without a universal mental health screening program that can identify young people who need help early enough to prevent crises.

The Blueprint for Transformation: A Vision for Improved Behavioral Healthcare for Illinois Children, which was developed via stakeholder engagement and data analysis, outlines 12 strategic recommendations that together can improve behavioral health care for families in Illinois. These include building a centralized Care Portal for families (launched in January 2025), improving service coordination, adjusting provider rates for residential care, and bolstering community networks to ensure robust support for Illinois families. The Blueprint emphasizes both preventive and acute services, and advocates for capacity expansion and technological advancements to facilitate efficient service delivery and real-time data insights. Additionally, the Blueprint underscores the importance of equity, recommending culturally informed approaches to address disparities that affect underrepresented groups.

Blueprint Recommendation 9 states that universal mental health screening in educational and pediatric settings should be implemented statewide. This strategy aims to standardize early detection of mental health concerns, ensuring that youth receive timely intervention and support.[3] Establishing universal screening practices for youth within educational and pediatric settings across the state can enable Illinois to proactively address mental health service needs, setting the stage for a comprehensive

[2] These include the Illinois Department of Human Services, the Illinois Department of Healthcare and Family Services, the Illinois Department of Children & Family Services, the Illinois Department of Juvenile Justice, the Illinois Department of Public Health, and ISBE.

[3] Bigalke, H. (2023). *Resource Mapping: A Strategic Solution to Universal Mental Health Screening Implementation in Schools*. Alliant International University; Brinley, S. K., Tully, L. A., Carl, T., McLean, R. K., Cowan, C. S., Hawes, D. J., M. R. Dadds, Northam, J. C. (2024). Universal child mental health screening for parents: A systematic review of the evidence. *Prevention Science*, *25*(5), 798-812.; Kim, J., Kim, D.-g., & Kamphaus, R. (2022). Early detection of mental health through universal screening at schools. *Georgia Educational Researcher*, *19*(1), 62.

behavioral health system that promotes overall well-being for children and adolescents. This approach leverages common touchpoints to support early identification of mental health concerns and proactive intervention. Illinois intends to prioritize early detection and support for mental health issues that might otherwise hinder academic and social development by mirroring well-established screenings, such as those for vision and hearing.

A January 2024 Progress Report on the Blueprint outlines a methodical approach to implementing the recommendation to implement universal mental health screening in educational and pediatric settings.[4] The approach began with a statewide landscape scan in 2023 to document the current screening activity across Illinois school districts. The team used the lessons learned from the landscape scan and a series of listening sessions that took place across the state with district and school representatives to then develop a readiness survey to document districts' current capacity to implement based on cultural, fiscal, operational, and technical factors.

2023 Landscape Scan on Mental Health Screening Practices in Illinois Schools

In accordance with Public Act 103-0546 (eff. August 11, 2023), ISBE conducted a statewide assessment to better understand current mental health screening practices across the state for K-12 students. The 2023 Landscape Scan was conducted with input from educators, administrators, parents and students, and mental health professionals in the form of 1) an electronic feedback form and 2) in-person and virtual listening sessions. The scan reached 649 entities via the feedback form and 557 individuals via listening sessions.

PA 103-0546 also required ISBE to release a detailed report on its findings with actionable recommendations for the implementation of mental health screenings for students enrolled in kindergarten through Grade 12. The Lessons Learned: A Landscape Scan of Mental Health Screening Practices in Illinois Schools report was released in December 2023, and it provides an overview of Illinois' efforts to evaluate and enhance mental health screening in schools.

The 2023 Landscape Scan identified that approximately 71 percent of Illinois school districts already engage in some form of wellness screening activities. However, practices vary widely based on district size, geography, and availability of resources. The analysis also found that larger districts, especially in metropolitan areas, are more likely to have universal screening programs in place.

The report also highlights the challenges Illinois schools face in implementing universal screening programs, such as a shortage of qualified personnel, limited funding, stigma associated with mental health issues, and varying levels of access to mental health services. Listening sessions revealed strong support for mental health screenings among students and school personnel, who emphasized the importance of early identification for both internalizing and externalizing mental health issues.

[4] Illinois Children's Behavioral Health Transformation Initiative. (January 2024). Progress Report, 34-35.

To address these challenges, the report includes four recommendations to close gaps in access to mental health screening and to ensure districts of all different sizes and capacities have the tools they need to successfully implement mental health screening for all students.

1. Illinois should undertake a **phased approach** to universal mental health screening of all K-12 students enrolled in public school districts. Universal mental health screening of all K-12 students means mental health screening of every student in every grade enrolled in a school district each year.
2. ISBE, in consultation with relevant stakeholders, should compile and organize **resources** to support school districts in **improving the mental health culture and climate** in schools and **reducing the stigma** related to screening, referral, and participation in mental health services.
3. ISBE, in consultation with relevant stakeholders, should release **guidance** about (1) mental health screening **tools available** for school districts to use with students and (2) associated **training** for school personnel.
4. ISBE should oversee a process of **model policy development** with relevant stakeholders that supports school districts in implementing universal mental health screening of students.

The report concludes with a call for ongoing collaboration among stakeholders to build the capacity and resources necessary for effective mental health support across Illinois schools.

2024 Readiness Assessment on Mental Health Screening Practices in Illinois Schools

PA 103-0885 (eff. August 9, 2024) mandated that ISBE create a tool to measure readiness and capacity for universal mental health screening in schools, addressing resource, technology, training, and infrastructure needs. The term "universal mental health screening" refers to a school district offering a mental health screening to every student in every grade enrolled in the school district each year.[5] PA 103-0885 also required ISBE to release a strategy by October 1, 2024, for how the tool will be used to measure readiness. ISBE released the following strategy:

> *Results from the survey will be used to determine each district's overall readiness level through empirically derived metrics based on each district's responses. This analysis will be iterative based on the output of the Readiness Tool, and technical documentation will be provided to accompany the phasing recommendations. This approach ensures that the phased implementation of universal mental health screening is grounded in reliable data and thorough analysis. The analysis will inform ISBE's prioritization of activities and resources needed for successful implementation of universal mental health screening. The*

[5] Frequently Asked Questions: Universal Mental Health Screening Readiness Tool.

results also may be used to compare schools within larger districts to identify areas for more targeted support toward readiness.

The legislation also tasked ISBE with developing a phased approach for implementation of universal mental health screening based on the findings from the Readiness Tool to be released in a report by April 1, 2025.

Survey Development

The Readiness Tool, a 13-question survey instrument, was developed in consultation with the Illinois Department of Public Health (IDPH), the Division of Academic Internal Medicine at University of Illinois Chicago, and Chapin Hall. ISBE acknowledges the team of researchers at UIC for their collaboration in developing this tool and the foundation of a strategy for interpreting the results.

Survey Administration

As with the 2023 Landscape Scan, ISBE consulted with stakeholders during the summer and fall of 2024, working closely with the Children's Behavioral Health Transformation Initiative team,[6] Chapin Hall, and IDPH to conduct a survey assessing school districts' readiness to implement universal mental health screening.

The data collection was managed internally at ISBE; participation by each district was optional. The survey was released to 916 educational entities (all public school districts, Regional Offices of Education [ROEs], Intermediate Service Centers, and state-authorized charter schools) on October 1, 2024, and closed on December 2, 2024.[7] A copy of the form's questions is available in Appendix 1. The survey was administered electronically on the ISBE Web Application Security (IWAS) system, which pushed it out to each district superintendent, who could then complete answers or assign someone else in their district to answer the questions. ISBE communicated about the survey regularly via the state superintendent's column in ISBE's Weekly Message and targeted emails to regional and district superintendents. ISBE sent weekly reminders to all entities that had not yet completed the form using an IWAS Broadcast message.

Methodology and Results

A total of 672 entities responded to the survey (73.3 percent response rate), including 636 school districts, 27 ROEs, and nine state-authorized charter schools, collectively representing 96 of the 102 counties in Illinois.[8] Sample validation information is listed in Appendix 2. Notably, Chicago Public

[6] Governor Pritzker first announced the Children's Behavioral Health Transformation Initiative in March of 2022 tasked with evaluating and redesigning the delivery of behavioral health services for children and adolescents in the state of Illinois. The Initiative released its inaugural report in February 2023 and was later codified in statute by Public Act 103-0546.
[7] ISBE extended the initial survey end date of November 26, 2024, to allow for more responses.
[8] Given the small number of responses from ROEs and state-authorized charter schools, descriptions of their analysis were excluded. Their tables of frequency distribution, however, are included as Appendix 5 in the report.

Schools (CPS) District 299, the state's largest district, did not submit a response. The analysis was conducted using RStudio (2024.09.0) and Stata/SE 17.0.

The survey included 13 items that were either answered dichotomously (yes/no) or by indicating whether a statement was true for all, most, some, or none of the schools in the respondent's district. These responses were then coded and analyzed to derive readiness scores within domains and overall.

Domains

An Exploratory Factor Analysis of the survey responses suggests five distinct key domains of "readiness" to undertake universal screening.[9] Appendix 3 contains a detailed list of survey items for each domain along with their corresponding frequency distributions.

The five domains of readiness for universal mental health screening in school districts are defined as follows:

1. **Policies**: Assesses whether a district has established policies for administering mental health screeners, handling opt-out procedures, maintaining confidentiality, interpreting results, and sharing findings with school and district staff.
2. **Operations**: Evaluates the availability of financial resources, access to training on screening tools, the presence of an implementation team, and the district's internal capacity to provide mental health services.
3. **Culture and Awareness**: Focuses on training opportunities related to mental health awareness, risks, stigma, and bias.
4. **Partnership and Capacity**: Examines external partnerships that provide mental health services and the policies governing contracts with these organizations.
5. **Engagement and Communications**: Looks at policies for sharing screening results with key stakeholders, including students, families, and community partners.

Levels

Readiness status of school districts for universal mental health screening was categorized into three levels for each domain and overall:

- **Level 1:** The district (or all schools within it) has full capacity for universal mental health screening, with all necessary processes and infrastructure in place. For example, a district is classified as Level 1 in the Policies domain if it has established policies covering the administration of screening, opt-out procedures, confidentiality, interpretation and follow-up, and in-district services. Similarly, a district qualifies as Level 1 in Operations if *all* of its schools have the financial resources to support universal screening, training on screening tool(s), an implementation team, and in-district services for students.

[9] Exploratory Factor Analysis is a statistical technique that empirically groups items to create measurable concepts.

- **Level 2:** Some elements of mental health screening are established, but implementation is limited to some schools, or only partial policies and infrastructure exist.
- **Level 3:** The district currently has no capacity for universal mental health screening. There are no established policies, procedures, or infrastructure to support screening, and none of the schools within the district have the necessary resources or systems in place to implement it.

Analysis

The survey results reveal significant variation in readiness across the five domains, as shown in Table 1. Despite previous research identifying time for training/planning as a major barrier to successful implementation of mental health interventions,[10] nearly three-quarters of school districts (72.6 percent) are at Level 1 for Culture and Awareness, demonstrating the capacity to provide training on mental health awareness, risks, stigma, and bias. However, fewer than half of districts are fully prepared within the other four domains. The Engagement and Communications domain has the lowest percentage of fully ready districts (26.1 percent), highlighting a lack of capacity to communicate screening results to various stakeholders, including students, parents, families, and the broader community. The Operations domain has the smallest percentage of districts at Level 3 (4.8 percent), and nearly two-thirds of districts (63.1 percent) have at least some elements of capacity in place. The most significant gap is in Engagement and Communications, where half of school districts (51.1 percent) report having no capacity to share screening results with stakeholders. This is the only domain where more districts are lacking capacity entirely than there are districts with full capacity. These disparities highlight the need for targeted support to help districts build the capacity necessary for effective implementation of universal mental health screening.

Table 1. Distribution of Readiness Domain Levels by School District

		Readiness Dimensions				
		Culture and Awareness	Policies	Partnership and Capacity	Operations	Engagement and Communications
Readiness Status	Level 1: Capable of Full Implementation	72.6%	42.6%	40.1%	32.1%	26.1%
	Level 2: Partial Implementation	15.7%	25.5%	42.0%	63.1%	22.8%
	Level 3: No Current Capacity	11.7%	31.9%	18.0%	4.8%	51.1%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%

[10] Splett, J. W., Perales, K., Miller, E., Hartley, S. N., Wandersman, A., Halliday, C. A., & Weist, M. D. (2022). Using readiness to understand implementation challenges in school mental health research. *Journal of Community Psychology, 50*(7), 3101-3121.

Domains by Current Practice

It is notable that among the school districts that reported full implementation of universal mental health screening in the 2023 Landscape Scan, many did not reach Level 1 readiness in all domains. When focusing only on these fully implementing districts, the percentage of fully ready (Level 1) districts is higher in some domains than others, as shown in Table 2. Fully implementing districts reported higher percentages of Level 1 readiness in the domains of Policies, Partnership and Capacity, and Operations, whereas only slightly higher percentages of Level 1 readiness were detected in Culture and Awareness and Engagement and Communications.[11]

These findings suggest that while districts already implementing universal mental health screening tend to have higher readiness levels, many are operating without fully addressing all five domains of readiness. Significant gaps remain, particularly in Engagement and Communications, highlighting the need for additional support to ensure comprehensive implementation across all domains.

Table 2. Distribution of Readiness Domain Levels among School Districts Currently Implementing Universal Mental Health Screening

		Readiness Dimensions				
		Culture and Awareness	Policies	Partnership and Capacity	Operations	Engagement and Communications
Readiness Status	Level 1: Capable of Full Implementation	76.9%	63.5%	52.6%	53.7%	33.6%
	Level 2: Partial Implementation	15.4%	27.7%	33.6%	44.5%	24.5%
	Level 3: No Current Capacity	7.7%	8.8%	13.9%	1.9%	34.3%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%

Domains by IARSS Area

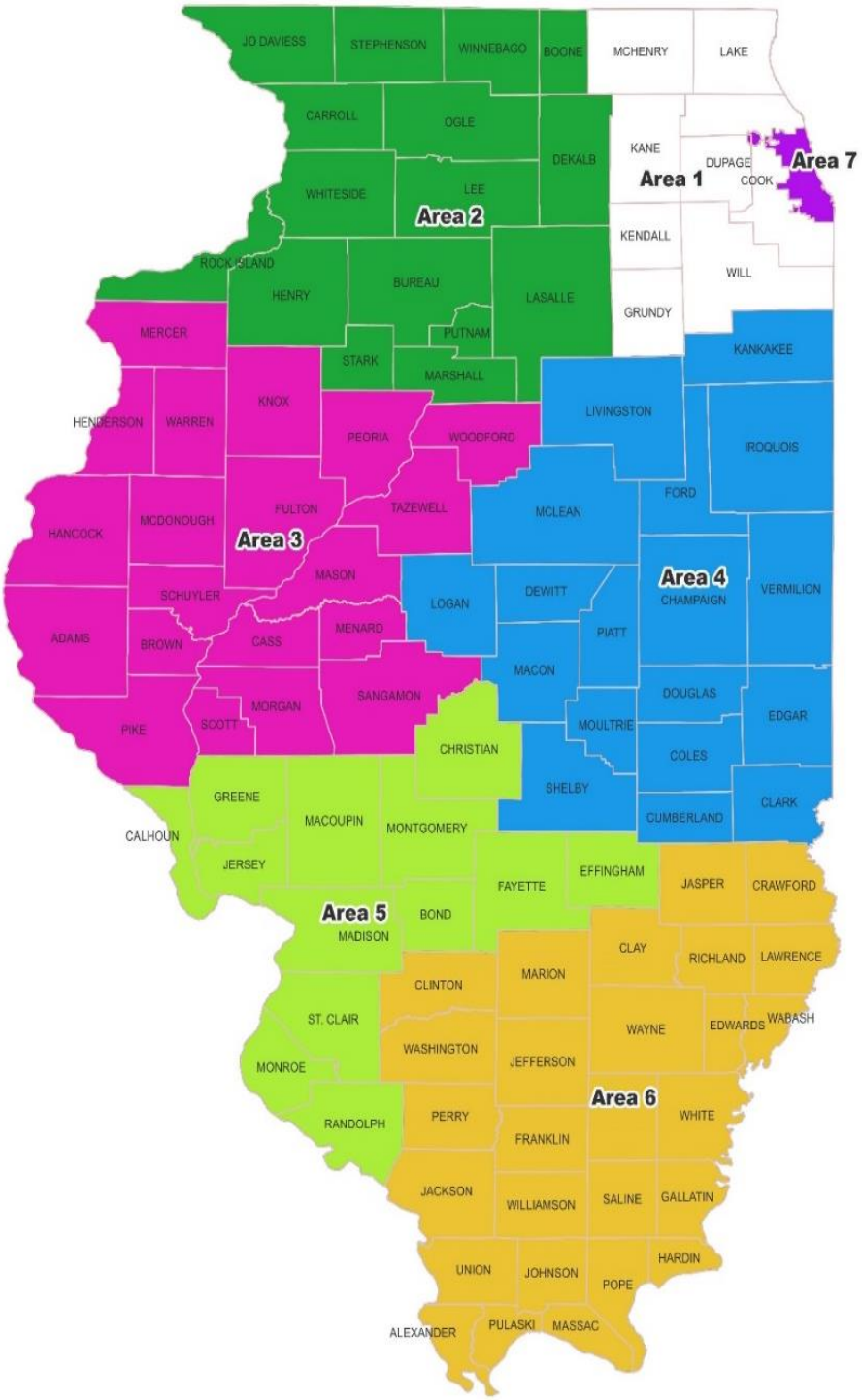
ISBE also compared district readiness across the state according to the six areas designated by the Illinois Association of Regional Superintendents of Schools (IARSS) and CPS.[12] The distribution of readiness status for all five domains varied significantly across these areas with the trends of each

[11] Higher percentages were determined using the chi-square test, which assesses statistical significance based on overall distribution rather than individual category percentages. While fully implementing districts had higher Level 1 percentages in Culture and Awareness, only differences in Policies, Partnership and Capacity, and Operations were statistically significant. Differences in Culture and Awareness and Engagement and Communications were not, indicating similar distributions between all districts and fully implementing districts.

[12] The Constitution and By-Laws of the Illinois Association of Regional Superintendents of Schools establish six areas each consisting of the regions in them to insure geographic representation on the association's committees and in its activities. ISBE utilizes these six areas and the boundaries of Chicago Public Schools District 299 for structuring a number of programs and grants to districts.

domain different from the others.[13] These differences imply that no one area of the state is particularly better off when it comes to readiness for universal mental health screening; rather, each area has strengths and weaknesses.

Figure 1. IARSS Areas and Corresponding Counties



[13] Area 7, which is solely made up of Chicago Public Schools District 299, is excluded from the analysis since CPS did not participate in the readiness survey.

For example, Area 1, which consists of school districts in Chicago suburban counties, exhibited higher percentages of Level 1 readiness in Culture and Awareness (77.8 percent) and Policies (52.1 percent). In contrast, Area 6, which is composed of downstate districts, showed relatively lower rates of readiness in Culture and Awareness, and the gap in readiness for Policies was significantly larger between the highest- and lowest-ranking areas.

Districts in Area 1 had lower percentages of Level 1 readiness in Engagement and Communications (26.5 percent) and Partnership and Capacity (41.1 percent).

Figure 2. Distribution of Culture and Awareness Domain Levels among School Districts Currently Implementing Universal Mental Health Screening by IARSS Area

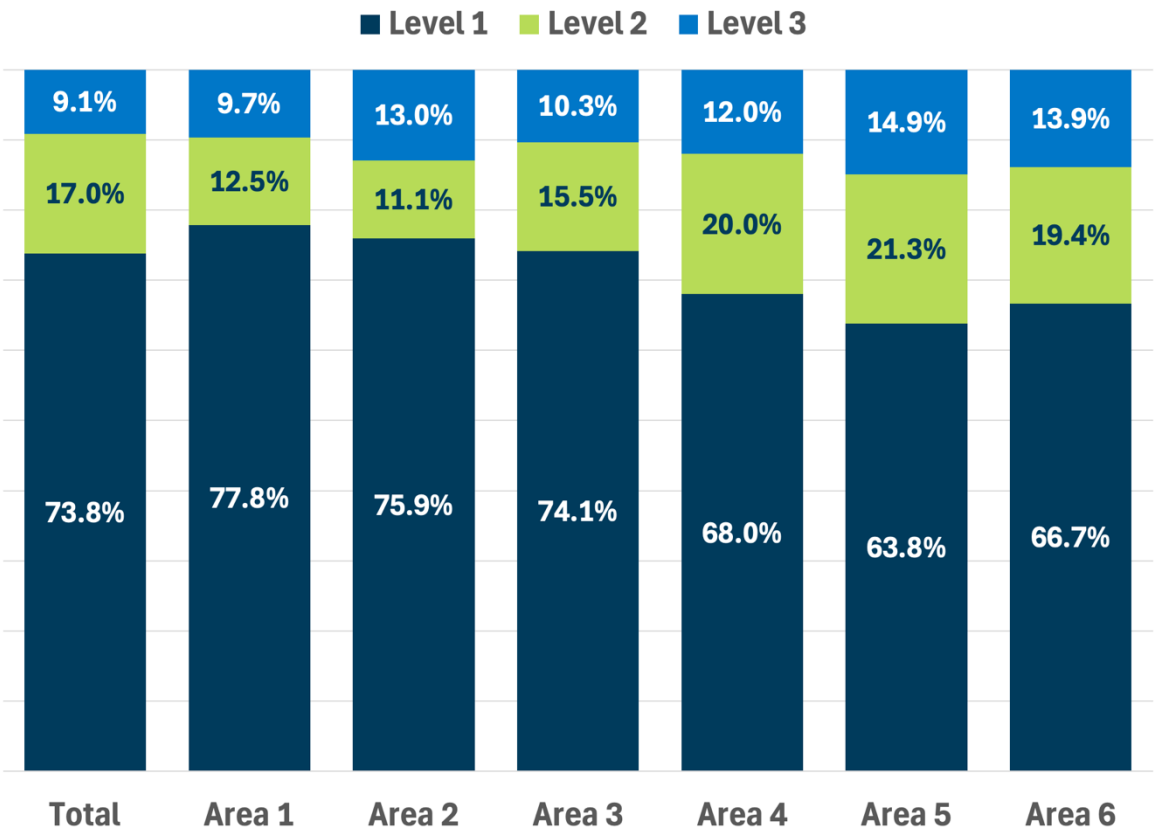
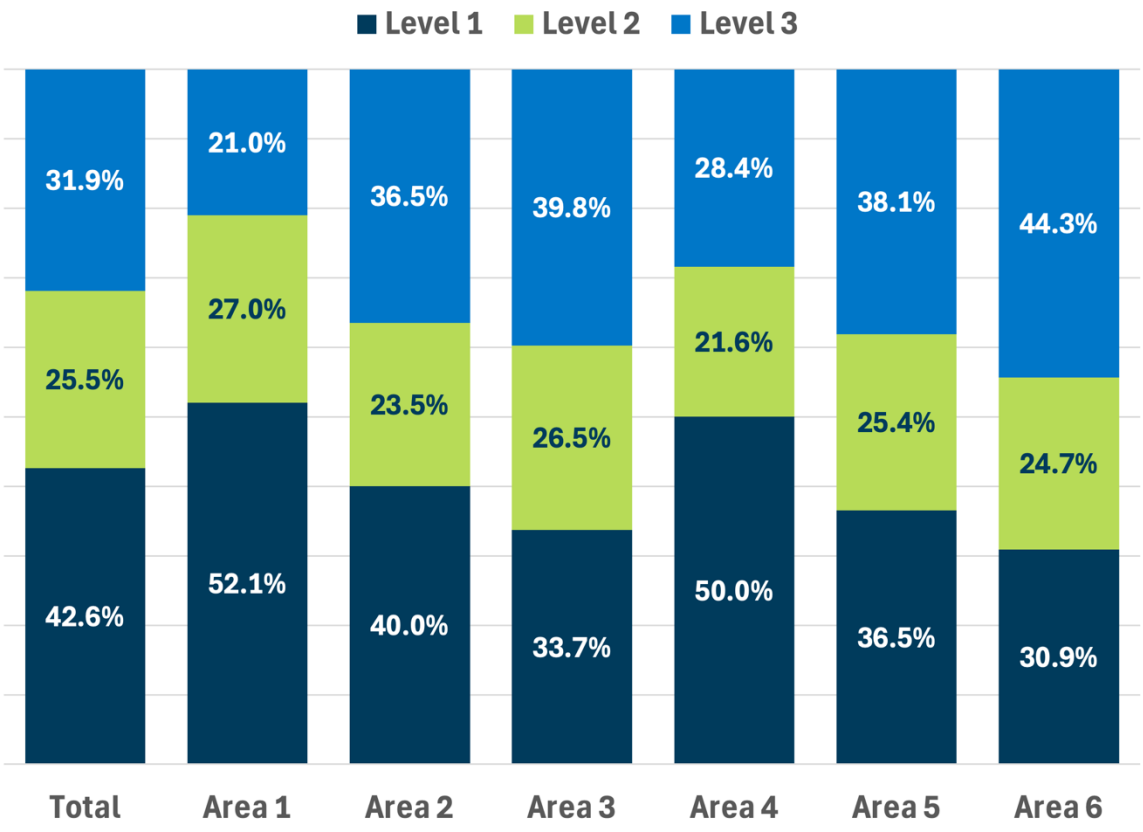


Figure 3. Distribution of Policies Domain Levels among School Districts Currently Implementing Universal Mental Health Screening by IARSS Area



Conversely, Area 6 had relatively higher percentages of Level 1 readiness for Partnership and Capacity (51.6 percent) and Culture and Awareness (66.7 percent), while a very low percentage of Level 1 readiness in Operations (13.9 percent). This trend likely reflects the current landscape in downstate areas, where resource deficits may lead to a greater reliance on external partners.

Figure 4. Distribution of Partnership and Capacity Domain Levels among School Districts Currently Implementing Universal Mental Health Screening by IARSS Area

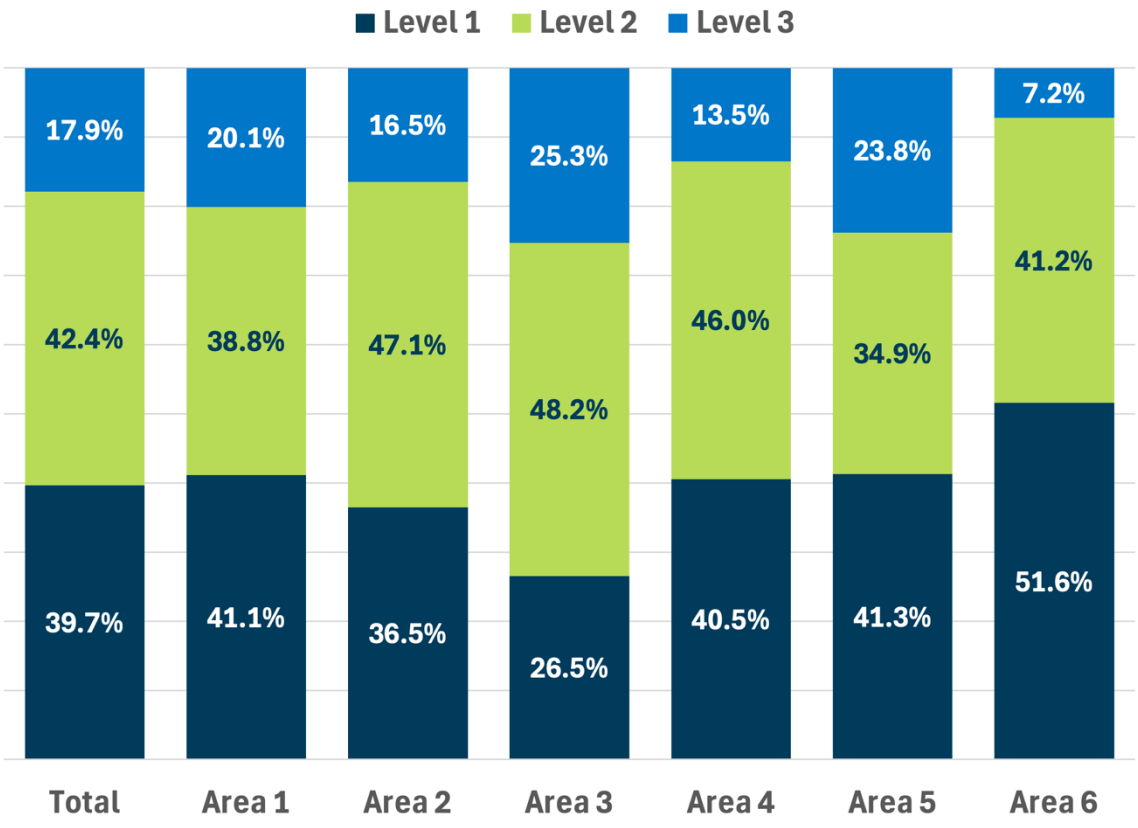
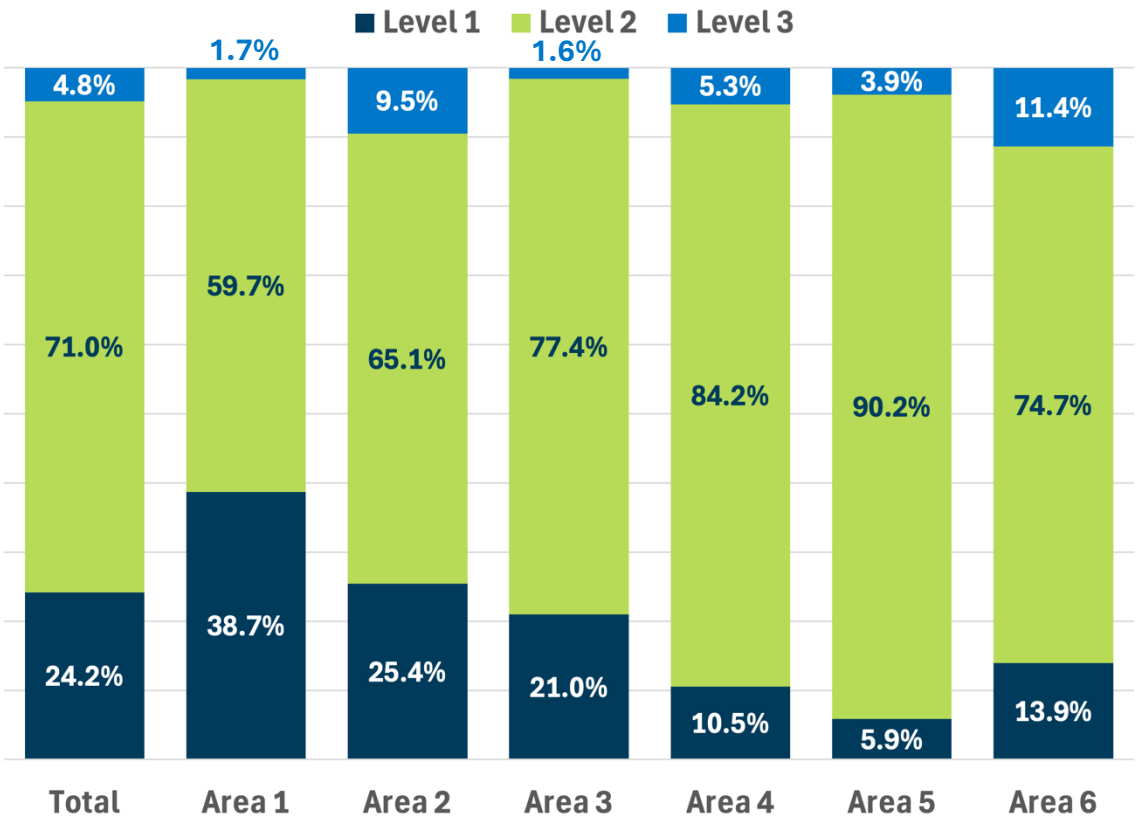


Figure 5. Distribution of Operations Domain Levels among School Districts Currently Implementing Universal Mental Health Screening by IARSS Area

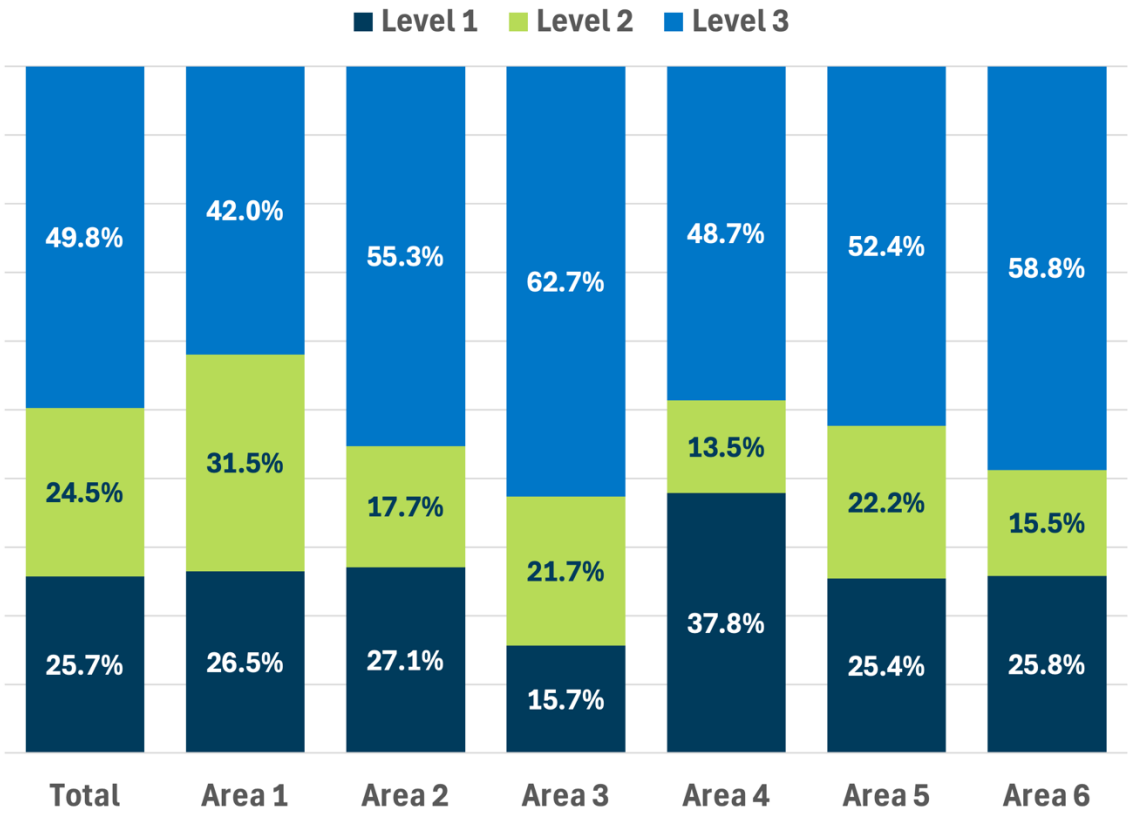


Few districts demonstrated Level 1 readiness across all domains. There were larger proportions of school districts that demonstrated some Level 2 readiness in the Operations domain. Thus, many districts already possess some of the required operational components to implement universal mental health screening.

Consistent with the literature on universal mental health screening,[14] most school districts were designated as Level 3 in the Engagement and Communications domain, indicating a need for support in engaging and communicating with various stakeholders. Responses in this domain may reflect districts' concerns with how various stakeholders will respond to universal mental health screening implementation.

[14] 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. *School Psychology, 39*(2), 151.

Figure 6. Distribution of Engagement and Communications Domain Levels among School Districts Currently Implementing Universal Mental Health Screening by IARSS Area



Strategy for a Phased Approach to Universal Mental Health Screening in Schools

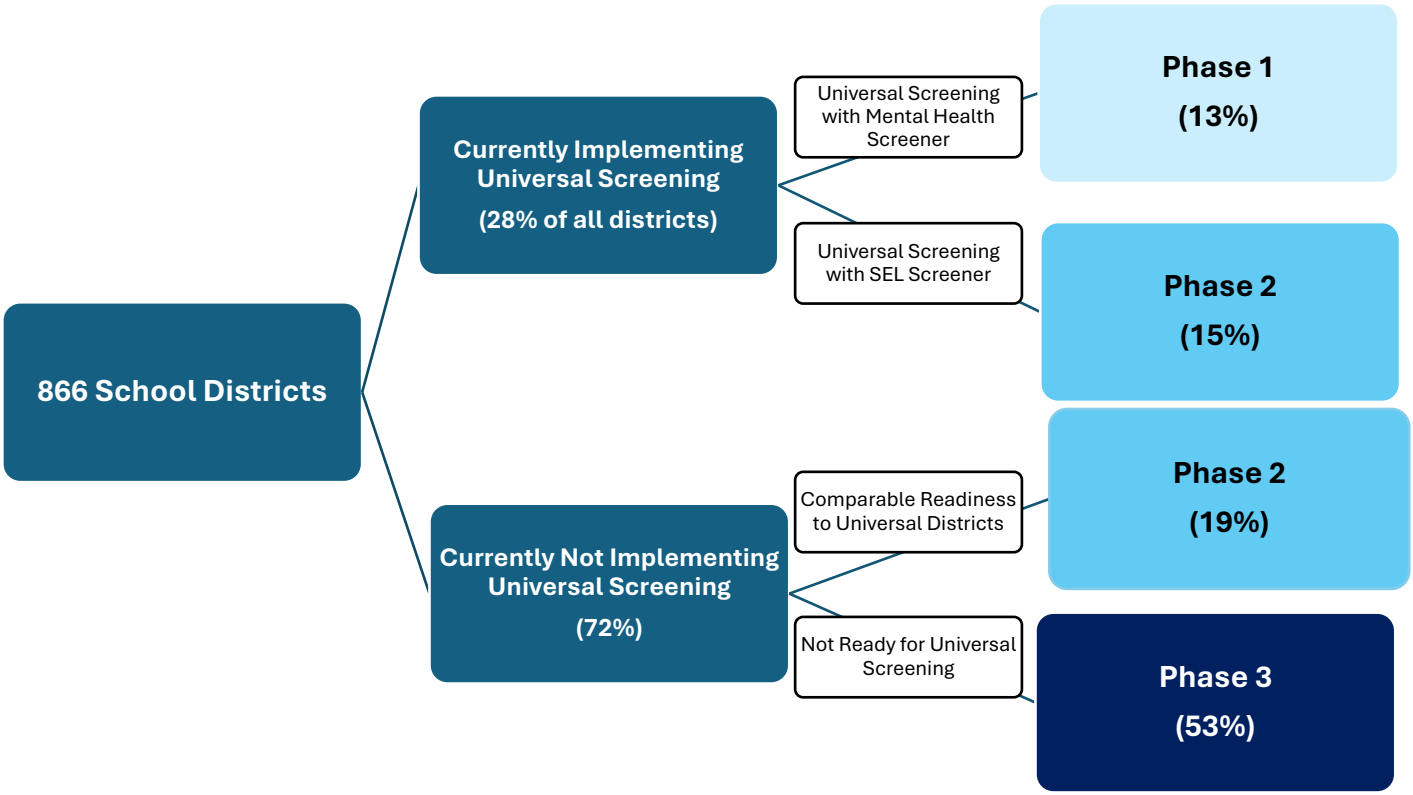
Illinois hospitalization data underscores the need to identify and intervene early with youth experiencing mental health challenges. Between 2018 and 2022, mental health and substance use disorders caused almost half of all hospitalizations of youth ages 3-17. Hospitalization and emergency visit rates for such disorders were highest among youth ages 15-17, girls, Black youth, and youth residing in rural counties.[15] The overall adolescent suicide rate remained stable from 2013-22, but suicide deaths are rising among girls, black and Latino youth, and youth living in urban and suburban communities. Suicide is the third leading cause of death among Illinois youth ages 10-19 according to IDPH vital records data.[16]

[15] Illinois Department of Public Health and University of Illinois Chicago School of Public Health. (2025). Inpatient Hospitalizations and Emergency Department Visits for Mental Health and Substance Use Disorders Among Illinois Youth.
[16] Illinois Department of Public Health. (2024). Illinois Children's Mental Health Partnership Annual Report 2024 (citing IDPH vital records data).

At the same time, there are clear practical and operational challenges to implementing local screening programs in schools. The design of a phased approach to implementation of universal mental health screening should balance feasibility, readiness, and the urgency of providing real-time information about mental health service needs.[17] The recommendations in this report balance the findings from the readiness survey with feasibility considerations, including ISBE's capacity to support districts, the capacity of districts to build their own readiness, and contextual and resource constraints.

Within this context, the strategy for a phased approach to universal mental health screening proposes three phases of implementation.

Figure 7. Determination of Phases[18]



[17] Farr, J., & Palokas, M. (2024). Adolescent school-based mental health screening: a best practice implementation project. *JBI Evidence Implementation, 22*(2); Splett et al., 2022; Sturgis, E., Puschak, K., Ellis, J., O'Dea, T., & Hartley, M. (2022). Increasing Student Access to Mental Health Services in Virginia Through Staffing and Structures.

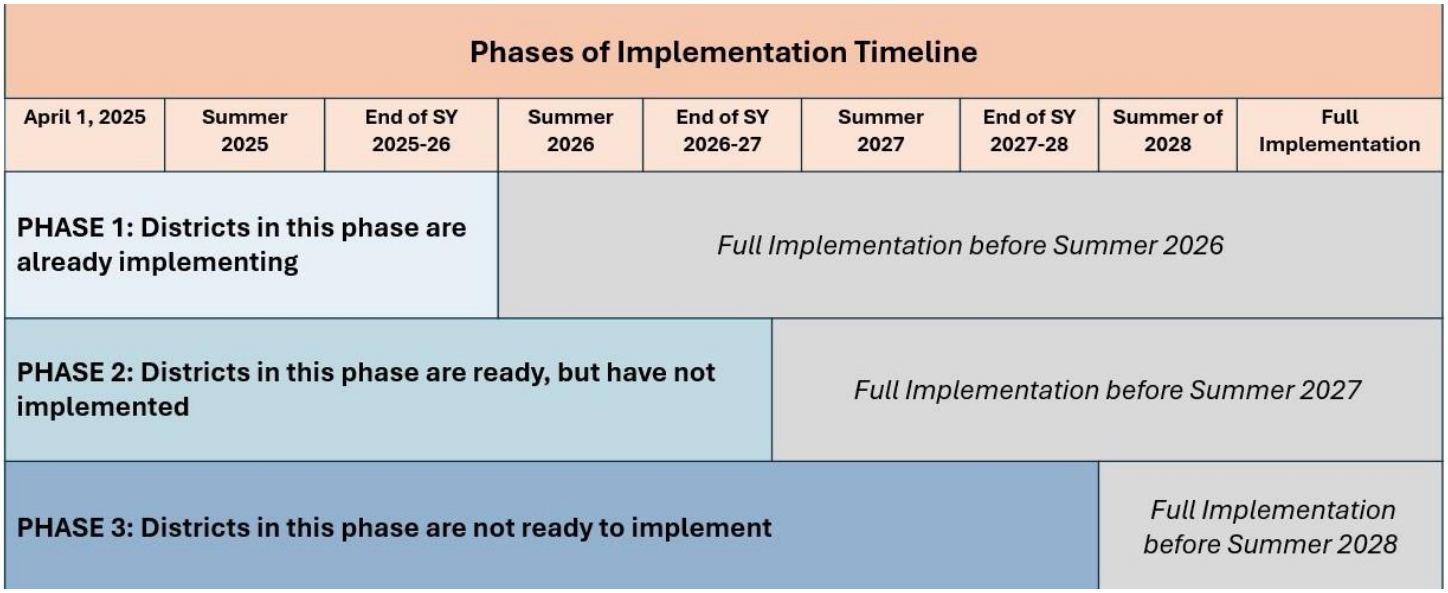
[18] The number of school districts listed in Figure 7 is from the Illinois Report Card 2023-2024 State Snapshot. The term "school districts" as used on the State Snapshot is broader than traditional school districts; it also includes state-authorized charter schools and five other state-funded educational entities.

Phase One: Phase One is limited to the 13 percent of districts that are currently implementing universal mental health screening. The landscape survey found that 28.4 percent of Illinois school districts are currently implementing universal screening. However, many of these districts reported using social-emotional learning (SEL) screeners. These screeners assess students' social skills, emotional regulation, and behavioral competencies to support overall well-being and academic success. In contrast, mental health screeners identify students at risk for mental health conditions, such as anxiety, depression, or trauma-related disorders. The use of SEL screeners helps to prepare a district to adopt more comprehensive mental health screening, but they do not meet the requirement for comprehensive mental health screening. Nevertheless, approximately 13 percent of districts are considered "ready" as they are currently implementing universal screening with mental health screeners.

Phase Two: The second phase will include districts that are implementing universal screening with SEL screeners, which accounts for about 15 percent of all districts. This phase also will include those districts that have demonstrated similar readiness across multiple domains to those districts currently implementing universal mental health screening but that have not yet begun to implement it themselves, or have only partial screening in place, which is approximately 19 percent of districts.[19] Overall, approximately 34 percent of all districts will be part of Phase Two. Such districts will be expected to work toward full implementation by the end of the 2026-27 school year.

Phase Three: The remaining 53 percent of districts that do not have necessary capacities in place will be expected to implement universal mental health screening by the end of the 2027-28 school year.

Figure 8. Timeline for Phases



[19] The steps to define "similar readiness" to those districts currently implementing universal screening with mental health screeners are explained in Appendix 4.

Supports for the Implementation of Universal Mental Health Screening in Schools

Successful implementation of universal mental health screening in schools cannot be accomplished in a vacuum. There are a number of existing mental health resources and services in Illinois and others in development that districts can leverage to support their integration of universal mental health screening practices. Successful implementation also will require community-based partner organizations.[20] ISBE will seek to develop the necessary partnerships to provide supports for implementing and responding to universal mental health screening.

Existing Mental Health Resources and Services in Illinois

Mental health resources and services are available to students and their families statewide. Accessing mental health care in Illinois schools is best done by contacting support personnel – usually a school social worker, school counselor, or school psychologist. The role of these individuals is to support students and families with a variety of services related to mental health, access care in and outside of the school, and occasionally intervene in a crisis. In some cases, school support personnel may provide a student with individual therapy sessions during the school day, but typically they support the student and family in obtaining needed services outside of the school.

Resources to pay for a student's mental health care outside the school system are different for every family. Many Illinois families rely on Medicaid for their health insurance coverage, which includes behavioral health care.[21] Individuals with private insurance have access to private providers that they may access by calling their insurance company for a referral or via a referral from a primary care physician to someone in their network. Also, parents/guardians may have access to services from an Employee Assistance Program associated with their workplace that could provide linkage and referral to therapy services for their children or the entire family unit.

BEACON: A statewide resource referral tool is being developed by the Illinois Department of Healthcare and Family Services. In the meantime, school personnel and families can use the Service Provider Identification and Exploration Resource (SPIDER) and other tools to identify local community-based resources. These tools can all be found in the Behavioral Health Care and Ongoing Navigation (BEACON) care portal, which can be referenced to identify state-funded programs for which youth may be eligible. BEACON's team of resource coordinators, clinical specialists, and parent navigators can connect students and families with services. Learn more about BEACON at the Illinois Children's Behavioral Health Transformation Initiative website.

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[20] Goodman-Scott, E., Donohue, P., & Betters-Bubon, J. (2023). Universal mental health screening: Steps for school counselors through multidisciplinary teaming. *Professional School Counseling, 27*(1), 2156759X231171394; Hamm, T. E. (2024). *The Feasibility of Universal Mental Health Screenings for Adolescents Through School-Based Interventions: A Scoping Review*. University of Pittsburgh; Wood, B. J., Cooper-Secrest, K. R., Kirk, M., & Walter, S. (2021). Universal Mental Health Screening in Schools: A Primer for Principals. *Journal of Educational Leadership and Policy Studies, 5*(1), n1.

[21] More information on these resources can be found on the Medicaid Community Behavioral Health Services page of the Illinois Healthcare and Family Services website.

SPIDER: SPIDER is a free, comprehensive resource identification database for the state of Illinois. SPIDER connects service providers, individuals, families, and communities to useful and timely social service resources.[22] It includes detailed information on more than 1,700 agencies and over 4,200 social service programs. The SPIDER link contains contact information and a list of the services offered by organizations that provide mental health evaluations and services for students and family members.

All agencies and programs are geo-coded to allow users to locate programs near them. Users can conduct searches in SPIDER by language, including English, Spanish, and Polish. PLEASE NOTE: The information listed in SPIDER is solely based on self-reported information provided by the respective agencies and programs.

988: The 988 Suicide and Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, seven days a week in the United States.

Safe2Help Illinois: The state of Illinois has developed a school safety program called Safe2Help Illinois in an effort to raise awareness of 21st-century threats facing students in Illinois. Safe2Help Illinois is a 24/7 program in which students can use a free app, text/phone, and website to share information on school safety issues. Once vetted, that information is shared with local district and school officials and/or a local 911 call center, depending on the nature of the information shared. Call 844-4-SAFEIL (844-472-3345), text SAFE2 (72332), or email HELP@Safe2HelpIL.com.

Illinois Department of Human Services (IDHS) Division of Mental Health: The Division of Mental Health within IDHS has a number of additional resources for accessing mental health services; partners; resources and support, including contact information and a list of the services offered by organizations, that provide mental health evaluations and services to victims and the families of victims of child sexual abuse. Additional mental health providers can be identified by county using the division's Office Locator webpage.

ISBE Resiliency Toolkit: The ISBE Resiliency Toolkit is a dedicated space with a comprehensive collection of school-related resources aimed at fostering safe, supportive, and resilient school communities. In response to the growing mental health challenges faced by Illinois youth -- particularly after the COVID-19 pandemic -- this toolkit offers developmentally appropriate tools to help students, parents, caregivers, and school personnel build the resilience necessary to thrive.

[22] The SPIDER application is a collaborative effort sponsored by DCFS, with data maintenance and user support provided by Northwestern University/Hospital Feinberg School of Medicine, technology resources provided by the Illinois Department of Innovation and Technology, and information provided by countless child and family welfare service providers across the state of Illinois.

Social-Emotional Learning (SEL) Hubs and Resilience Education to Advance Community Healing (REACH): Starting in 2021, ISBE has made significant investments using federal pandemic relief funds into a portfolio of social-emotional learning programs statewide. Two of these programs, the SEL Hubs and REACH, provide free programming statewide to grow and bolster the SEL and trauma-informed infrastructure of schools. While REACH and the SEL Hubs and not specifically mental health focused, many of the state's teachers and school leaders are better equipped to handle student mental health concerns because they received SEL and trauma-informed training and support from these programs. Parents, teachers, and school personnel can access a lengthy menu of free virtual trainings that have been developed using these federal and state investments. They also are encouraged to contact their local SEL Hub to learn about existing resources, including coaching and professional development, that assist school-community leadership teams to implement data-driven strategies to address student trauma and mental health needs and build resilient communities in support of their journey toward universal mental health screening.

Mental Health Resources and Services in Development in Illinois

Screening tool selection support: The results of the 2023 Landscape Scan and the 2024 School Screening Readiness Tool make clear that guidance about screening tool selection and integration is needed as part of the phased approach to implementing universal mental health screening.

There are currently a variety of screening practices happening in schools. Schools may elect to utilize a state-procured universal mental health screening tool, which will be identified at a later stage and integrated into the technological infrastructure of the statewide resource referral tool.[23] Alternatively, schools may elect to use an approved alternative tool that meets the criteria within this framework. As previously noted, SEL screeners and mental health screeners both play an important role in assessing the overall health and well-being of students, but they measure very different things. Schools currently using an SEL screening tool may continue to administer these screeners alongside a qualifying mental health screening tool.

The criteria for a qualifying mental health screening tool align with standards released by the federal Substance Abuse and Mental Health Services Administration. They include any tool that:

1. Is appropriate for the population of students served by the school,
2. Is feasible and usable,
3. Captures mental health identifiers,
4. Is appropriate in length, and
5. Delivers reliable and valid results that can easily identify students who need follow up.[24]

[23] As previously noted, a statewide resource referral tool is currently under development by the Illinois Department of Healthcare and Family Services.
[24] Ready, Set Go, Review: Screening for Behavioral Health Risk in Schools.

A complete list of specific criteria can be found in Appendix 6. Schools should choose a screening tool that encompasses these five qualities for their local school community while also taking a whole-child approach to examining both student well-being and distress.

Technological support: ISBE recognizes that schools and districts have varying levels of technological capacity, and implementing universal school screening may require adding to or altering current systems. It is therefore recommended that a mechanism for providing technological assistance to schools be developed.

Sample staffing plans: ISBE, in consultation with stakeholders, will release sample staffing plans for implementation teams to guide the development of a universal mental health screening program. The implementation team will usually be overseen by a school's behavioral health team. Its key responsibilities will be to 1) oversee the program and adjust operations as needed, and 2) conduct communication and outreach about the program's mission, strategies, and rationale.[25] While ISBE acknowledges the capacity shortages identified in the 2023 Landscape Scan -- particularly the need for school social workers -- a staffing plan will ideally include all the staff roles needed to carry out the responsibilities detailed in the Implementation Support: Governance and Oversight section on page 24. Sample staffing plans should be developed for a range of district sizes with alternatives and support plans developed as needed.

Training: ISBE, in consultation with relevant stakeholders, will release guidance about training for school personnel on topics that include administering mental health screening to students and following up on the results. The guidance should be informed by evidence about universal mental health screening tools as well as the findings from the 2023 Landscape Scan and the 2024 School Screening Readiness Tool.

Policy guidance: ISBE will release model policies to guide the development of policies and business processes, as detailed in the Implementation Support: Policy Guidance section beginning on page 27.[26]

Messaging and outreach: ISBE, in consultation with relevant stakeholders, will support school districts in reducing the stigma related to screening, referral, and participation in mental health services.[27] This will include the development of guidance on how to communicate about the mental health screening program to students, staff, family members, and the community. Communications should include the mission, strategy, and rationale for universal mental health screening in schools and partnerships that can be helpful for districts in disseminating that critical messaging.

Resource Referral Technology: Recommendation 4 of the 2023 Blueprint for Transformation report calls for the development of a statewide resource referral tool, which will integrate with a screening tool (specific tool to be determined) and capture screening results, among other technological infrastructure, to support mental health screening in schools.

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[25] Frequently Asked Questions: Universal Mental Health Screening Readiness Tool.
[26] See Recommendation 4 from Lessons Learned: A Landscape Scan of Mental Health Screening Practices in Illinois Schools.
[27] See Recommendation 2 from Lessons Learned: A Landscape Scan of Mental Health Screening Practices in Illinois Schools.

Community networks: Recommendation 12 of the 2023 Blueprint for Transformation report calls for the fortification of community networks statewide. The Children's Behavioral Health Transformation Initiative team and IDPH are leading the work on this effort. A community network is an ecosystem of diverse stakeholders coupled with braided supports that can help prevent and mitigate crises by connecting families with what they say they need to thrive. An ongoing scan of Illinois communities indicates there are more than 150 of these networks exiting in Illinois but they are not well connected to one another or to state systems.

This team implementing Recommendation 12 will be guided by a public health approach and principles that are used as the basis for Systems of Care (a service delivery method that builds partnerships to create a broad, integrated process for meeting families' multiple needs). The team will develop a means to strengthen and better coordinate community networks statewide. It is anticipated that these child-centered, family-focused, community-based, multisystem, culturally competent, and localized groups will be an asset for schools and districts to provide supports for students and families as universal mental health screening is implemented across the state. Additionally, community networks can be leveraged by schools and districts to communicate with families and stakeholders about the universal mental health screening process and its importance for the health of the overall community.

Additional considerations

Schools should consider the following when making determinations regarding which resources and services are appropriate:

- Mental health concerns are sometimes related to an individual's experience of trauma. More information about trauma can be found on the National Child Traumatic Stress Network website. It may be important when looking for a mental health provider to find someone who has experience treating trauma survivors.
- Cultural competency is important in the therapeutic relationship. A therapist or counselor should have training and experience working with cultures other than their own and demonstrate a desire to continually grow their own competence in working with diverse communities. More information about the link between trauma therapy and cultural competence is available also from the National Child Traumatic Stress Network.
- Children and families seeking mental health treatment should feel empowered to seek a new therapist or different treatment provider if their current provider is not a good fit.
- The Illinois Mental Health and Developmental Disabilities Code provides that minors 12 years of age or older may request and receive up to eight 90-minute sessions (previously five 45-minute sessions) of professional counseling services or psychotherapy (provided by a clinical psychologist) without the consent of the minor's parent, guardian, or person in loco parentis (405 ILCS 5/3-550).

Implementation Support: Governance and Oversight

The Division of Academic Internal Medicine at the University of Illinois Chicago collaborated with ISBE and other stakeholders on the development of a strategy to assess readiness for universal mental health screening, which included extensive supporting research on implementation teams. Its research shows that successful universal mental health screening programs in schools requires support at all levels, from building level staff through district leadership. Implementation teams will vary in their composition depending on the size of the school or facility and the district. Generally, an implementation team should include representation from administrators — both at the building and district levels — school mental health practitioners, and parents/caregivers.[28] The goal of the implementation team is to develop a mental health screening program with well-defined objectives, strategies, and protocols.

A well-functioning implementation team will have the following:

- Support from district leadership.
- Autonomy to make decisions about the screening program's implementation.
- Appropriate representation and expertise to make and execute implementation decisions.
- Regular meetings to review screening metrics, address challenges, and refine the process.

The implementation team will identify the roles needed for its individual school(s) or facility(ies), keeping in mind the strengths of each school or facility and its existing or potential community partnerships. The following roles and responsibilities are recommended for a successful screening program.

School-Level Responsibilities

- **Follow up on flagged screening results:** Schools should develop a triage plan to prioritize screening results and follow up accordingly. Depending on the severity, follow-up may include notifying the student and family, conducting a clinical interview, and connecting them with resources.[29]

    - Based on the results of the screeners, schools should determine if a school's Multi-Tiered System of Support (MTSS) interventions are needed and how they should be implemented.[30] In the event outcomes from a student's mental health screener *and* other relevant educational performance data suggest the possible need for special education services, a referral to consider conducting an evaluation for possible special education service may be appropriate.[31] Factors relevant to a student's educational performance

[28] Bearden, S., PEL-SSW, LCSW. (2021, 2023). *Universal Screening in Schools Training Series* [PowerPoint slide training series]. Developed with support from a grant from the Illinois Children's Healthcare Foundation.
[29] *Ibid*.
[30] *Ibid*.
[31] Note that eligibility for special education services must include a determination of one or more of the 13 disability categories, which adversely affects performance to the extent that special education and related services are required.

should include not only current educational performance levels but also interventions and support provided with or without a school's MTSS framework. Results of a screener alone may not warrant an evaluation for possible eligibility of special education services, and it is encouraged that a school/problem-solving team review a comprehensive data set aligned within MTSS framework best practices.

- **Outreach/communication:** Recent research has focused on strategies to reduce mental illness stigma.[32] Schools should foster a supportive climate that encourages open conversations about mental health and combats stigma.[33]

- **Service directory:** Each school should have a list on hand of the services available to students through the school as well as through community partnerships.

- **Administering screening:** Schools are responsible for administering screenings. Research shows that leveraging technology can be a lever of success,[34] so schools should ensure that all the necessary staff have access to the technology and are familiar with the protocols.

- **Establishing documentation:** Schools are responsible for adapting documentation about the screening program to their needs, including tailoring the language and creating translations.

- **Establishing procedures:** Schools' screening procedures will vary depending on the size of the school, the type of screener used, and the personnel. Each school should develop a plan for administering screening, collecting data, and following up on results. All relevant staff must be made aware of these procedures.[35]

- **Scoring the screener and analyzing results:** Schools should establish who is responsible for scoring the screener, ensuring that they have the necessary credentials.

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[32] Fein, E. H., Agbangnin, G., Murillo-León, J., Parsons, M., Sakai-Bismark, R., Martinez, A., Gomez PF, Chung B, Chung P, Dudovitz R, Inkelas M, Kataoka S. (2023). Encouraging "Positive Views" of Mental Illness in High Schools: An Evaluation of Bring Change 2 Mind Youth Engagement Clubs. *Health Promotion Practice, 24*(5), 873-885; Shahwan, S., Goh, C. M. J., Tan, G. T. H., Ong, W. J., Chong, S. A., & Subramaniam, M. (2022). Strategies to reduce mental illness stigma: perspectives of people with lived experience and caregivers. *International journal of environmental research and public health, 19*(3), 1632.

[33] Ruesch, N. (2023). The stigma of mental illness: strategies against social exclusion and discrimination. *(No Title)*; Smith, R. A., & Applegate, A. (2018). Mental health stigma and communication and their intersections with education. *Communication education, 67*(3), 382-393.

[34] Smith, S. D., Walbridge, F., Harris, T., Cotter, M. C., Kaplan, R., Garza, B., Wilde, Z., Delgadillo, A., Mohn, R., Dufrene, B. (2024). Leveraging technology to support teachers' fidelity of universal classroom management interventions: Lessons learned and future applications. *School Mental Health, 16*(3), 894-912.

[35] Bearden, 2021, 2023.

District-Level Responsibilities

- **Screening tool selection:** The screening tool should meet the minimum requirements for a mental health screening tool as defined by ISBE in Appendix 6.

- **Outreach/communication:** The district should conduct outreach to families, students, school personnel, and community partners explaining the screening process and the rationale for the screening program and encouraging a supportive climate to talk about mental health.[36] It also should establish bi-directional avenues to receive feedback on the screening program.

- **Training plan:** School staff should be trained on the screening program according to their role, including administration of the selected screening tool, analyzing the results, and enacting follow-up.[37] All school staff also should receive bias and stigma training pertaining to mental health as well as training on the risks of unaddressed mental health challenges.[38] Existing trainings like those required by Ann-Marie's Law (105 ILCS 5/2-3.166) or the in-service training under Section 10-22.39 of the School Code for identifying warning signs of mental illness, trauma, and suicidal behavior in youth (105 ILCS 5/10-22.39) may include some of this information already but may need to be bolstered.

- **Establishing policy:** The school district is responsible for writing and seeking board approval for any school screening policies that are not already in place. The district also should ensure that all staff receive and understand these policies.[39] More details on specific topics to be addressed by district-level policies is provided in the Implementation Support: Policy Guidance section on page 27.

- **Partnerships with community-based organizations:** Some schools partner with local community-based organizations for assistance carrying out screening and follow-up. The district should support local partnerships and engage with community networks to the greatest extent possible.[40]

- **Resource allocation:** Districts are responsible for allocating funds as needed for technology, screening tools, and increased capacity.

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[36] Brann, K. L., Naser, S. C., Splett, J. W., & DiOrio, C. A. (2021). A mixed-method analysis of the implementation process of universal screening in a tiered mental health system. *Psychology in the Schools, 58*(11), 2089-2113; Weist, M. D., Hoover, S. A., Daly, B. P., Short, K. H., & Bruns, E. J. (2023). Propelling the global advancement of school mental health. *Clinical Child and Family Psychology Review, 26*(4), 851-864.
[37] Bearden, 2021, 2023.
[38] Ma, K. K. Y., Anderson, J. K., & Burn, A. M. (2023). School-based interventions to improve mental health literacy and reduce mental health stigma–a systematic review. *Child and adolescent mental health, 28*(2), 230-240.
[39] Bearden, 2021, 2023.
[40] *Ibid*.

- **Data collection:** Districts should establish procedures for secure data collection, storage, and how to flag results.

- **Data security:** Districts should establish protocols that ensure data security, and these protocols should be communicated to students and families.

Mental health screening can save time in three key ways:

1. Screening and early identification expedites access to interventions.[41]
2. It can reduce the time youth rely on social programs such as disability benefits, homelessness services, and child welfare interventions.[42]
3. Schools benefit from screening by minimizing missed school days and improving student engagement.[43]

Implementation Support: Policy Guidance

ISBE recommends that the following policy guidance be developed to support readiness. In all instances, districts also should consult with their own legal counsel regarding their development of policies to support the implementation of universal mental health screening.

Consent and Opt-Out

Schools must obtain parental consent for student participation in mental health screening, a "protected information survey" under the federal Protection of Pupil Rights Amendment (PPRA). The PPRA regulates the administration of student surveys that concern one or more of eight protected areas articulated in the law, including "mental or psychological problems of the student or the student's family" (20 U.S.C. 1232(h); 34 C.F.R. Part 98).[44]

Consent models can be active or passive and parents or guardians must have the ability to opt their children out of the surveys. Active consent models mean that a parent or guardian must provide a signed, dated, written consent before his or her child can participate in a survey. In passive consent models, parents or guardians are automatically deemed to have consented to their child's participation

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[41] Hamilton, M. P., Hetrick, S. E., Mihalopoulos, C., Baker, D., Browne, V., Chanen, A. M., Pennell, K., Purcell, R., Stavely, H., McGorry, P. D. (2017). Identifying attributes of care that may improve cost-effectiveness in the youth mental health service system. *Medical Journal of Australia, 207*(S10), S27-S37; Lustig, S., Kaess, M. A.-O., Schnyder, N., Michel, C., Brunner, R., Tubiana, A., . . . Wasserman, D. (2022). The impact of school-based screening on service use in adolescents at risk for mental health problems and risk-behaviour. (1435-165X (Electronic)).

[42] McCarter, S. (2019). Intersection of Mental Health, Education, and Juvenile Justice: The Role of Mental Health Providers in Reducing the School-to-Prison Pipeline. *Ethical Human Psychology & Psychiatry, 21*(1); Seigle, E., Walsh, N., & Weber, J. (2014). *Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System*: Council of State Governments.

[43] DeSocio J, Hootman J. (2004). Children's mental health and school success. J Sch Nurs. *Aug;20*(4),189-96; Humphrey, N., & Wigelsworth, M. (2016). Making the case for universal school-based mental health screening. *Emotional & Behavioural Difficulties, 21*(1), 22–42. doi:10.1080/13632752.2015.1120051.

[44] See also U.S. Department of Education, What is the Protection of Pupil Rights Amendment (PPRA)?.

unless the parent or guardian affirmatively opts out. The PPRA may dictate the manner in which consent for mental health screening can be obtained depending on the age of the child being surveyed and other factors relevant to how the district administers the mental health screener. It is generally recommended that schools require active consent, which means that a student is not screened unless the parent or guardian has signed a consent form and returned it to the school. However, properly executed passive consent, like those generally deployed for vision and hearing procedures, may be appropriate.

When implementing consent models, school administrators should ensure that materials are easy to understand and available in multiple languages. Materials also should clearly explain the screening and referral process as well as arrangements to protect student data privacy and whether/how data and information will be stored. Specific policy guidance will be developed and provided to districts in Phases Two and Three of implementation, and technological infrastructure will follow this guidance.

Confidentiality

Privacy models also must be in place to ensure that student data are protected and limited to those who need access to the information. Schools should work closely with their own legal counsel to ensure compliance with the Family Educational Rights and Privacy Act (12 U.S.C. § 1232g) and accompanying regulations (34 C.F.R. Part 99) and the Illinois School Student Records Act (105 ILCS 10) and accompanying regulations (23 Ill. Admin. Code Part 375). Mental health screening results also may implicate obligations under the Health Insurance Portability and Accountability Act privacy rule (45 C.F.R. Subtitle A, Parts 160 and 164), the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110), and other applicable privacy laws. Technological infrastructure developed by the state must be compliant with these laws and regulations.

Follow Up

Schools and districts must follow a systematic process and data rules that guide follow up with students identified as at risk for a mental health concern. They must define:

- What scores/indicators will identify students who need immediate follow up (high risk – same day), prompt follow up (moderate risk – within the week), or non-urgent follow up (low risk – follow up to communicate negative findings).

- A plan to ensure mental health staff receive and analyze data the same day as the completed screening to ensure prompt follow up. Crisis teams and local community mental health providers should be alerted to be on call in advance of screenings.

- A plan for following up with the parent/guardian of students with elevated scores and with negative results.

- A plan for following up with school staff about screening and progress monitoring results.

- What interventions will be implemented for students at different levels of risk (e.g., immediate crisis referral, referral to a school-based or community mental health provider, referral to early intervention/prevention group).[45]

Liability

The liability involved in universal mental health screening primarily concerns potential legal issues arising from misinterpreting screening results; failing to provide appropriate follow-up care to individuals identified as needing support; breaching privacy and confidentiality; and not adequately considering cultural factors when administering the screening, potentially leading to inaccurate assessments and causing harm to individuals.

- Misinterpretation of results: A screener misinterpreting student responses could create legal issues for the district, especially if a student experiences negative consequences due to the misinterpretation, such as an unnecessary intervention or a failure to identify a serious mental health issue.

- Lack of follow-up care: Failing to provide proper follow-up care to students flagged by a screening as needing further evaluation or treatment could create legal issues for the district, particularly if a student's mental health deteriorates due to lack of support.

- Confidentiality breaches: Improper handling of sensitive mental health information obtained during screening can lead to legal issues if confidentiality is breached, exposing an individual's private details. Screening results and action plans will generally qualify as student temporary records so immediate destruction is not permissible.

- Cultural bias in screening tools: Using screening tools that are not culturally sensitive or appropriate for diverse populations can lead to inaccurate results and potential discrimination, again creating potential liability for the district.

Administration of Screenings

Screening proctors are typically teachers, paraprofessionals, counselors, school psychologists, or school social workers. When developmentally appropriate (around age 10), student self-assessments will be strongly encouraged.[46] Partnerships with community mental health providers or university mental health graduate programs can be established to assist with screening administration.

[45] Center for School Mental Health, 2018. School Mental Health Screening Playbook: Best Practices and Tips from the Field.
[46] This recommendation is consistent with existing statute on student surveys. Section 2-3.153 of the School Code requires a survey of learning conditions to be self-administered by students beginning with Grade 4 (105 ILCS 5/2-3.153).

Interpretation of Results

Most screening tools provide results as a general score of risk and/or in more specific domains of functioning (e.g., internalizing behaviors, social skills, prosocial behaviors, peer problems). School teams need to determine if they will focus primarily on a total behavior risk score and/or if subscale scores will be used, also considering cut-off scores that identify students at risk. Teams also need to consider whether or not mental health screening results alone will be used to place students in intervention, or if other data (e.g., attendance, discipline, grades) and/or additional follow up (e.g., teacher or student interview, classroom observation) will be needed. It is best practice to consider multiple sources of data when identifying students in need of social-emotional and behavior intervention, but schools should consider additional steps cautiously.[47]

Sharing the Results

A key consideration in universal screening procedures includes how and with whom to share in a timely manner. While aggregate results may be shared with district leaders or ISBE administration (in accordance with parental consent), individual results might be shared with teachers, students, and/or parents to facilitate service linkage and other responses. Sharing the results with parents is essential to providing additional supports to students, but they may not be receptive to additional services even when risks are identified.[48] To promote effective communication, school staff should discuss the warning signs and potential risks observed through universal mental health screening with parents as well as the limitations of screening.[49] Interpreters and translation services can be used to help families whose primary language is not English to understand the implications of the universal mental health screening data.

Data Storage

Screening often collects sensitive data. These data are critical to identifying student needs and should be securely stored so that only staff needing the information have access to it. Furthermore, schools should limit screening records to avoid collection of sensitive information, except as is necessary to inform next steps.

Implementation Supports: Timeline

House Bill 3440 and its companion Senate Bill 1560 mandate that school districts offer annual mental health screenings for students enrolled in kindergarten through Grade 12, beginning with the 2027-28 school year. As detailed in this report, the phased approach to implementation of universal mental health screening in schools is based on the input provided by school personnel, leaders, and community

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[47] Romer, N., von der Embse, N., Eklund, K., Kilgus, S., Perales, K., Splett, J. W., Sudlo, S., Wheeler, D., (2020). Best Practices in Social, Emotional, and Behavioral Screening: An Implementation Guide. Version 2.0.
[48] Hansen, A. S., Telléus, G. K., Mohr-Jensen, C., & Lauritsen, M. B. (2021). Parent-perceived barriers to accessing services for their child's mental health problems. *Child and Adolescent Psychiatry and Mental Health, 15*, 1-11.
[49] Ready, Set Go, Review: Screening for Behavioral Health Risk in Schools.

members through a variety of data collection efforts, including school surveys, focus groups, a landscape scan, and a readiness inventory across a two-year period (2023 – 25).

Implementation will proceed in three phases that will require full implementation within each subgroup of school districts (Levels I-III) according to levels of readiness determined through the readiness survey.

Level I school districts are those that are currently implementing a mental health screener at least once annually. Level II school districts are ready but have not yet begun implementation. Level III school districts are not yet ready to begin implementation.

Summer 2025 – All school districts are encouraged to form a district-level implementation team to fully evaluate current practices and create an action plan complete with a timeline for implementation.

Phase One: Level I school districts that are currently implementing a universal mental health screener are deemed "ready" to implement by the end of the 2025-26 school year.

- Level I districts will be invited to receive technical assistance as well as potentially serve as "peer mentor districts" to other districts working toward readiness.

On or before September 1, 2026 – All supports and guidance, including model policies, will be available for all levels.

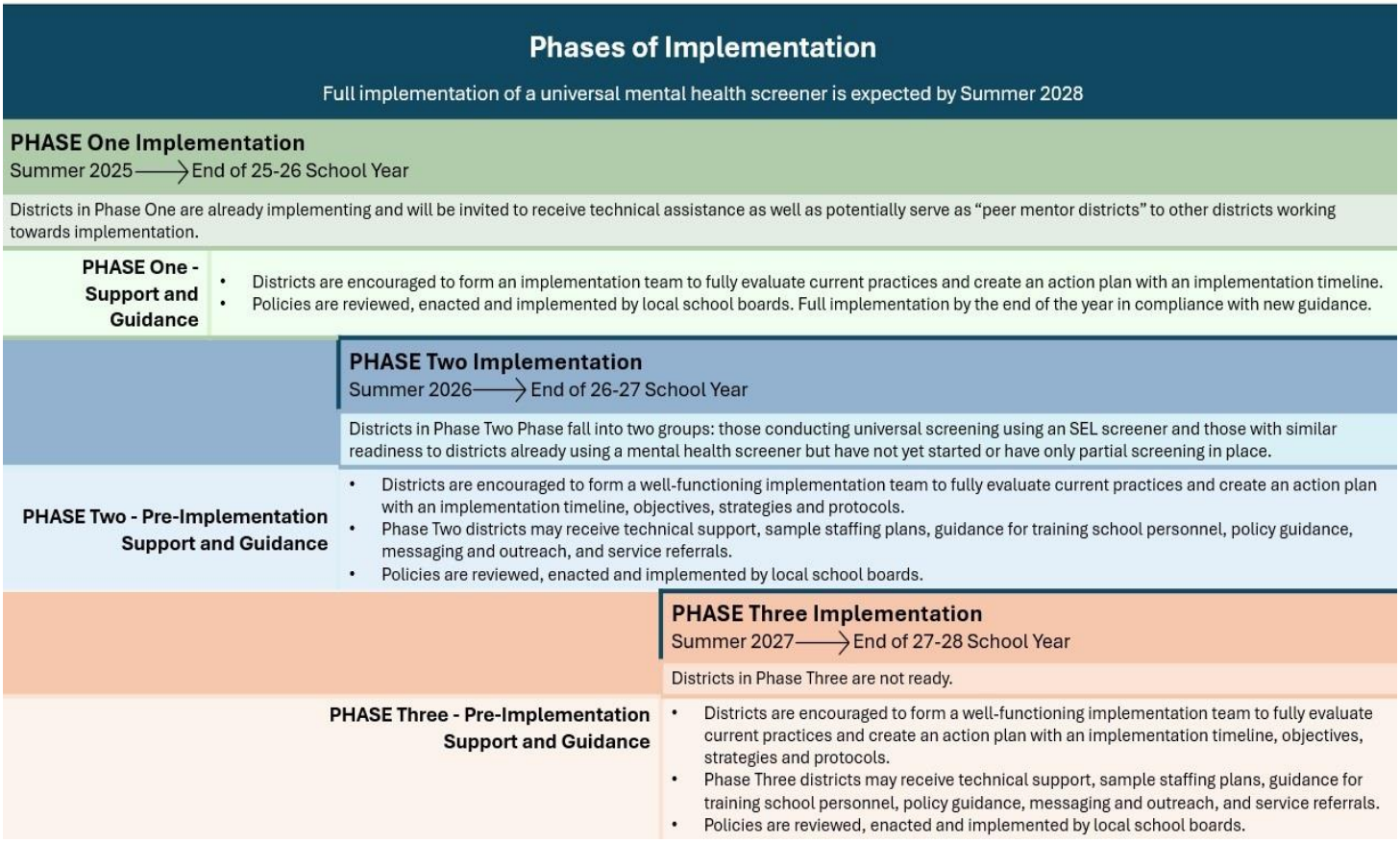
Phase Two: Level II school districts are expected to work toward full implementation by the end of the 2026-27 school year.

- These districts will be offered policy guidance and supports to select tools and adopt technology to implement school screening, while working to reduce stigma pertaining to mental and behavioral health concerns and develop partnerships with local community networks that can enable community-based providers to support in-school efforts.

Summer 2027 – Policies are enacted and implemented by local school boards or reviewed and updated as necessary in districts that have already adopted them.

Phase Three: Level III school districts are expected to implement universal mental health screening by the end of the 2027-28 school year. These districts will be offered supports and guidance during Phases Two and Three. Full implementation is expected before the end of the school year.

All districts are expected by have fully implemented universal mental health screening by the end of the 2027-28 school year. A district can, by action of the State Board of Education, get an extension (HB 3440/SB 1560).



Best Practices: District Highlights

Mount Olive Community Unit School District 5

Mount Olive Community Unit School District 5 is a rural district in Macoupin County that serves 485 students. (See Illinois Report Card, 2025.) For the past two years, the district has utilized the BASC-3 Behavioral and Emotional Screening System (BASC-3 BESS). The BASC 3-BESS offers a reliable, quick, and systematic way to determine behavioral and emotional strengths and weaknesses of children and adolescents in preschool through high school. The 28-question screener is administered twice annually to students in Grades 3-12. The district conducts both pre- and post-assessments as part of the screening process, gathering valuable data that informs tiered interventions at the building level. Student assistant teams play a key role in facilitating these interventions. The implementation of the screener has yielded positive outcomes for students, staff, and families across the district. Superintendent Dr. Brandi Kelly highlighted the importance of allocating more time for data analysis in order to maximize the screener's effectiveness and benefits.

ECHO Alternative School

ECHO Alternative School serves students in Grades 7-12 from Franklin, Johnson, Massac, and Williamson counties in southern Illinois. The school offers a supportive and flexible learning environment tailored to meet the diverse needs of its student population. ECHO partners with the Maro platform and utilizes a comprehensive Multi-Tiered System of Support, alongside universal mental health screening tools, to assess students for various mental health concerns, including anxiety, ADHD, depression, and suicidality. This collaboration allows the school to identify and address mental health needs early, providing targeted support for all students. Both the Maro mental health screener and the Social, Academic, and Emotional Behavior Risk Screener (SAEBRS) were used at ECHO during the 2024-25 school year. However, the school is currently considering the exclusive use of the Maro screener moving forward. ECHO's preference for a fully digital platform has been driven by the need to streamline monitoring and communication, including the distribution and collection of consent forms. The Maro screener offers multiple benefits for ECHO's diverse student population, especially as the students transition back to their home schools. This evidence-based tool efficiently screens for mental health concerns and facilitates the monitoring of tailored interventions and follow-ups. Students are categorized by risk levels, and the system clearly identifies the appropriate tiered services required for each of them. The platform filters resources by insurance, language, and modality, and this information is easily shared with families to ensure they receive the appropriate support.

ECHO Alternative School's implementation of the Maro mental health screener has proven effective in supporting students' mental health needs. Using a digital platform that integrates seamlessly into its MTSS approach enables ECHO to efficiently address and monitor mental health concerns, while providing valuable resources to students and their families. This method ensures that each student receives the necessary support in a timely and accessible manner, improving outcomes both within the school and in the broader community.

Olympia Community Unit School District 16

Olympia Community Unit School District 16, located in Stanford, serves over 1,700 students. (See Illinois Report Card, 2025.) The district implemented SAEBRS as its universal mental health screening tool during the 2019-20 school year. This initiative is part of the district's broader effort to strengthen operational systems and increase trauma responsiveness at the building level. SAEBRS is administered twice annually, and the data that is collected is utilized by the MTSS team and classroom teachers to provide Tier I supports and other targeted classroom-level interventions. Additionally, the district's family coordinator leverages the data to connect families across five counties with appropriate support services. Superintendent Dr. Laura O'Donnell has observed significant growth in staff capacity for trauma responsiveness. However, she recognizes that further resources are needed to enable staff to deeply analyze the data, interpret the scores, and make clear connections between the data's implications and classroom practices.

Appendix 1.

Universal Mental Health Screening Readiness Tool -- Illinois State Board of Education

Introduction to the Readiness Tool

Pursuant to Recommendation 9 in the February 2023 Blueprint for Transformation: A Vision for Improved Behavioral Healthcare for Illinois Children report and in accordance with Public Act 103-0885, ISBE has developed this Readiness Tool to understand capacity to implement universal mental health screening of all K-12 students in all school districts in Illinois. This Readiness Tool is an opportunity for districts or other public entities that provide school programming to public school students in Illinois to describe their level of readiness to implement universal mental health screening in their schools. No personally identifiable information about individuals should be reported on this form. Feedback from entries will be shared with Chapin Hall, a nonpartisan, nonprofit organization that engages in research and dissemination to inform public and private decision-makers and evidence-based policies and practices to improve the lives of children, youth, and families. It will be summarized in a forthcoming report set to be released in spring of 2025. District responses are critical to informing the implementation approach to universal mental health screenings in schools in Illinois.

Thank you to the Illinois Children's Behavioral Health Transformation Initiative Team, the Illinois Department of Public Health, and the Division of Academic Internal Medicine at the University of Illinois Chicago for their collaboration in developing this tool.

Please feel free to email ISBE at mentalhealth@isbe.net with any questions.

Using the Readiness Tool

This Readiness Tool contains 13 questions, some with subparts, reflecting key elements needed to successfully design and implement a universal mental health screening program for students in grades K-12, based on findings from the 2023 Landscape Scan on Mental Health Screening Practices in Illinois Schools. Each item, unless otherwise noted, is rated using a 4-point scale of "none," "some," "most," and "all." These ratings reflect the degree to which the various components of universal mental health screening are currently in place in the district.

The Readiness Tool should take approximately 10-15 minutes to complete. It should be completed by the appropriate personnel at the school district level. A Frequently Asked Questions Document is available and should be reviewed by the individual filling out the tool prior to completion. The tool will be open from October 1 – November 26, 2024

Survey Questions

Please answer all of the following questions regarding the implementation of universal mental health screening for students in all grades served by your district. "Universal mental health screening" is defined in Q&A #3 in the Universal Mental Health Screening Frequently Asked Questions document. Please provide any additional thoughts or concerns regarding your school district's readiness in the designated Notes/Comments space provided for each question.

1. What portion of the schools in your district have financial resources to support a universal mental health screening program?

- None
- Some
- Most
- All

If you have additional information to share about the costs to your district, you may add it in the box below.

A “universal mental health screening program” is defined in Q&A #4 in the Universal Mental Health Screening FAQ Document.

Notes/Comments: - Optional

2. What portion of the schools in your district have access to the following types of training for school staff?

If you would like to provide more information about any of your answers, please use the comment box below.

a. Trainings that raise awareness of the prevalence and risk of unaddressed mental health issues in today’s youth.

- None
- Some
- Most
- All

b. Trainings that discuss the stigma, biases, and misconceptions pertaining to mental health and mental health screening.

- None
- Some
- Most
- All

c. Trainings on the selected screening tool(s) to be used in the school.

- None
- Some
- Most
- All

Notes/Comments: - Optional

3. What portion of the schools in your district have a group of individuals or an existing team that can serve as the Implementation Team for carrying out a universal mental health screening program?

If you would like to provide more information about your answer, please use the comment box below.

An “Implementation Team” is described in Q&A #4 on the FAQ Document.

- None
- Some
- Most
- All

Notes/Comments:

4. What portion of the schools in your district offer mental health services for students provided by school district employees?

- None
- Some
- Most
- All

You may list the title or role of these employees in the comment box if you’d like to share that information.

Notes/Comments – Optional

5. What potion schools in your district have partnerships with external organizations that provide mental health services to students (whether on or off school premises or via telehealth)?

- None
- Some
- Most
- All

You may use the comment box to briefly describe what you know about the mental health partnerships in your district.

Note(s)/Comment(s) – Optional

6. Does your district have policies in place to support a universal mental health screening program that include the following:

If you would like to provide more information about any of your answers, please use the comment box below.

a. Administering screenings to students

- Yes
- No

b. An opt-out process

- Yes
- No

c. Maintaining confidentiality of screening tool results

- Yes
- No

d. Interpreting and following up on screening tool results

- Yes
- No

e. Contracting with external organizations to provide mental health services

- Yes
- No

f. Sharing screening tool results with the students

- Yes
- No

g. Sharing screening tool results with the school personnel

- Yes
- No

h. Sharing screening tool results with Parents/Families/Guardians

- Yes
- No

i. Sharing screening tool results with the community and community partners

- Yes
- No

Note(s)/Comment(s) - Optional

7. School districts report that a culture of openness and acceptance can be very helpful to a successful universal mental health screening program. Given this, if you would like to share any additional information about factors in your community that impact your district's readiness to implement a universal mental health screening program, please use the box below.

Note(s)/Comment(s) – Optional

8. What portion of the schools in your district have a clearly defined universal mental health screening program for students?

- None
- Some
- Most
- All

If you would like to provide more information about your answer, please use the comment box below.

A “universal mental health screening program” is defined in Q&A #4 in the Universal Mental Health Screening FAQ Document.

Note(s)/Comment(s) - Optional

If you answered "none" to the previous question, the survey is complete, and you can submit at the bottom. If you answered "some", "most", or "all", please answer all the questions below.

9. What portion of the schools in your district have the following in place regarding staffing and the implementation of your universal mental health screening program? - Optional

If you have additional information to share about the costs to your district, you may add it in the box below. Also, you may list the name of the tools used in the comment box below.

a. Adequate number of staff

- None
- Some
- Most
- All

b. Appropriately credentialed mental health staff

- None
- Some
- Most
- All

c. Ability to hire additional staff as needed

- None
- Some
- Most
- All

d. Adequate staff time

- None
- Some
- Most
- All

e. Adequate staff capacity

- None
- Some
- Most
- All

f. An age and developmentally appropriate universal mental health screening tool(s) administered to all grades served by the school at least once each school year

- None
- Some
- Most
- All

Q&A #5 in the Universal Mental Health Screening FAQ document defines mental health “screening” and the hallmarks of a screening tool and how it differs from a mental health “assessment".

Note(s)/Comment(s) – Optional

10. What portion of the schools in your district have communicated and shared your universal mental health screening program, process, and desired outcomes with the following groups, including providing communication in the group’s preferred language? - Optional

If you would like to provide more information about any of your answers, please use the comment box below.

a. Students

- None
- Some
- Most

- All

b. School personnel

- None
- Some
- Most
- All

c. Families/Parents/Guardians

- None
- Some
- Most
- All

d. Community and community partners

- None
- Some
- Most
- All

Note(s)/Comment(s) – Optional

11. What portion of the schools in your district have a clearly identified individual or group that will review and interpret the results after the students complete the universal mental health screening tool(s)? - Optional

- None
- Some
- Most
- All

If you would like to provide more information about your answer, please use the comment box below.

Note(s)/Comment(s) – Optional

12. What portion of the schools in your district have a process in place to triage students to prioritize necessary follow-up based on mental health screening results? - Optional

- None
- Some
- Most
- All

If you would like to provide more information about your answer, please use the comment box below.

Note(s)/Comment(s) – Optional

13. What portion of the schools in your district have regularly scheduled meetings (at least quarterly) for the Implementation Team or other appropriate staff regarding your universal mental health screening program? - Optional

- None
- Some
- Most
- All

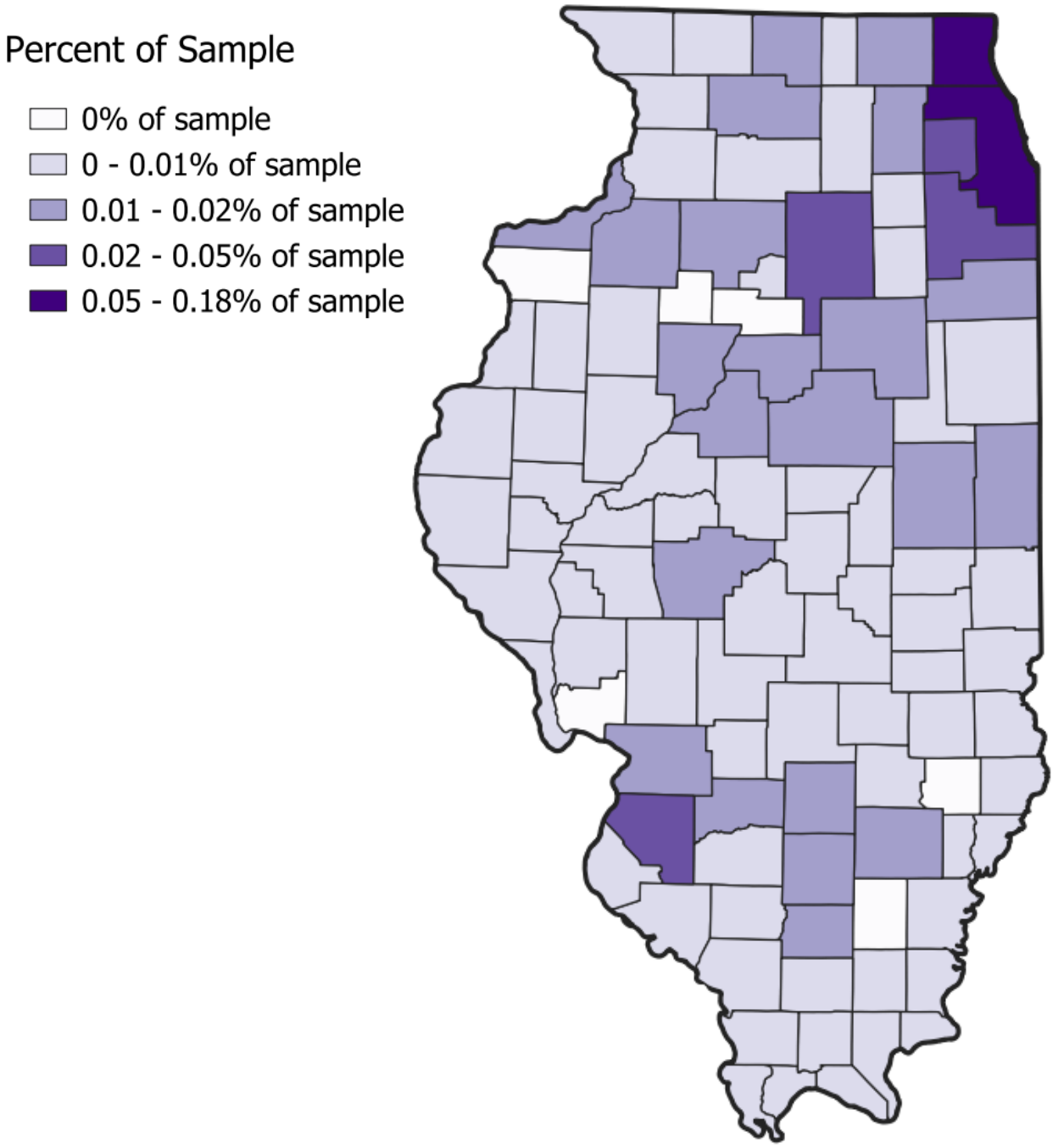
These meetings may include processes, feedback, impact, and determination of next steps. You may add additional comments about your answer in the box below.

Note(s)/Comment(s) – Optional

Thank you for completing the Readiness Tool. Please click “Submit” when you are done. After clicking submit, you may go back to view your district’s answers by selecting the survey again in your IWAS account, clicking on the three dots on the far-right side of your screen under “Actions”, and then selecting “Edit Response.” This series of steps will allow you to edit or view your responses until the survey closes on November 26, 2024. Please direct your questions to mentalhealth@isbe.net.

Appendix 2. Sample validation

The following map shows the percentages of sample responses by district.



Appendix 3. Item Descriptions and Frequency Distributions

		Percent		
Policies	n	Yes	No	Total
District has policies in place to support a universal mental health screening program that include Administering screenings to students	624	56.9	43.1	100.0
District has policies in place to support a universal mental health screening program that include An opt-out process	624	53.7	46.3	100.0
District has policies in place to support a universal mental health screening program that include Maintaining confidentiality of screening tool results	624	65.5	34.5	100.0
District has policies in place to support a universal mental health screening program that include Interpreting and following up on screening tool results	624	56.3	43.8	100.0
District has policies in place to support a universal mental health screening program that include Sharing screening tool results with the school personnel	624	54.5	45.5	100.0

		Percentage of Districts				
Operations	n	All	Most	Some	None	Total
District has financial resources to support a universal mental health screening program	496	52.8	4.8	12.9	29.4	100.0
District has access to Trainings on the selected screening tool(s) to be used in the school	496	50.0	10.1	0.0	39.9	100.0
District has a group of individuals or an existing team that can serve as the Implementation Team for carrying out a universal mental health screening program	496	61.7	8.1	10.5	19.8	100.0
District offer mental health services for students provided by school district employees	496	67.9	5.9	11.5	14.7	100.0

		Percentage of Districts				
Culture & Awareness	n	All	Most	Some	None	Total
District has access to Trainings that raise awareness of the prevalence and risk of unaddressed mental health issues in today's youth	460	77.2	11.1	0.0	11.7	100.0
District has access to Trainings that discuss the stigma, biases, and misconceptions pertaining to mental health and mental health screening	460	73.7	10.7	0.0	15.7	100.0

		Percentage of Districts					Percent		
Partnership & Capacity	n	All	Most	Some	None	Total	Yes	No	Total
District has partnerships with external organizations that provide mental health services to students	624	56.1	5.0	17.3	21.6	100.0			
District has policies in place to support a universal mental health screening program that include Contracting with external organizations to provide mental health services	624						56.3	43.8	100.0

		Percent		
Engagement & Communication	n	Yes	No	Total
District has policies in place to support a universal mental health screening program that include Sharing screening tool results with the students	624	38.6	61.4	100.0
District has policies in place to support a universal mental health screening program that include Sharing screening tool results with Parents/Families/Guardians	624	46.3	53.7	100.0
District has policies in place to support a universal mental health screening program that include Sharing screening tool results with the community and community partners	624	29.5	70.5	100.0

Policies	n	Percent		
		Yes	No	Total
District has policies in place to support a universal mental health screening program that include Administering screenings to students	624	56.9	43.1	100.0
District has policies in place to support a universal mental health screening program that include An opt-out process	624	53.7	46.3	100.0
District has policies in place to support a universal mental health screening program that include Maintaining confidentiality of screening tool results	624	65.5	34.5	100.0
District has policies in place to support a universal mental health screening program that include Interpreting and following up on screening tool results	624	56.3	43.8	100.0
District has policies in place to support a universal mental health screening program that include Sharing screening tool results with the school personnel	624	54.5	45.5	100.0

Operations	n	Percentage of Districts				
		All	Most	Some	None	Total
District has financial resources to support a universal mental health screening program	496	52.8	4.8	12.9	29.4	100.0
District has access to Trainings on the selected screening tool(s) to be used in the school	496	50.0	10.1	0.0	39.9	100.0
District has a group of individuals or an existing team that can serve as the Implementation Team for carrying out a universal mental health screening program	496	61.7	8.1	10.5	19.8	100.0
District offer mental health services for students provided by school district employees	496	67.9	5.9	11.5	14.7	100.0

Culture & Awareness	n	Percentage of Districts				
		All	Most	Some	None	Total
District has access to Trainings that raise awareness of the prevalence and risk of unaddressed mental health issues in today's youth	460	77.2	11.1	0.0	11.7	100.0
District has access to Trainings that discuss the stigma, biases, and misconceptions pertaining to mental health and mental health screening	460	73.7	10.7	0.0	15.7	100.0

Partnership & Capacity	n	Percentage of Districts					Percent		
		All	Most	Some	None	Total	Yes	No	Total
District has partnerships with external organizations that provide mental health services to students	624	56.1	5.0	17.3	21.6	100.0			
District has policies in place to support a universal mental health screening program that include Contracting with external organizations to provide mental health services	624						56.3	43.8	100.0

Engagement & Communication	n	Percent		
		Yes	No	Total
District has policies in place to support a universal mental health screening program that include Sharing screening tool results with the students	624	38.6	61.4	100.0
District has policies in place to support a universal mental health screening program that include Sharing screening tool results with Parents/Families/Guardians	624	46.3	53.7	100.0
District has policies in place to support a universal mental health screening program that include Sharing screening tool results with the community and community partners	624	29.5	70.5	100.0

Appendix 4. Quantification of Readiness

To quantify readiness, survey responses were assigned numerical values. For responses based on the proportion of schools within a district, "All Schools" was assigned a 3, "Most Schools" a 2, "Some Schools" a 1, and "None" a 0. Dichotomous responses were scored as 1 for "Yes" and 0 for "No."

Upon conversion, numerical values were summed to generate domain-level scores. Although this practice is common, converting ordinal responses to numerical values has been widely debated in data analytics.[50] To assess score reliability, Cronbach's alpha (α), a standard measure in educational research for multi-item constructs, was computed.[51] While an alpha of 0.70 or higher is generally considered acceptable, interpreting the scores remains challenging. Specifically, in four out of five domains with $\alpha > 0.70$, the scores reflect varying degrees of capacity but should not be interpreted as precise intervals. For instance, in the Policies domain (ranging from 0 to 5), the difference between a score of 5 and 4 is not necessarily equivalent to the gap between 2 and 1.

Descriptive Statistics and Reliability for 5 Domains

	Number of Items	n	Mean	Median	SD	Min	Max	Cronbach's Alpha
Policies	5	545	2.96	4.00	2.20	0	5	0.9401
Operation	4	496	7.90	9.00	3.91	0	12	0.7533
Training	2	400	5.02	6.00	1.91	0	6	0.9072
External Partnership	2	436	2.51	3.00	1.53	0	4	0.4567
Engagement	3	436	1.17	1.00	1.29	0	2	0.8665

The domain-level scores were aggregated to compute a composite score for each district. An average score was calculated for Phase 1 districts — those currently implementing universal mental health screening. This average served as a benchmark to identify Phase 2 districts with comparable readiness that have yet to implement universal screening.

The average composite score for districts implementing universal mental health screening was 24.2. Districts not yet implementing universal screening but scoring above this threshold were identified as having comparable readiness. These districts accounted for approximately 19% of all districts.

[50] Dawis, R. V. (1992). Scale construction; Lalla, M. (2017). Fundamental characteristics and statistical analysis of ordinal variables: a review. *Quality & Quantity, 51*, 435-458; Manisera, M. (2007). Scoring ordinal variables for constructing composite indicators. *Statistica, 67*(3), 309-324.

[51] Schmitt, N. (1996). Uses and abuses of coefficient alpha. *Psychological assessment, 8*(4), 350; Tavakol, M., & Dennick, R. (2011). Making sense of Cronbach's alpha. *International journal of medical education, 2*, 53.

Appendix 5. Distribution of ROEs and State-Authorized Charter Schools by Readiness Dimension Levels

Frequency Distribution for ROEs

		Percent		
Policies	**n**	**Yes**	**No**	**Total**
District has policies in place to support a universal mental health screening program that include Administering screenings to students	24	29.2	70.8	100.0
District has policies in place to support a universal mental health screening program that include An opt-out process	24	25.0	75.0	100.0
District has policies in place to support a universal mental health screening program that include Maintaining confidentiality of screening tool results	24	50.0	50.0	100.0
District has policies in place to support a universal mental health screening program that include Interpreting and following up on screening tool results	24	29.2	70.8	100.0
District has policies in place to support a universal mental health screening program that include Sharing screening tool results with the school personnel	24	29.2	70.8	100.0

		Percentage of Districts				
Operations	**n**	**All**	**Most**	**Some**	**None**	**Total**
District has financial resources to support a universal mental health screening program	21	23.8	4.8	23.8	47.6	100.0
District has access to Trainings on the selected screening tool(s) to be used in the school	21	42.9	19.1	0.0	38.1	100.0
District has a group of individuals or an existing team that can serve as the Implementation Team for carrying out a universal mental health screening program	21	38.1	9.5	14.3	38.1	100.0
District offer mental health services for students provided by school district employees	21	57.1	9.5	28.6	4.8	100.0

		Percentage of Districts				
Culture & Awareness	**n**	**All**	**Most**	**Some**	**None**	**Total**
District has access to Trainings that raise awareness of the prevalence and risk of unaddressed mental health issues in today's youth	21	71.4	23.8	0.0	4.8	100.0
District has access to Trainings that discuss the stigma, biases, and misconceptions pertaining to mental health and mental health screening	21	76.2	19.1	0.0	4.8	100.0

		Percentage of Districts					Percent		
Partnership & Capacity	**n**	**All**	**Most**	**Some**	**None**	**Total**	**Yes**	**No**	**Total**
District has partnerships with external organizations that provide mental health services to students	24	37.5	8.3	37.5	16.7				
District has policies in place to support a universal mental health screening program that include Contracting with external organizations to provide mental health services						24	50.0	50.0	100.0

		Percent		
Engagement & Communication	**n**	**Yes**	**No**	**Total**
District has policies in place to support a universal mental health screening program that include Sharing screening tool results with the students	24	70.8	29.2	100.0
District has policies in place to support a universal mental health screening program that include Sharing screening tool results with Parents/Families/Guardians	24	70.8	29.2	100.0
District has policies in place to support a universal mental health screening program that include Sharing screening tool results with the community and community partners	24	83.3	16.7	100.0

Frequency Distribution for State-Authorized Charter Schools

		Percent		
Policies	**n**	**Yes**	**No**	**Total**
District has policies in place to support a universal mental health screening program that include Administering screenings to students	9	77.8	22.2	100.0
District has policies in place to support a universal mental health screening program that include An opt-out process	9	66.7	33.3	100.0
District has policies in place to support a universal mental health screening program that include Maintaining confidentiality of screening tool results	9	77.8	22.2	100.0
District has policies in place to support a universal mental health screening program that include Interpreting and following up on screening tool results	9	77.8	22.2	100.0
District has policies in place to support a universal mental health screening program that include Sharing screening tool results with the school personnel	9	77.8	22.2	100.0

		Percentage of Districts				
Operations	**n**	**All**	**Most**	**Some**	**None**	**Total**
District has financial resources to support a universal mental health screening program	9	77.8	11.1	0.0	11.1	100.0
District has access to Trainings on the selected screening tool(s) to be used in the school	9	77.8	0.0	0.0	22.2	100.0
District has a group of individuals or an existing team that can serve as the Implementation Team for carrying out a universal mental health screening program	9	77.8	11.1	0.0	11.1	100.0
District offer mental health services for students provided by school district employees	9	77.8	11.1	0.0	11.1	100.0

		Percentage of Districts				
Culture & Awareness	**n**	**All**	**Most**	**Some**	**None**	**Total**
District has access to Trainings that raise awareness of the prevalence and risk of unaddressed mental health issues in today's youth	9	77.8	0.0	0.0	22.2	100.0
District has access to Trainings that discuss the stigma, biases, and misconceptions pertaining to mental health and mental health screening	9	77.8	0.0	0.0	22.2	100.0

		Percentage of Districts					Percent		
Partnership & Capacity	**n**	**All**	**Most**	**Some**	**None**	**Total**	**Yes**	**No**	**Total**
District has partnerships with external organizations that provide mental health services to students	9	55.6	11.1	0.0	33.3	100.0			
District has policies in place to support a universal mental health screening program that include Contracting with external organizations to provide mental health services						9.0	66.7	33.3	100.0

		Percent		
Engagement & Communication	**n**	**Yes**	**No**	**Total**
District has policies in place to support a universal mental health screening program that include Sharing screening tool results with the students	9	66.7	33.3	100.0
District has policies in place to support a universal mental health screening program that include Sharing screening tool results with Parents/Families/Guardians	9	77.8	22.2	100.0
District has policies in place to support a universal mental health screening program that include Sharing screening tool results with the community and community partners	9	44.4	55.6	100.0

Appendix 6. Screening Tool Criteria Rubric

Alternative screening tools that meet the following criteria qualify for use in schools:

- Addresses the following behaviors:
  - Internalizing behavior
  - Externalizing behavior
  - Trauma
  - Self-harm
  - Harm to others
  - ADHD and focus challenges

- Takes 10 minutes or less to administer.
- Provides cut scores and guidance for how to use the tool, including when and how to follow up.
- Appropriate for ages 5 through 18.