Universal Mental Health Screening

Non-Regulatory Guidance for School Districts

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Purpose

This guidance is intended to assist school districts in planning the implementation of universal mental health screenings consistent with Section 2-3.203 of the School Code (105 ILCS 5/2-3.203). It addresses legal considerations related to authorization for student participation in screening and consent requirements governing the use, maintenance, storage, and disclosure of screening results.

The guidance emphasizes that different legal standards apply at different stages of the screening process, and that districts must distinguish between participation in screening and subsequent use of the information collected.

Consultation with Legal Counsel

School districts are strongly encouraged to consult with their legal counsel prior to implementing any universal mental health screening process. The appropriate consent framework is not uniform and depends on the structure of the district's screening program. Districts that have already implemented universal mental health screening are encouraged to periodically review and update their procedures in consultation with legal counsel to ensure alignment with applicable legal requirements and evolving best practices.

Districts must evaluate both the nature of the screening tool and the role of the personnel involved with its administration. Screening instruments that include questions related to depression, anxiety, trauma, or suicidality may raise different legal considerations than general wellness tools. When screenings are administered by licensed clinical personnel, such as school psychologists, social workers, or nurses, the activity may more closely resemble an examination or evaluation within the meaning of "mental health or developmental disabilities services" under 740 ILCS 110/2.

Because these factors may affect whether screening activity falls within the scope of the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110 et seq.) and the federal Protection of Pupil Rights Amendment (PPRA) (20 U.S.C. § 1232h), districts should use this guidance to inform discussions with their attorneys and develop policies tailored to their staffing models, data practices, and risk considerations.

Non-Legal Advice Disclaimer

This document provides general informational guidance to assist school districts in planning. It does not constitute legal advice. Districts should not rely on this document as a substitute for consultation with qualified legal counsel and must ensure compliance with applicable state and federal laws based on their specific circumstances.

Part One – Universal Mental Health Screening in Schools

Mental health plays a crucial role in students' overall well-being and academic success. As the understanding of mental health and its impact on children and adolescents continues to grow, there is an increasing recognition of the importance of early identification and support for students facing mental health challenges (Francis et al., 2025). In Illinois, ensuring that all students have access to mental health resources and support is not only a matter of fostering individual well-being but also of creating a safe, supportive, and conducive learning environment.

Research estimates that one in five students will experience a significant mental health problem during their school years (Meda et al., 2023). These issues vary in severity, but approximately 70% of those who need treatment will not receive appropriate mental health services (Substance Abuse and Mental Health Services Administration, 2019). Failure to address students' mental health needs is linked to poor academic performance, behavior problems, school violence, dropping out, substance abuse, special education referrals, suicide, and criminal activity (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2021). Recognizing these risks, Illinois has made significant strides in addressing mental health in schools.

According to the Voices of Child Health in Chicago report, nearly 30% of Illinois youth aged 14–17 report experiencing mental health symptoms, such as feelings of hopelessness or sadness, and nearly one in four adolescents express a need for mental health services (Ann & Robert H. Lurie Children's Hospital of Chicago, 2021). The report also highlights racial disparities, revealing that Black youth in Illinois experience higher rates of mental health symptoms compared to their white peers, with 39% of Black youth reporting distress compared to 25% of white youth. These statistics underscore the urgency of expanding access to mental health care for all Illinois students, especially in communities that face bigger barriers to access.

Mental health challenges frequently emerge during childhood and adolescence and can have lasting effects on educational attainment and long-term life outcomes. Research indicates that an estimated 12–30% of school-aged children experience mental health conditions that significantly interfere with learning, and nearly 50% of all mental illnesses begin before age 14, with 75% emerging by age 25 (Richter et al., 2022). When left untreated, mental health conditions are associated with adverse outcomes, including academic failure, physical health complications, substance use, involvement in the juvenile justice system, unemployment, and premature mortality. Despite the availability of effective interventions, up to 75% of students with identified mental health needs receive inadequate or no treatment, allowing early symptoms to escalate into more severe conditions in adulthood.

Schools are uniquely positioned to respond to these challenges due to their access to students, their vital role in students' social-emotional development, and compulsory attendance requirements. By embedding mental health services within the educational environment, school-based mental health services facilitate early identification and timely intervention while reducing common barriers to care, such as stigma, lack of insurance coverage, and transportation limitations.

Recognizing this, Illinois Public Act 104-0032 mandates that beginning with the 2027–28 school year, all school districts (unless approved for an extension by ISBE) must offer at least one mental health screening annually to students in Grades 3–12, provided the state has secured a screening tool that offers a self-report option for students that all districts can access at no cost. This legislative act underscores the importance of ensuring that students in Illinois have access to mental health resources in a consistent and equitable manner. The Act strengthens the statewide plan for universal mental health screening (UMHS) by requiring the Illinois State Board of Education (ISBE) to develop and release comprehensive implementation guidance for school districts. This framework is intended to support schools in rolling out UMHS, which is designed to identify students who may be at risk for mental health challenges such as anxiety, depression, or behavioral issues before these concerns become more severe. It also acknowledges that many Illinois school districts already conduct some form of student wellness or mental health screening, most commonly with selected groups of students who are identified as being at elevated risk for behavioral health concerns or who are believed to be in need of additional supports and services. UMHS serves as a statewide mechanism to facilitate early identification and linkage to mental health services, ensuring consistent, equitable support across all Illinois schools.

Research by the National Alliance on Mental Illness (NAMI) shows that one in five students will experience a mental health condition in any given year, but fewer than half of those students receive the necessary support (NAMI, 2025). In response, schools have increasingly become critical access points for mental health care, with programs designed to help students cope with mental health issues before they escalate into larger crises. The NAMI report advocates for the expansion of school-based mental health services, emphasizing that mental health professionals in schools not only provide treatment but also help to create a school culture that is supportive of mental health. Studies show that schools with comprehensive mental health services experience improved student behavior, higher graduation rates, and better academic outcomes (Golberstein et al., 2024; NAMI, 2025). Schools can approach UMHS and school-based mental health services as additional supports for students' well-being. The resources and support provided by a school-based mental health program can increase student and staff well-being while decreasing the risk of developing mental health challenges (Krubsack, L. & Incitti, J, 2021).

Mental health screenings in schools are designed to support students' overall well-being, including their academic performance, attendance, and access to behavioral health services. Screenings help identify both personal strengths and areas of emotional distress, allowing for early intervention before a crisis occurs. Universal screenings also promote equity by identifying students who need to be connected, especially those without regular access to primary care, to mental health services. Importantly, being identified for support does not mean a student has a mental illness, it simply signals

a need for further attention, ongoing monitoring, or a referral to additional resources (American Psychological Association, 2014).

Ultimately, UMHS serves as a tool in creating healthier, more supportive school environments (Hansen, 2025). By identifying and addressing mental health concerns early on, schools can improve academic outcomes, foster emotional resilience, and create a more inclusive, compassionate atmosphere for all students.

This guidance document provides the context for implementing UMHS in Illinois schools, while also outlining best practices for integrating mental health support into school-based systems. It is a critical step toward creating a safer, more supportive environment for all students, promoting early intervention, and fostering emotional resilience.

Illinois Children's Behavioral Health Transformation Initiative

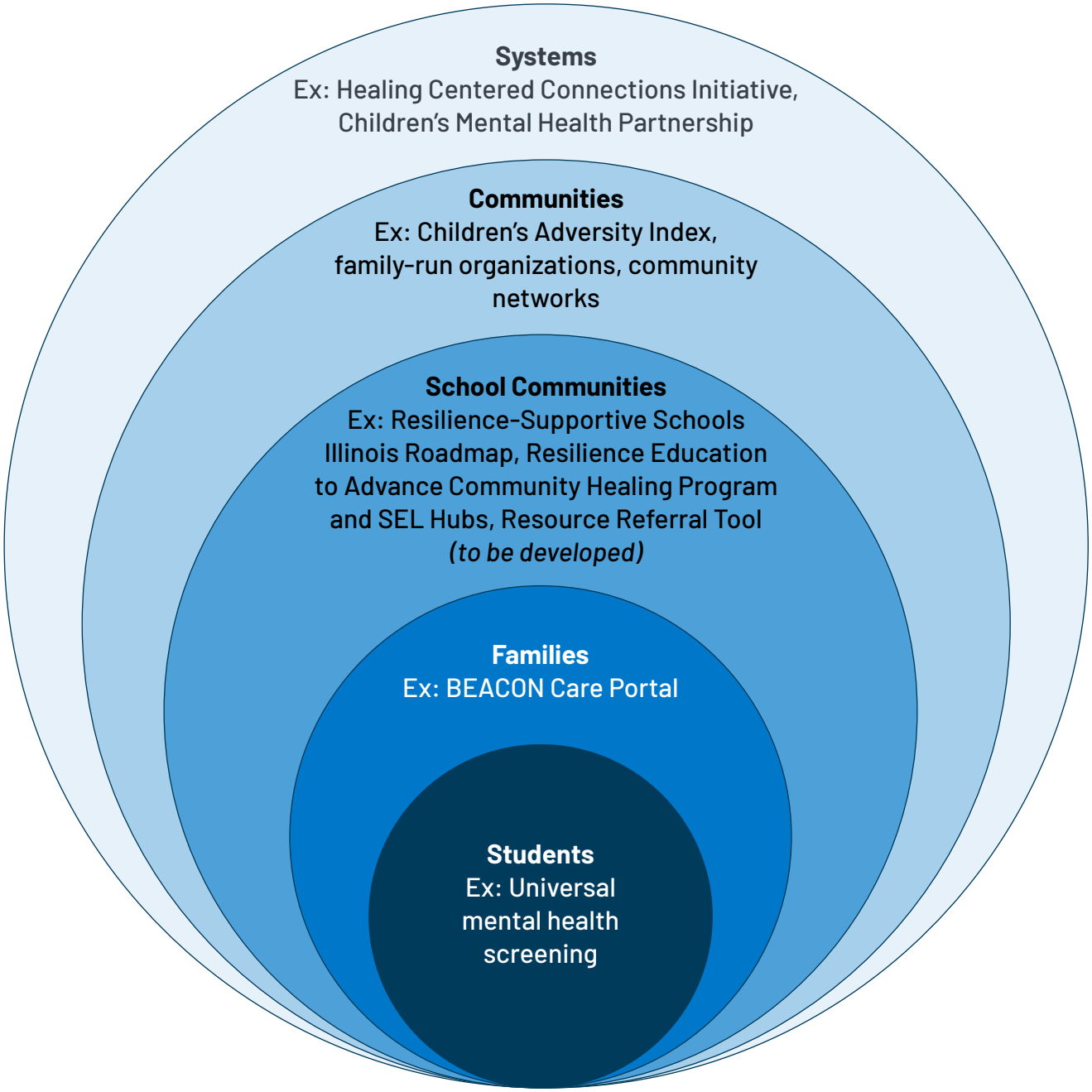
The Illinois Children's Behavioral Health Transformation Initiative presents a comprehensive statewide strategy to modernize and coordinate behavioral health services for children with complex needs. Its goals are to address longstanding challenges, such as fragmented service systems and limited care navigation supports, and it has outlined a unified blueprint to improve access, oversight, and accountability across agencies. This initiative aims to close behavioral health gaps and create a more seamless, family-centered system of care through structural reforms, strategic recommendations, and phased implementation. Achieving this vision requires adjusting service capacity, streamlining processes to improve ease of access, intervening earlier to prevent acute crises, increasing accountability and transparency, and developing agility to respond to changing needs.

Research suggests that UMHS in schools is one effective strategy to intervene earlier and prevent acute crises (Hamm, 2024). These screenings function similarly to hearing and vision tests and are designed to detect concerns early and identify students who need connection to timely supports. This screening effort is integrated with other systemwide reforms—such as the development of Illinois' Behavioral Health Care and Ongoing Navigation (BEACON) portal and enhanced coordination across child serving agencies—to ensure that screening results lead to meaningful, accessible follow-up services (Figure 1). Through these combined strategies, Illinois aims to create an equitable, proactive behavioral health system capable of identifying needs early and supporting children and families more effectively.

Figure 1. Levels of Engagement for the Illinois Children's Behavioral Health Transformation Initiative

Promoting Resilience at Every Level

Activities include but are not limited to:



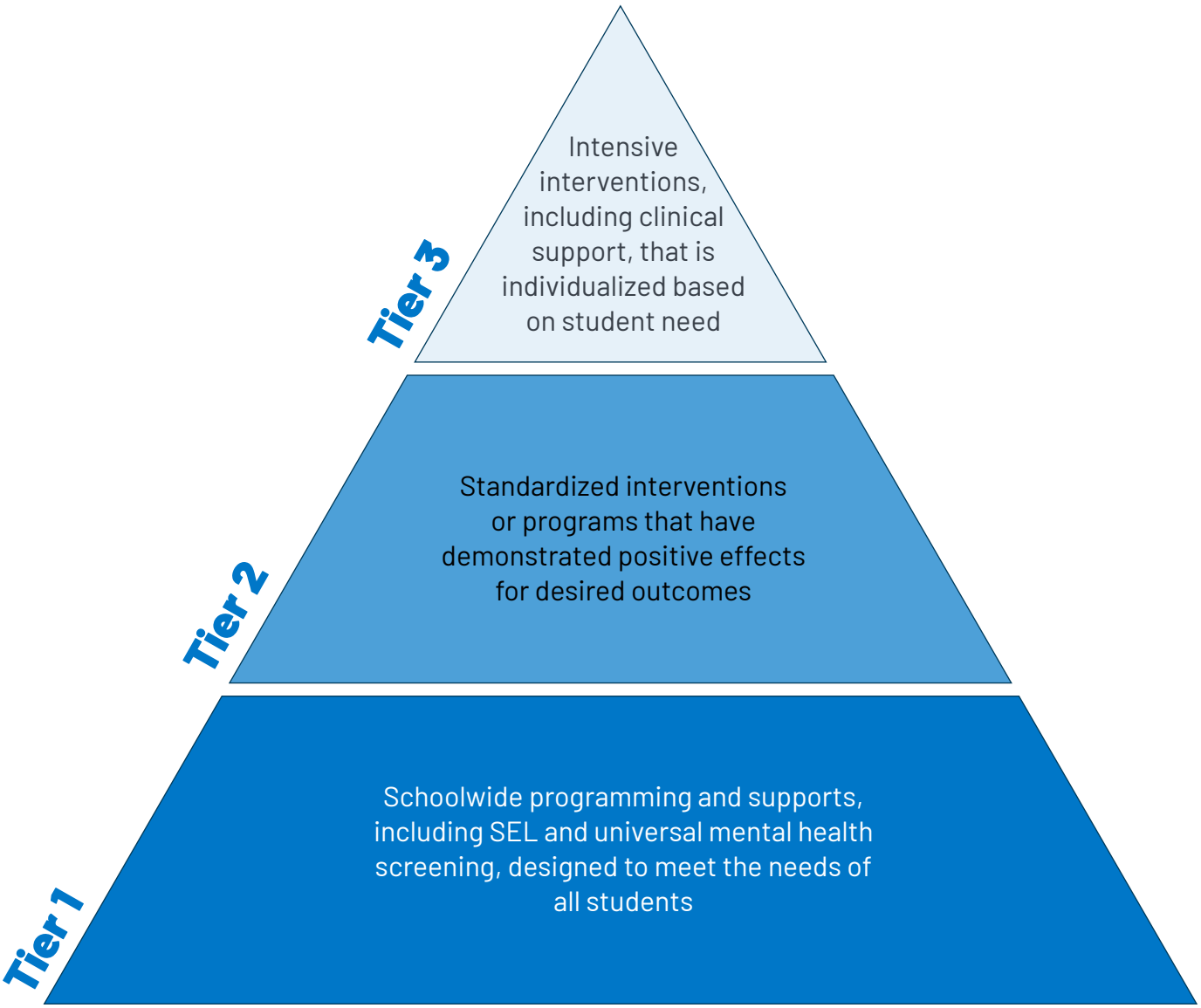
Engaging Families and Caregivers

Families are partners in the education process and have primary responsibility for their children's health and well-being. Schools are strongly encouraged to reach out to families early to explain the importance of mental health screenings, address concerns, and ensure they feel comfortable providing consent. The U.S. Department of Education (2021) recommends using culturally relevant resources that are accessible to diverse audiences, which can help families overcome potential barriers to participation, such as language or cultural differences, in events where the UMHS program is introduced . Additionally, leveraging technology, such as video conferencing, can help eliminate transportation barriers that might prevent families from being involved. Applying trauma-informed approaches and cultural responsiveness, while focusing on anti-racism and equity, is crucial in building meaningful relationships with families (NAMI, 2025). By fostering these strong partnerships from the beginning, schools create an environment where families are not only informed but also actively engaged, helping ensure that students receive the right support at the right time throughout the screening process.

Multi-Tiered Systems of Support

Engaging families is critical to the success of both multi-tiered systems of support (MTSS) and UMHS, as both frameworks rely on a collaborative approach to address students' academic, behavioral, and mental health needs. MTSS is a comprehensive framework used in schools to provide varying levels of support based on student needs, ensuring that no one-size-fits-all approach is applied to mental health or behavioral services (U.S. Department of Education, Office of Special Education and Rehabilitative Services, 2021). Within MTSS, UMHS offers systematic and proactive ways to identify students who may be at risk for emotional or behavioral difficulties. These brief, schoolwide screenings provide an early signal of mental health concerns, allowing educators and support staff to intervene before challenges escalate into more significant barriers to learning (Figure 2). By integrating screening information into MTSS decision-making processes, schools can more effectively allocate resources, tailor interventions across tiers, and monitor student progress over time. Importantly, family engagement enhances this process by ensuring that screening results are interpreted within the broader context of students' home environments and lived experiences, thereby promoting more culturally responsive and individualized supports.

Figure 2. Multi-Tiered Systems of Support for Behavioral Health



MTSS begins with Tier 1, where all students receive universal supports, including social-emotional learning (SEL) programs, positive school climate initiatives, and mental health literacy. These supports address general well-being and often meet the needs of most students. Tier 2 offers targeted interventions, such as small-group sessions or check-ins with school counselors, for students showing early signs of distress. Tier 3 provides more intensive, individualized support, often including one-on-one counseling or collaboration with community mental health providers. The integration of UMHS at Tier 1 within MTSS ensures that when students are identified through a mental health screening, they can be quickly connected to the appropriate level of support, whether that means additional check-ins, small group interventions, or intensive mental health services (Regional Educational Laboratory Northeast & Islands, 2024).

Furthermore, engaging families and other stakeholders in a culturally responsive, trauma-informed manner is key to ensuring equity in both screening and support. Equity-centered MTSS frameworks incorporate diverse perspectives, ensuring that mental health supports are accessible to all students, regardless of race, socioeconomic status, or geographic location. Data disaggregation by factors like race and ethnicity allows schools to identify disparities and implement interventions that are fair and equitable (Regional Educational Laboratory Northeast & Islands, 2024). Families and communities play a vital role in interpreting this data through culturally informed perspectives, helping to ensure that interventions reflect the values and needs of all students. This approach helps mitigate bias and strengthens the validity of the screening process, fostering an inclusive school environment where all students have access to the mental health supports necessary for both their well-being and academic success.

Incorporating family and community engagement into the MTSS and UMHS frameworks creates a holistic, supportive network for students, ensuring they receive the right level of care and resources based on their individual needs. By fostering strong, culturally responsive relationships among schools, families, and the wider community, schools can ensure that every student has an equitable opportunity to thrive academically and emotionally.

Integrating Equity Within MTSS

Integrating equity within a multi-tiered system of supports is essential for promoting student mental health and social-emotional learning. Inequities and discrimination—including systemic racism, implicit bias, and cultural insensitivity—negatively affect students' mental health and limit their access to appropriate supports. An equity centered MTSS approach involves examining structural barriers that restrict opportunities for students and contribute to disparate outcomes (Malone et al., 2022). Key considerations include ensuring cultural relevance, addressing linguistic needs, disaggregating data to identify inequities, and engaging diverse stakeholders in decisionmaking. Culturally responsive interventions and inclusive practices are critical in creating environments where all students feel valued and supported. An intentional focus on equity at every stage of MTSS is necessary to be effective.

Leadership commitment and staff capacity are essential components of an equity-driven MTSS framework. Educators must have the knowledge, skills, and ongoing professional learning necessary to implement equitable and culturally grounded practices. When equity is fully integrated into MTSS, schools are better positioned to foster safe, supportive learning environments that empower every student to succeed (Regional Educational Laboratory Northeast & Islands, 2024).

The implementation of culturally and linguistically responsive practices supports equitable mental health screenings in schools. Screening instruments must be psychometrically validated for use with diverse student populations to ensure accurate identification and avoid disproportionate or biased outcomes. An equity oriented approach to screening also requires the systematic disaggregation of data by variables such as race, ethnicity, language background, and other relevant demographic factors. Analyzing data at this level allows schools to identify patterns of disparity, understand the contextual factors contributing to inequitable outcomes, and design interventions that promote fairness and access.

Additionally, equitable screening practices depend on inclusive and meaningful engagement with key stakeholders, including students, families, and community members. Such engagement allows for the interpretation of data through culturally informed perspectives and supports the development of responses that are aligned with community values and lived experiences. Collectively, these practices help mitigate bias, strengthen the validity of screening processes, and ensure that all students have equitable access to mental health supports (Crocker et al., 2023).

External Support for UMHS Practices

It is clearly understood that school districts will need support to successfully implement UMHS and respond to the student needs that UMHS may detect. To that end, the state, in partnership with private philanthropy and local communities, has developed a suite of tools and resources that schools may rely on. The following section describes some of these assets in BEACON, the Illinois Community Access Referral Resource System (ICARRS), Certified Community Behavioral Health Clinics (CCBHCs), Community Network Anchors, and Family-Run Organizations.

Behavioral Health Care and Ongoing Navigation (BEACON)

BEACON is Illinois' statewide behavioral health resource and care navigation platform designed to help children, youth, and families connect with mental and behavioral health services. For UMHS, BEACON can serve as a crucial resource for schools when students are identified as needing additional behavioral health support. School personnel may use BEACON to identify community-based mental health services, state-funded programs, and other behavioral health resources that align with a student's needs. Families can also access BEACON directly to search for services, receive personalized assistance, and obtain support navigating complex behavioral health systems. Schools implementing UMHS should consider incorporating BEACON into their referral and follow-up protocols. When screening results indicate a need for additional assessment or intervention, schools can provide families with information about BEACON as a reliable statewide resource for accessing behavioral health services. Integrating BEACON into local response procedures can help strengthen connections between schools, families, and community-based providers.

Illinois Community Access Referral Resource System (ICARRS)

ICARRS is a statewide resource referral and care coordination platform designed to help providers connect children, youth, and families with community-based health, behavioral health, educational, and social service resources. ICARRS supports a "closed-loop referral" approach, allowing referring organizations to track whether referrals are received and accepted, and youth are successfully connected to services.

For UMHS, ICARRS can help with the follow-up for students identified by the screener as needing support. While screening identifies students who may benefit from additional support, ICARRS can facilitate connections to community-based providers and social service organizations capable of addressing identified needs. By creating a structured referral process and tracking referral outcomes, schools and districts can strengthen partnerships with community providers and improve continuity of care for students and families (Illinois Children's Behavioral Health Transformation Initiative, 2024). Districts implementing UMHS should consider incorporating ICARRS into local referral and follow-up protocols. Establishing clear procedures for referral initiation, family engagement, information sharing, and follow-up can help ensure that students identified through screening are successfully connected to appropriate supports. ICARRS should be used in accordance with applicable privacy requirements, district policies, and parental consent procedures.

ICARRS is currently in the procurement process, and once it is developed, it will be directly linked to the BEACON care portal, among other referral tools across the state.

Certified Community Behavioral Health Clinics (CCBHCs)

CCBHCs are community-based behavioral health providers that offer a comprehensive range of mental health and substance use disorder services regardless of an individual's ability to pay. Established through a federal demonstration program, CCBHCs are designed to improve access to timely, coordinated, and evidence-based behavioral health care. CCBHCs provide services such as mental health assessment, outpatient treatment, crisis intervention, care coordination, psychiatric services, peer support, and connections to community resources.

For schools implementing UMHS, CCBHCs can serve as important community partners for students identified as needing additional assessment, intervention, or treatment. While schools are often equipped to provide Tier 1 and some Tier 2 supports, students with more significant behavioral health needs may require services beyond the scope of school personnel. Partnerships with CCBHCs can help ensure students and families have access to comprehensive behavioral health services in the community. Schools and districts are encouraged to establish relationships with local CCBHCs before implementing UMHS.

When developing referral pathways, districts should consider incorporating CCBHCs alongside school-based mental health providers, community mental health agencies, BEACON, and other local behavioral health resources to ensure students receive services that match their level of need.

Community Network Anchors

Community Network Anchors (Anchors) are backbone organizations established through the Children's Behavioral Health Transformation Initiative in partnership with the Illinois Department of Public Health (IDPH) to hold, strengthen, and support Community Networks across each IDPH Health Region. A Community Network is an ecosystem of diverse partners, coupled with braided supports, which promotes the well-being of families by connecting them with the people and resources they say they need to heal and thrive, helping to prevent and mitigate crisis. As trusted conveners, Anchors coordinate partners, provide administrative and technical assistance, and work to ensure resources flow where families and communities need them most.

To support UMHS, an Anchor can help schools and districts understand the local behavioral health landscape, identify gaps between the needs that screening identifies and the services that exist, make warm introductions to community-based providers and family-serving organizations, and report families' feedback to state agencies.

Schools and districts implementing UMHS should consider connecting with the Anchor serving their region early in the planning process. An Anchor can convene local partners, support the development of shared referral pathways, assist with communication, and help align the efforts of schools, providers, and families so that students identified through screening encounter a more coordinated system of support.

Family-Run Organizations

Family-run organizations are community-based nonprofits led by parents, caregivers, and youth who have direct, firsthand experience navigating mental health, behavioral health, and child- and family-serving systems. Grounded in lived experience, these organizations provide peer support, system navigation, advocacy, training, and connection to community resources. Because they are trusted by the families they serve, family-run organizations are often able to reach and support families who may be hesitant to engage with formal systems.

For schools implementing UMHS, family-run organizations can play an important role at the point where screening results are shared with families. Peer navigators and family partners can help caregivers understand what screening results mean, weigh options for follow-up assessment or services, prepare for appointments, and persist through the steps required to connect with care. This kind of trusted, family-to-family support can reduce stigma, strengthen engagement, and improve follow-through after a referral is made.

Districts should consider partnering with family-run organizations before launching UMHS, both to inform how screening and follow-up are communicated to families and to make peer navigation available as part of the response to screening results. Partnering with family-run organizations to support the rollout of UMHS can strengthen family engagement and help ensure that communication, consent, and follow-up procedures are clear, culturally responsive, and aligned with what families need.

Understanding Risk and Resiliency and the Children's Adversity Index

While children and youth at every socioeconomic level may experience risk and adversity to some degree, children of color, children living in poverty, and those from historically marginalized and disadvantaged communities face a higher likelihood of exposure to conditions that negatively affect health and well-being. These conditions, often referred to as the social determinants of health, include factors such as economic stability, neighborhood safety, access to health services, housing stability, and educational opportunities (Aidoo, 2023). These broader community conditions shape children's developmental environments and can significantly influence behavioral health outcomes. Within this context, school connectedness and a nurturing, inclusive climate anchored by equitable policies play a critical role in promoting resilience, keeping students engaged in school, and buffering the effects of adversity (Jackson-Dickens, 2024; Williams, 2024).

Illinois' Children's Adversity Index measures community-level adversity to estimate exposure to potential sources of childhood trauma. The index offers a clearer view of the social and environmental challenges facing communities across Illinois. Although calculated at the district level to meet the statutory requirements, the index is not intended to assess school districts themselves. Rather, the index provides insights into the community conditions that shape students' experiences. The index provides a useful tool for a wide range of state- and regional-level policymakers, nonprofits, state agencies, and other stakeholders to help them make better informed decisions about resource allocation, policies, and programming, and prioritize communities most in need.

Protective and risk factors can include characteristics that exist within the child, family, school, and community. Risk factors are those characteristics that increase the likelihood of negative outcomes and can include adversities such as poverty, family history of behavioral health challenges, and/or exposure to domestic or community violence (Kirkbride et al., 2024). Some risk factors include:

- racism
- poverty
- stressful life events
- exposure to violence/ conflict
- disrupted families
- peer difficulties
- depressed parents or family members
- individual or family history of mental health issues
- parent unemployment
- food insecurity
- housing insecurity

In contrast, protective factors help buffer these risks and support healthy development. These factors—like relationships with supportive caregivers and adults, growing up in a loving and warm environment, or engagement in prosocial activities and a supportive community—protect children and help them stay on a healthy developmental track despite the challenges and adversities they may experience (Crocker et al., 2023). Some protective factors include:

- early identification and intervention
- supportive caregivers
- supportive peers
- loving, warm environment
- successfully managing moderate levels of stress
- adaptive coping skills
- involvement in athletics or extracurricular activities
- pro-social community involvement
- religious involvement

Resiliency occurs when children develop along a healthy trajectory despite the presence of one or more risk factors (Cahill et al., 2024). Resiliency can contribute to why some children and families are doing well, and even thriving, while facing similar adversities to other children who experience negative outcomes (Thompson et al., 2024).

An analysis of data can help to identify risk factors for students who may be experiencing adjustment difficulties or other challenges. Data commonly collected by schools that may be useful in this regard includes discipline referrals, attendance, grades, GPA, school nurse visits, demographics, and family economic indicators. Utilizing data systematically to identify at-risk students as early as possible will allow for the application of more effective prevention and early intervention strategies.

Social Determinants of Health

Social determinants of health are the conditions in the environments where people are born, live, learn, work, play, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Office of Disease Prevention and Health Promotion, 2020). Social determinants of health in schools, where children spend a great deal of time learning, growing, and playing, can significantly impact their physical, mental, and educational outcomes (Schroeder et al., 2018). School systems have an opportunity to directly promote individual resilience and social determinants while mitigating negative influences through a school-based mental health program (Wisconsin Department of Public Instruction, 2018). Children's ability to succeed in school is shaped by the broader social, cultural, and environmental conditions they experience or the social determinants of health. When risk factors go unaddressed, they can lead to behavioral health challenges and poor educational outcomes. While we cannot control all external influences, schools can address risk factors proactively to build student resilience through supportive policies and services (Omiyefa, 2025).

Disparities in access to mental health care persist across socioeconomic, racial, and ethnic groups. Reducing disparities in mental health outcomes among children and youth is critical because untreated mental health needs can have significant social, educational, and economic consequences, particularly for students from historically underserved and marginalized communities. Youth from marginalized communities often experience additional stressors, including poverty, discrimination, food insecurity, housing instability, and unsafe neighborhood conditions that increase their vulnerability to mental health challenges while simultaneously limiting their access to care (Mahmood et al., 2024; Yasui, 2015). These social determinants of health contribute to higher risk for mental health disorders and underscore the urgent need for more accessible, culturally responsive services (Hoffmann et al., 2022).

Considerations for Reducing Disparities

Schools are widely recognized as an effective setting for prevention and early intervention services, particularly in communities with limited access to mental health providers (National Center for School Mental Health & National Association of School Psychologists, 2024). When mental health screening is aligned with broader health initiatives and embedded within MTSS, schools can foster environments in which all students can thrive. In areas where available, accessible, and affordable mental health care is limited, school-based universal screening is especially critical (Kiperman et al., 2024).

When screening is integrated within an MTSS framework, schools are better positioned to identify students' needs early and connect them to appropriate interventions. Schools often rely on partnerships with community-based organizations to provide mental health literacy education, follow-up services, and access to behavioral health professionals. These partnerships expand access to culturally responsive services and strengthen protective factors for youth, particularly students of color.

One of the most promising approaches for addressing disparities in access to care is the development of comprehensive school mental health systems. These systems foster collaboration among school personnel, community organizations, and mental health professionals to deliver a continuum of supports within the school environment. This coordinated approach expands access to care while reducing reliance on external systems that may be difficult for families to navigate. The need for school-based mental health services remains substantial: approximately 75–80% of children and youth who require mental health services do not receive them, and among those who do, the majority access care through school settings (National Center for School Mental Health & National Association of School Psychologists, 2024; Farmer et al., 2003). Moreover, students are more likely to complete evidence-based treatment when services are delivered in schools (Jaycox et al., 2009).

Expanding school-based supports, including school-based health centers, trauma-informed counseling, and mobile crisis services, can reduce barriers such as transportation challenges, cost, and stigma, which disproportionately affect underserved communities. For example, Chicago Public Schools' Student Health and Wellness Department advances health equity by coordinating school-based health centers and mobile care providers that deliver screening, preventive care, and treatment directly at school sites. Integrating these services within schools enables districts to effectively follow up on mental health screenings, coordinate care with community-based providers, and ensure timely access to appropriate support. Embedding services within the school environment also allows districts to develop scalable systems that translate early identification into meaningful intervention and improved student outcomes.

Empowering families through digital mental health tools represents an additional strategy for reducing disparities in access to care, as parents play a significant role in recognizing mental health concerns and connecting children to services. However, many underserved families continue to face barriers such as stigma, discrimination, cost, and limited provider availability (Cobb, 2023). Digital interventions, including online parent training programs, telehealth counseling, and mobile mental health applications, offer flexible, lower-cost options that can expand access to education, support, and treatment (Omiyefa, 2025; Rural Health Information Hub, 2023).

Telehealth has emerged as a particularly valuable tool for addressing mental health provider shortages in rural and underserved communities. Virtual care models enable families and primary care providers to connect with mental health specialists regardless of geographic location. For example, Texas has expanded telehealth initiatives to improve access to mental health consultation and treatment in rural areas, resulting in increased service utilization by linking patients and local providers with mental health specialists. Despite these gains, barriers such as limited broadband access and digital literacy continue to restrict telehealth adoption in some communities. Sustained investment in digital infrastructure, workforce training, and reimbursement policies is necessary to support the scalability and long-term effectiveness of these solutions (Omiyefa, 2025).

Comprehensive, culturally responsive mental health systems—particularly those that integrate school-based services, community partnerships, and telehealth supports—hold significant potential for reducing disparities among underserved youth. By addressing barriers related to cost, stigma, transportation, and provider shortages, these approaches improve early identification and access to treatment (Hoffmann et al., 2022). Strengthening coordinated systems of care that connect schools, families, healthcare providers, and community organizations enables districts to build more inclusive, effective mental health systems that support the well-being of all students.

Part Two – Implementation Guide and Steps for Screening

Step 1. Establish a School Implementation Team

To support the effective implementation of universal mental health screening, schools should identify a team responsible for guiding the planning, execution, and evaluation of the screening process. Rather than creating a new structure, schools may assign this responsibility to an existing team such as an MTSS team, a student support team, or another group already charged with addressing students' behavioral, mental health, and related needs. Leveraging established teams promotes alignment with current practices and increases sustainability.

The primary purpose of the implementation team is to develop and oversee the protocols and processes that guide the school's mental health screening program. This includes creating a clear action plan that prioritizes implementation efforts, ensures fidelity, and aligns screening practices with the needs of students and families. Through collaboration and ongoing feedback from key stakeholders, the team ensures that screening efforts are responsive, equitable, and effective.

Team composition will vary depending on school size, district structure, and available resources; however, effective implementation teams typically include representation from school and district administrators, school-based mental health and support personnel (e.g., school counselors, psychologists, social workers, nurses), and parents or caregivers. Inclusive representation strengthens decision-making, promotes shared ownership, and ensures multiple perspectives are considered throughout the process.

In addition to overseeing coordination, the implementation team is responsible for a positive school culture and climate that supports screening success. This includes developing clear communication strategies to promote understanding and acceptance of the screening process, providing training on screening tools and procedures, supporting data-informed decision-making, and ensuring appropriate follow-up and referral pathways are in place. These activities may be carried out in partnership with local behavioral health providers, including Certified Community Behavioral Health Clinics (CCBHCs) and other community-based organizations that partner with schools to provide consultation, training, care coordination, and connections to behavioral health services. Effective CCBHCs and community partners are essential to ensure that students identified through screening receive timely and appropriate supports and interventions.

Key Responsibilities of the School Implementation Team

The school implementation team is responsible for the following core functions:

- planning the screening process, including timelines, consent procedures, and alignment with existing school initiatives
- designing and overseeing the administration of screening tools to ensure consistency, fidelity, and ethical implementation
- interpreting and using screening results to inform decision-making while maintaining student confidentiality and data integrity. If parents/caregivers are involved in this process, only aggregate data should be utilized.
- coordinating services and follow-up supports, including referrals, progress monitoring, and collaboration with families and community providers

By establishing a well-defined implementation team with clear roles and responsibilities, schools can create a structured, sustainable approach to UMHS that supports early identification, timely intervention, and improved student outcomes.

Step 2. Plan Universal Mental Health Screening Communication

Effective communication planning for UMHS in schools should follow a phased and inclusive approach that builds trust and transparency among staff, families, students, and community partners. Before screening, communication efforts should focus on raising awareness, addressing questions and concerns, and encouraging participation through clear, consistent messaging. A critical component of this phase is obtaining informed parental consent, which requires districts to clearly communicate the voluntary nature of screening; outline how consent can be provided, declined, or withdrawn; and ensure that families fully understand their rights. Engaging families early in the development of the screening process fosters collaboration, helps normalize conversations about student mental health, and reduces stigma from the outset. Districts should implement inclusive messaging campaigns that clearly explain the purpose, process, and benefits of screening. Families should receive detailed information about how the screening will be used, have opportunities to review the screening tool, and understand how student privacy will be protected. During the screening period, schools should provide reminders about consent deadlines and offer guidance to help families support their children's questions or concerns.

After the screening, schools should follow a structured protocol for communicating results and outlining next steps. This may include written follow-up communications, referrals, and relevant educational resources to help families understand and respond to identified areas of need. As part of this process, schools should clearly explain to parents and caregivers that students' rights to privacy and participation in decision-making may vary by age and developmental level when sharing screening results and engaging in follow-up services.

Providing transparent guidance about how information will be shared with families, and when student assent or consent may be required, can help set appropriate expectations and reduce confusion. Meaningful family engagement throughout the process enhances trust and increases families' sense of agency in supporting their children's academic, behavioral, and mental health well-being. To this end, family-run organizations and Community Network Anchors can be strategic partners in developing communication about the information collected via screening and services available.

Step 3. Develop Implementation Policies and Procedures

The school district is responsible for writing and seeking local school board approval for any policies and procedures not already in place surrounding school screening. The screening procedures will vary depending on the size of the school district. Each school should develop a building-level plan for administering screening, collecting data, and following up on results. The district and school should also ensure that all staff receive and understand these policies and procedures.

Consent, Privacy, and Liability

This information is provided for general guidance purposes only and is intended to assist school districts in identifying potential areas of legal risk related to universal mental health screening. It is not intended to constitute legal advice. School districts should not rely on this information as a substitute for legal counsel and are strongly encouraged to consult with their own legal counsel to determine how these general principles apply to their specific facts and circumstances.

Local school boards should adopt board policies in accordance with applicable federal, state, and local laws to determine how their schools obtain consent for screening and ensure protection of student data. Materials should be easy to understand and available in multiple languages as needed. Materials should also clearly explain the screening and referral process and whether/how data and information will be stored. This process may be modeled on tested strategies for obtaining consent for vision, hearing, and other in-school health screenings. This transparency, paired with authentic partnerships between schools, families, students, and trusted community organizations, can increase rates of student participation.

Privacy policies must also be in place to ensure that student data is protected and limited to those individuals with a legitimate educational or professional need to access the information. Schools must ensure compliance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) and the Illinois School Student Records Act (ISSRA) (105 ILCS 10/1 et seq.). Schools should also be aware of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Pub. L. No. 104-191; 45 CFR §§ 160 and 164) and consider its applicability when records are shared with, or referrals are made to, outside health care providers or other HIPAA-covered entities.

Distinction Between Participation and Use of Results

Districts must clearly distinguish between two separate legal steps:

- authorization for a student to participate in screening; and
- consent required for the use, maintenance, storage, or disclosure of screening results.

These stages are governed by different legal frameworks. Authorization to administer a screening does not, by itself, authorize the use of the results for mental health services or their disclosure (740 ILCS 110/3; 740 ILCS 110/5).

Consent to Administer Screening (Participation)

School districts must establish a process for notifying parents or guardians before conducting mental health screenings. This notice should explain the purpose of the screening, the general nature and sensitivity of the questions, who will administer the screening, and how the information will be used at a general level. The notice should also explain how parents or guardians may exercise available participation options, consistent with applicable federal and state laws. Finally, the notice should include whether screening records will be maintained by the district, and if so, how long these records will be maintained.

Pursuant to Section 2-3.203(c) of the School Code (105 ILCS 5/2-3.203(c)), districts may adopt an opt-out model in which screening occurs unless declined or an opt-in model requiring affirmative written consent. In addition to legal considerations, there are also public policy considerations that may be weighed. Evidence is clear that passive consent, like what is typically used for vision and dental screening, is associated with considerably higher participation rates, which is critical for understanding and ensuring equitable responses to population needs. If an active consent model is selected, it is important to ensure that no groups are underrepresented or excluded (Moore et al., 2015). Ultimately, the selection of a participation model should be made in consultation with legal counsel and with the engagement of the community.

In making this determination, districts should evaluate whether the screening tool and its administration may constitute an examination, evaluation, or other "mental health service" under 740 ILCS 110/2. Districts should consult legal counsel regarding whether:

- the screening tool functions as an evaluation of a student's mental health;
- the content includes sensitive indicators such as depression, trauma, or suicidality;
- the screening is administered in a standardized or individualized manner;
- licensed clinical staff are administering or interpreting the screening;
- screening results will be recorded in a manner that could classify them as a "record" under 740 ILCS 110/2; and
- the activity could reasonably be perceived by students as a clinical assessment.

If these factors indicate that the activity may fall within the scope of 740 ILCS 110, a more protective consent model, such as opt-in, may be appropriate.

The federal Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, may apply to mental health screening activities to the extent the screening instrument includes questions addressing protected areas such as mental or psychological conditions, family relationships, or other sensitive topics. Districts should consult legal counsel to determine the extent to which PPRA requirements apply based on the content of the screening tool and the source of funding.

Regardless of the participation model selected, districts should ensure compliance with applicable PPRA requirements, which may include providing advance notice, affording parents or guardians the opportunity to inspect screening materials prior to administration, and offering an opportunity to opt students out of participation where required.

At the participation stage, parental authorization generally governs whether a student may be screened. However, districts should recognize that students aged 12 and older have statutory rights regarding mental health information (740 ILCS 110/4). Districts should provide students with age-appropriate information about the screening and seek student assent prior to a student's participation in the screening. Authorization for participation, whether through opt-out or opt-in, does not constitute consent for the provision of mental health services or for the use or disclosure of information protected under 740 ILCS 110.

Districts should ensure that communications regarding mental health screening are clear, accessible, and sufficient to inform families and the broader school community of the purpose of the screening, how information will be used, and the safeguards in place to protect student privacy. Additionally, school districts can consider how to partner with family-run organizations regarding communication, connection, and peer navigation to support students and their families. Districts should consult legal counsel to ensure that such communications align with applicable consent and confidentiality requirements.

Consent for Use, Disclosure, and Follow-Up

Once screening results are generated, districts must evaluate how those results are used, maintained, stored, and disclosed. At this stage, the Mental Health and Developmental Disabilities Confidentiality Act may apply (740 ILCS 110/3).

Screening results are more likely to fall within the Act when they are used to evaluate mental health, incorporated into counseling records, maintained by a therapist, or disclosed beyond limited internal purposes. As districts move from screening to individualized follow-up or services, legal requirements become more restrictive.

Districts should consult legal counsel to determine whether screening results are subject to 740 ILCS 110, including whether:

- results qualify as "records" under 740 ILCS 110/2;
- records are maintained by a "therapist" as defined in 740 ILCS 110/2;
- the results are used to support individualized services, evaluation, or referral;
- internal sharing is consistent with permitted uses under FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) and the Illinois School Student Records Act (105 ILCS 10); and
- disclosure to third parties requires written consent.

Requirements for Valid Consent

When disclosure is governed by 740 ILCS 110, consent must meet the requirements of Section 5 of the Act (740 ILCS 110/5). Consent must be in writing and must specify:

- the person or agency to whom disclosure will be made (740 ILCS 110/5(b)(1));
- the purpose of the disclosure (740 ILCS 110/5(b)(2));
- the nature of the information to be disclosed (740 ILCS 110/5(b)(3));
- the right to inspect and copy the information (740 ILCS 110/5(b)(4));
- any consequences of refusal (740 ILCS 110/5(b)(5));
- the expiration date of the consent (740 ILCS 110/5(b)(6)); and
- the right to revoke consent (740 ILCS 110/5(b)(7)).

Blanket or unspecified consent is not valid (740 ILCS 110/5(c)). Disclosure must be limited to information relevant to the stated purpose, and redisclosure is prohibited unless explicitly authorized (740 ILCS 110/5(c)-(d)).

Districts should not rely on general FERPA-based release forms when disclosing information subject to 740 ILCS 110, as those forms may not satisfy the statutory requirements.

Student Age-Based Consent Framework

For students ages 12 through 17, the student has the right to access records and may object to disclosure (740 ILCS 110/4(a)(2)-(3)). A therapist may deny parental access for compelling reasons, and parents may seek court review. This framework is subject to statutory exceptions, including those applicable to special education services.

Age of Student	Consent Authority
Under 12	Parent or guardian
12–17	Students have independent rights; parent or guardian access may be limited
18+	Student

Special Education Exception

Section 4(3.5) of the Act provides that a parent or guardian of a minor, regardless of the minor's age, is entitled to inspect and copy records of mental health or developmental disability services to which the parent consented on behalf of the student as part of special education services (740 ILCS 110/4(a)(3.5); 105 ILCS 5/14-1.11; 105 ILCS 5/14-6.10).

This exception applies only to:

- services that are part of the student's special education program; and
- services for which parental consent was obtained.

Districts should consult legal counsel to determine whether:

- screening or follow-up services are sufficiently connected to special education;
- prior consent applies to the records at issue; and
- the exception affects situations involving student objection.

Interaction with FERPA, ISSRA, and HIPAA

Screening results maintained by a school district may qualify as education records under FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) and student records under the Illinois School Student Records Act (105 ILCS 10).

When records are also subject to 740 ILCS 110, the more restrictive confidentiality requirements apply.

HIPAA (45 CFR Parts 160 and 164) generally does not apply to school districts when records are maintained as education records under FERPA. HIPAA may apply in limited circumstances where services are provided by an external healthcare provider that is a HIPAA-covered entity and maintains records independently of the school.

Districts should consult legal counsel when screening programs involve external providers or information sharing across systems.

Authorization to conduct a screening is legally distinct from authorization to use, store, or disclose the results. As screening activities transition into individualized evaluation, services, or referrals, the requirements of the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110) are more likely to apply, and consent obligations become more stringent.

Privacy

Privacy policies also must be in place to ensure that student data is protected and limited to those who need access to the information. Schools should work closely with their own legal counsel to ensure compliance with FERPA (20 U.S.C. § 1232g) and accompanying regulations (34 CFR 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 HIPAA Privacy Rule (45 CFR 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.

Mental health screening often involves the collection of sensitive student information. These data are critical to identifying student needs but must be securely stored so that access is limited to authorized staff who require the information to support students. Schools should also limit screening records to avoid collection of sensitive information, except as it is necessary to inform the next steps.

If a school district maintains mental health screening results that directly relate to an identifiable student, those results may constitute student records under FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) and the Illinois School Student Records Act (105 ILCS 10). Districts should consult their own legal counsel regarding the classification of screening records and ensure that any records maintained by the district are managed in accordance with applicable student records laws, record-retention requirements, and local district policies.

Mental health screening results generally are not the type of information maintained in a student's permanent record. However, districts should carefully evaluate whether screening results, referral documentation, parent communications, or related records should be maintained as temporary student records and establish clear procedures governing the collection, maintenance, access, and destruction of these records. Districts should also inform students and families about how screening information will be maintained and who may access the information.

Districts should establish procedures for secure data collection, storage, flagging of results, and access, and communicate these protocols to students and families. 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.

Student Telehealth Privacy

School-based health centers typically require parents or legal representatives to sign consent forms allowing children to be treated via telehealth. In traditional school-based health centers, healthcare staff follow confidentiality guidelines for student health records established by FERPA. However, school-based telehealth programs that bring in outside staff and healthcare providers typically follow confidentiality guidelines for student health records established by HIPAA. Rural program planners seeking to implement telehealth services for children in schools should also be aware of regulations that protect student health records.

The Department of Education and the Department of Health and Human Services have released joint guidance on the intersection of HIPAA and FERPA in school-based healthcare.

Liability

The liability involved in UMHS 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. Screening tools should be scored in accordance with the guidance from the tool's developer when interpreting results. Follow-up care includes (1) crisis contact where needed and/or (2) resource referral to the family and/or student depending on age. School Behavioral Health Teams should be prepared to contact appropriate crisis resources for youth in need of immediate assistance and access resource referral tools to provide resources to families in cases where screeners indicate potential need for follow-up assessment and treatment. 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.

Due to the protections afforded by the Illinois Local Governmental and Governmental Employees Tort Immunity Act, school districts are generally not subject to liability for ordinary negligence arising from the administration, scoring, or interpretation of screening tools, as these activities are likely to be considered discretionary policy determinations (745 ILCS 10/2-201; 745 ILCS 10/2-109). However, liability may arise where conduct rises to the level of willful and wanton conduct, defined as a conscious disregard for the safety of others (745 ILCS 10/1-210). This may include circumstances in which district personnel ignore clear indicators of a student in crisis or fail to implement appropriate response protocols.

Screening results may also implicate a district's ongoing obligation under the Individuals with Disabilities Education Act to identify and evaluate students suspected of having disabilities (20 U.S.C. § 1412(a)(3); 34 CFR § 300.111). Although universal screening tools are not diagnostic, they may reveal indicators of a suspected disability. Because Child Find is an affirmative and continuous duty, districts may face liability if they fail to act on such indicators. In this respect, screening can heighten risk by documenting information that triggers—or makes more visible—a district's existing obligation to pursue further evaluation. A failure to have procedures in place to review and respond to screening results may therefore result in a violation of Child Find.

In addition, if a district maintains screening results that directly relate to an identifiable student, those results may constitute student records that must be maintained and disclosed in compliance with FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) and the Illinois School Student Records Act (105 ILCS 10). Liability concerns in this context arise from the improper storage, handling, or disclosure of sensitive student information, including sharing screening results with individuals who do not have a legitimate educational interest or failing to implement appropriate safeguards to protect the confidentiality of student records. Districts should consult legal counsel regarding the classification, maintenance, retention, and disclosure of screening records.

Step 4. Administer the Screening Tool

Mental health screenings in schools should be implemented using a structured, student-centered approach that prioritizes safety, confidentiality, and informed consent. These screenings are not diagnostic in nature; rather, they are designed to identify students who may benefit from additional support or further evaluation.

A multidisciplinary team should oversee all aspects of the screening process, including planning, administration, data protection, and follow-up, to ensure ethical implementation and compliance with privacy standards. Prompt review of screening results, combined with clearly defined referral pathways, supports timely access to appropriate interventions and services.

School-based mental health screening increases access to care, particularly for students who may not otherwise engage with healthcare providers. Partnerships with community-based organizations and attention to technical supports such as reliable broadband access are essential to ensuring equitable screening implementation and continuity of care (Wisconsin Department of Public Instruction, 2018).

Step 5. Conduct Follow-up Process

The use of screening results to provide counseling, initiate services, or make referrals constitutes a separate legal step. Districts must obtain appropriate consent before taking these actions and may not rely on authorization for participation alone.

The follow-up process is a critical component of UMHS, ensuring that initial results are interpreted accurately and translated into meaningful action. Effective follow-up allows educators and mental health professionals to clarify concerns, validate screening findings, and identify students who may benefit from additional support. This process enhances the precision of interventions, strengthens family trust and engagement, and supports timely referrals for students at higher risk ultimately contributing to a safe, supportive, and responsive school climate (Hamm, 2024).

Importantly, identification through screening does not constitute a diagnosis. Students who do not require immediate intervention may continue to be monitored over time to assess emerging needs and ensure appropriate supports are available as circumstances change (Noltemeyer, et al., 2016). Ongoing monitoring, follow-up, and referral activities may be conducted in collaboration with CCBHCs and other local community-based providers that partner with schools to provide consultation, care coordination, behavioral health services, and connections to community resources. Strong partnerships among schools, families, and community providers help ensure that students receive timely, coordinated, and appropriate supports based on their evolving needs.

Managing Outcomes

Schools must anticipate and address the possibility of unintended emotional responses during screening. Certain screening items may trigger trauma-related reactions, including anxiety, distress, crying, or agitation. Staff administering screenings should be trained to recognize these responses and respond appropriately (Wisconsin Department of Public Instruction, 2018). Proctors should remain attentive throughout the process and be prepared to refer students to student support staff including mental health professionals, school counselors, social workers, and/or psychologists who should be readily available during screening administration (Noltemeyer, et al., 2016). Establishing clear response protocols and ensuring that all staff understand their roles in supporting students during moments of distress are essential for safeguarding student well-being and maintaining a supportive screening environment (Wisconsin Department of Public Instruction, 2018).

Post-Screening Procedures: Scoring, Communication, and Monitoring

Schools should clearly designate responsibility for scoring screening tools and ensure that individuals completing this task possess the appropriate credentials and training. Most screening instruments yield an overall level of risk and, in some cases, domain-specific indicators (e.g., internalizing behaviors, social skills, peer relationships). Best practice calls for using screening results alongside multiple data sources when identifying student needs; however, additional assessment steps should be considered thoughtfully and implemented with caution.

Prompt communication with parents or guardians regarding concerning screening results or warning signs is essential. Because families must consent to further assessment and treatment, they should be contacted directly—by phone or in person—by staff trained to discuss student mental health concerns. Communications should focus on observed needs and next steps, without assigning diagnoses or labeling specific conditions. Schools should also provide families with information about assessment options and help in coordinating services.

Providing Services and Interventions

Interventions following universal mental health screening should be delivered within an MTSS framework, which offers a continuum of evidence-based supports across three levels: universal (Tier 1), targeted (Tier 2), and intensive (Tier 3). Schools must select interventions that align with available capacity and resources, ensuring that strategies are research-based, culturally responsive, and designed to avoid unintended harm.

Decisions regarding service delivery should be made collaboratively, with roles assigned based on professional expertise rather than job title alone. Successful implementation depends on shared understanding among stakeholders, ongoing professional development, coordinated team efforts, and consistent monitoring to ensure fidelity and effectiveness. School teams should also leverage external behavioral health supports and statewide resources, as appropriate, to strengthen local capacity and expand access to services. These resources may include BEACON, ICARRS, CCBHCs, school-based health centers, and other local community-based behavioral health providers that partner with schools to support care coordination, referrals, consultation, and service delivery.

The intervention process begins with timely review and analysis of screening results to confirm findings and identify students requiring additional support. Qualified staff should engage students and families to determine appropriate next steps, which may include participation in school-based programs, referrals to community providers, use of school-based health centers, or development of school–community partnerships to expand access to care. When appropriate, schools may utilize BEACON to help families navigate behavioral health services, ICARRS to identify available community resources, and CCBHCs or other qualified providers to conduct further assessment, coordinate care, and deliver evidence-based behavioral health services. By integrating school-based supports with community and statewide resources, districts can help ensure that students receive timely, coordinated, and appropriate care across the continuum of behavioral health services.

Identification through a mental health screening does not, by itself, create an obligation for a district to provide or fund a particular service. Districts should establish clear protocols for responding to students identified as needing additional support and for connecting students and families with appropriate school-based and community-based resources. Districts are not generally required to fund all behavioral health services that may be recommended following screening. When considering whether the district has an obligation to provide or fund a service, districts should evaluate the student's individual circumstances, the nature of the service being recommended, the availability of school-based supports, and applicable legal requirements. For students eligible under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. § 1400 et seq.), districts may be required to provide services necessary to ensure a free appropriate public education through the Individualized Education Program (IEP) process. For students protected under Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794; 34 CFR Part 104), districts may have separate obligations to provide reasonable accommodations or related aids and services necessary to afford equal access to educational opportunities. Districts should consult legal counsel regarding questions related to the provision or funding of services under IDEA, Section 504, and other applicable laws.

When screening results, in combination with educational performance data, suggest a potential need for special education services, a referral for evaluation may be necessary. However, screening results alone do not justify such referrals. A comprehensive review of the student's academic performance, behavioral data, and prior interventions is essential. Problem-solving teams should use a data-informed decision-making process aligned with MTSS best practices.

To ensure equitable and consistent follow-up, schools should establish clear protocols for responding to students identified as at risk. This includes defining criteria for follow-up, assigning responsibility for outreach and support, and tracking outcomes to inform continuous improvement.

Culturally Responsive Supports and Data-Informed Decision-Making

Schools must be prepared to provide culturally responsive supports. An inventory of available services both school-based and community-based should be accessible to guide referral decisions. Based on screening outcomes, schools should determine the appropriate level of MTSS intervention and develop implementation plans accordingly.

Culturally responsive pathways to care are also essential to ensuring equitable access for all students. Screening results should be interpreted within the context of students' cultural, linguistic, and social backgrounds, and follow-up actions should reflect these considerations. Crisis response teams and community providers should be notified in advance of screening activities to ensure readiness for immediate intervention when needed. These resources need not be limited to providers within the district's geographic boundaries and may include regional providers, telehealth services, CCBHCs, hospitals, or other organizations accessible through BEACON, ICARRS, or established referral partnerships. Overall, the evaluation of screening outcomes must be data-informed, ethically sound, and responsive to the diverse needs of the school community.

Referral Pathways

Clear referral pathways spanning the full continuum of support should be established prior to screening implementation. These pathways should include universal supports such as social-emotional learning, mental health promotion, and trauma-sensitive practices, as well as clearly defined processes for accessing school-based mental health services. School counselors, psychologists, social workers, nurses, and other qualified personnel play integral roles within a comprehensive school mental health system. Schools should also establish partnerships with external behavioral health resources, including CCBHCs, school-based health centers, hospitals, private behavioral health providers, and other community organizations to ensure students and families have access to the appropriate level of care.

Students who do not respond to school-based interventions or who present significant risk should be referred to community mental health providers, either within the school setting or externally. Schools are encouraged to leverage statewide behavioral health infrastructure, including BEACON to assist families in identifying and navigating available behavioral health services and ICARRS to identify and connect students with local behavioral health and community resources. When community-based services are required to ensure a student's free appropriate public education, the Local Education Agency may bear responsibility for ensuring access. Schools must also avoid unnecessary delays in referrals based on student response to interim services.

Step 6. Evaluate the Screening Process

A post-screening evaluation plan is essential to ensure that mental health interventions are effective, equitable, and implemented with fidelity. Prompt review of screening data—ideally on the same day it is collected—is critical to support timely follow-up, particularly for students identified as high risk. Evaluating system-level outcomes helps schools assess how well mental health supports are integrated within broader frameworks such as MTSS, while process outcomes, including fidelity checks and stakeholder feedback, ensure that procedures are implemented as intended and refined over time.

Fidelity of Implementation

Fidelity refers to the extent to which an intervention or program is delivered as designed. Whether services are provided within the school or through community partnerships, fidelity monitoring is critical to ensuring effectiveness. While many evidence-based programs include built-in fidelity measures, schools should also establish internal strategies such as implementation checklists, peer observations, and administrative reviews to monitor consistency across settings.

Comprehensive staff training is essential so that all team members understand how to implement interventions correctly. Creating a supportive culture for feedback, including peer recognition and constructive coaching, helps position fidelity monitoring as a tool for continuous improvement rather than compliance. Peer modeling can further strengthen staff buy-in by demonstrating how strategies can be successfully integrated into academic and instructional practices.

Progress Monitoring

Progress monitoring ensures that mental health interventions remain effective, responsive, and aligned with student needs. Through regular data collection and analysis, schools can identify emerging challenges early, make informed adjustments to interventions, and maintain accountability in service delivery. Effective progress monitoring supports improved student outcomes, reduces disparities, and sustains a comprehensive system of care that is equitable, trauma-informed, and responsive to change.

Part Three – School-Based Mental Health Services: A Strategic Approach to Student Well-Being

Universal Mental Health Screening as a Foundational Strategy Within MTSS

School-based mental health services refer to the delivery of mental health programs, supports, and interventions within the school setting to promote students' emotional well-being, social functioning, and academic success. These services are designed to address a broad range of mental health needs through prevention, early identification, and intervention. Universal mental health screening is a proactive and cost-effective approach for the early identification of students' mental health strengths and needs. As a foundational element of a preventive mental health continuum, UMHS supports timely identification and intervention within a multi-tiered system of supports, thereby promoting student well-being and academic success.

To ensure sustainability and meaningful impact, school-based mental health services should be embedded within the school environment, integrated into instructional and support systems, and delivered through multiple modalities. This approach increases access to care, particularly for students who may not otherwise engage with traditional healthcare systems. Ongoing collaboration with families, community providers, and other stakeholders is essential to building a responsive, coordinated, and culturally relevant behavioral health infrastructure.

Within MTSS, UMHS serves as a critical entry point for organizing supports across three tiers:

- **Tier 1:** Universal supports promoting social-emotional learning, positive school climate, and healthy behavioral development for all students
- **Tier 2:** Targeted interventions for students exhibiting emerging emotional or behavioral concerns
- **Tier 3:** Intensive, individualized services for students experiencing persistent or significant mental health challenges

Crocker et al. (2023) highlights the importance of integrating UMHS within an MTSS framework to effectively address student behavioral health needs. The report emphasizes that culturally and linguistically responsive interventions, delivered through a unified system aligned with academic and social-emotional learning structures, represent one of the most promising strategies for improving student outcomes.

Tier 1 Supports

At the Tier 1 level, school-based behavioral health focuses on universal, preventive interventions that promote positive school climate, behavioral health literacy, stigma reduction, and the development of coping and social-emotional skills for all students. These supports are designed to strengthen protective factors, foster resilience, and promote overall student well-being.

Social-emotional learning (SEL) is a cornerstone of Tier 1 within MTSS. SEL provides universal strategies that promote emotional competence, mental wellness, and positive interpersonal relationships across the entire student population. By cultivating skills such as self-awareness, empathy, emotional regulation, and responsible decision-making, SEL contributes to a safe, inclusive, and supportive learning environment. When embedded into daily instruction, SEL not only equips students with foundational life skills that reduce the likelihood of behavioral and mental health challenges but also enables educators to observe students' social-emotional functioning and identify early indicators of distress. This proactive approach supports timely referral to Tier 2 or Tier 3 interventions when additional support is needed.

Universal mental health screening further strengthens Tier 1 supports by systematically identifying early signs of mental health concerns across all students. Screenings are typically administered by trained school personnel or in collaboration with mental health professionals and may be coordinated with other school-based health screenings. The primary purpose of universal screening is to identify students who may benefit from additional supports beyond Tier 1. Screening data inform equitable, data-driven decision-making and guide referrals to targeted Tier 2 interventions, such as small-group counseling or mentoring, or to more intensive Tier 3 services, including individualized therapy or crisis intervention.

Tier 2 Interventions

Tier 2 interventions are designed for students identified as experiencing mild to moderate emotional distress, emerging behavioral concerns, or early indicators of risk. These supports are targeted, time-limited, and typically delivered in small-group or structured formats. Tier 2 interventions may include evidence-based group counseling facilitated by behavioral health professionals, mentoring programs, teacher-led check-ins, daily report cards, short-term individual counseling, or coordinated home–school communication strategies. Services are often delivered collaboratively by general education teachers within the classroom and school-based mental health staff, ensuring alignment with instructional practices and student needs.

Tier 3 Interventions

For students who demonstrate persistent, significant, or complex mental health needs, Tier 3 provides intensive, individualized supports. Tier 3 behavioral health services may include individual, family, or group therapy using evidence-based therapeutic approaches, crisis intervention, and specialized programming within general or special education settings. These interventions are delivered by licensed school-based clinicians or community mental health partners and are coordinated by a multidisciplinary team to ensure comprehensive, individualized care.

Sustainability and Equity

To maximize sustainability and impact, school-based mental health services must be fully integrated into the school's core mission and MTSS framework, supported through diverse delivery models, and guided by ongoing evaluation and continuous improvement. Expanding access to culturally and linguistically responsive services through MTSS and UMHS ensures that mental health supports are equitable, effective, and responsive to the diverse needs of students across the state.

Part Four – Appendices

Appendix A

Guiding Questions for Developing and Implementing a Mental Health Screener Protocol

- Why are we implementing universal screening?
- What screening tool will be used for universal screening?
- How often do we gather universal screening data during the school year?
- How far are we in implementing a full continuum of comprehensive supports (i.e., what interventions are being implemented at which tiers, and are they being implemented with fidelity and effectiveness)?
- How will we share screening data with parents and students?

Appendix B

Implementation Team – Sample Roles and Duties

School Mental Health Practitioners (social workers, psychologists, counselors, and nurses)

- Lead screening coordination
- Oversee consent tracking
- Conduct follow-up assessments
- Coordinate interventions and referrals
- Consult with staff and families

Parents/Caregivers, Family Representatives

- Engage in conversations sharing concerns
- Partner with school staff to support student well-being

Staff

- Provide input regarding the optimal timing of the screening during the school day
- Create a safe and supportive school environment and build positive relationships with students
- Identify and refer students who may need additional supports
- Model positive behaviors for students

Community-Based Clinicians or Administrators

- Provide consultation, training, and treatment services
- Partner with schools for referrals and coordinated care

Principals

- Determine the optimal timing of the screening during the school day based on staff input
- Ensure staff are informed about the purpose of and plan for the screening and share results with staff
- Create a comprehensive student roster (names/class schedules) prior to screening to identify students who will not participate
- Distribute participation lists to teachers on the day of screening to ensure only students with parental consent complete the survey
- Inform parents about the purpose of the screening and provide the option to decline consent for initial or follow-up screening
- Communicate dates, procedures, and expectations for screening with school community
- Align funding and resources to sustain mental health efforts

- Model well-being practices for staff

District Leaders

- Integrate student and staff mental health and well-being into the district strategic plan, board policy, and procedures
- Advocate for essential funding and resources to sustain a school mental health system
- In coordination with the local school board, distribute communication across the school district regarding the school's mental health screening tool and implementation plan

Child Welfare Support (juvenile justice staff, community school coordinator, English language learner educators, and/or after-school program leaders)

- Extend supports beyond the school day
- Reinforce resilience-building and well-being efforts

Appendix C

Screening Administration Sample Development Guide

Guiding Questions

- Is there an existing policy regarding consent for screening that should be reviewed?
- How will all stakeholders be notified that screening will be conducted? What are all the forms of communication?
- What are the consent procedures and protocols?
- What are the other sources of student data currently collected by the school?
- How will the opt-out list be maintained, updated, and managed?

Administration of Screening

- What opportunities exist to support the administration of screening?
- When will the screening take place during the school day?
- How will students complete the screener? Web-based? Paper and pencil?
- What information needs to be disseminated to staff to support the facilitation of screening? Have you developed a script to be read by staff and information on procedures for responding to students who need additional support during screening?

Follow-Up

- Who is available to respond to students who have elevated scores on the screening measure?
- What community support exists?
- What training/resources do staff require to effectively follow-up with students?

Appendix D

Sample Implementation Checklist and Planning Guide

The purpose of this sample implementation checklist is to help teams facilitate, monitor, and problem-solve the implementation process and is not designed to be comprehensive in nature. Readers are strongly encouraged to review the full implementation guide to inform specific processes as well as consult with legal/ethical guidelines, state and district policies and statutes, and independent reviews of technical adequacy of screening instruments.

How to Use This Tool

- Review each step as a team
- Mark the current status (Not in Place / Partially in Place / In Place)
- Identify clear action steps, owners, and timelines
- Revisit this document regularly (planning, implementation, and review phases)

Step 1. Establish a School Implementation Team

- Establish a building implementation team
- Identify key stakeholders and assign roles
- Set an agenda for team meetings
- Familiarize group with screener and its components
- Review current data
- Establish a shared understanding of the goal and purpose of screening—*revisit goals and objectives frequently to adapt implementation to the needs of the district's student population*
- Facilitate culturally competent learning sessions about Tier 1 supports: UMHS, SEL, the screener, and mental health literacy
- Ensure all members' voices are heard—*address barriers with an equitable approach*
- Communicate decisions to appropriate individuals

Step 2. Plan Universal Mental Health Screening Communications

- Establish procedures for post-screener communication with families, students, staff, etc.
- Schedule and plan informational meetings with families before, during, and after implementation
- Engage school stakeholders before, during, and after implementation
- Create family engagement plan before, during, and after implementation
- Establish and distribute a screening timeline/calendar before the school year begins

Step 3. Develop Implementation Policies and Procedures

- Develop administration plans and policies before screening
- Put a plan in place to ensure that all students can be screened in a manner consistent with other students
- Identify which staff will lead the screening process and be available during the screening for support
- Create a screening checklist based on roles
- Ensure consent and liability policies and procedures are enacted and shared with the screening team—*develop a system of receiving and maintaining records of consent*
- Ensure data collection privacy policies and procedures are enacted and maintained—d*etermine who has access, develop criteria for determining outliers, and establish a plan for data privacy*
- Identify potential staff needs and supports
- Identify technological needs and capacity requirements and ensure they are in place
- Schedule and plan training with staff
- Establish support and referral pathways for post-screening tiered supports and community-based services

Step 4. Administer the Screening Tool

- Provide proctors with a script
- Prepare, distribute, and understand all supplies before screening day
- Ensure available technical support staff are on call and able to assist during the screening
- Prepare proctors to handle unintended emotional responses

Step 5. Conduct Follow-Up Process

Scoring of Results

- Maintain confidentiality of screening results
- Provide parents, teachers, and students with screening results in a reasonable amount of time – *the timeline and dates should already be set*

Interventions

- Complete follow-up procedures and protocols – *refer students and implement interventions*
- Refer to a tiered approach to services for all students
- Ensure the follow-up schedule is in place
- Ensure community partnerships and referral pathways are established

Step 6. Evaluate the Screening Process

- Use screening results to evaluate and monitor the effectiveness of Tier I supports and plan next steps
- Consider social determinants of health and other indicators of academic success, well-being, and distress
- Evaluate how well the communication plan was followed
- Evaluate the effectiveness of the system of receiving and maintaining records

Appendix E

Sample Communication Checklist

Communication Goals

- Build awareness and understanding of the screening process; address concerns and misconceptions
- Encourage participation and family support

Before Screening

- Inform and involve families
- Host meetings with community partners

During Screening

- Provide daily staff updates
- Make on-site support teams available with real-time feedback channels
- Provide family reminders and support contact information

After Screening

- Conduct staff debrief sessions
- Communicate follow-up with families
- Review de-identified data summaries
- Distribute district feedback surveys

Staff Communication

- Ensure leadership communicates with staff frequently
- Hold staff meetings to discuss roles and coordination
- Share FAQ documents
- Train staff on trauma-informed and healing centered practices
- Ensure referral pathways are well known

Family Communication

- Send home multilingual letters and flyers
- Update website and social media
- Conduct virtual town halls or webinars
- Make parent liaisons available for 1:1 conversations

Communication Channels

- Email and newsletters
- School websites and social media
- In-person and virtual meetings
- Community and school events

Appendix F

Sample Family Engagement Plan for Universal Mental Health Screening

This sample family engagement plan includes strategies to strengthen family involvement before, during, and after the implementation of universal mental health screening in schools. It is based on guidance from American Institutes for Research's Strengthening Family Engagement resource and aims to foster transparency, trust, and collaboration with families throughout the screening process.

Before Screening

- Provide parents with clear information about the screening, including its purpose and expected benefits
- Offer parents an opportunity to view the screening tool and ask questions
- Ensure a reasonable amount of time between notification and implementation to allow for informed decision-making

During Screening

- Send reminders to parents that the screening has begun
- Support parents in responding to questions their children may have about the screening experience

After Screening

- Follow the protocol for sharing screening results and outlining next steps, including providing scripts for staff if needed
- Follow-up with families in writing when necessary to ensure clarity and support
- Provide literature and resources related to any identified areas of concern to help families understand and address their child's needs

Appendix G

Sample Universal Mental Health Screening Information for Families

Supporting Our Students' Mental Health

Families are the first and most important support for a child's mental health. Life can feel busy and stressful, and children feel that too. When families and schools work together, students do better. Mental health means having the skills to handle feelings, stress, and challenges. These skills help students succeed now and in the future.

What Is Mental Health Screening?

Mental health screening is a quick check to see if a student may need extra support. The goal is to support students before problems grow bigger.

- It is NOT a diagnosis.
- Only doctors or mental health professionals can diagnose.
- It helps us identify students who may need help early.

Why Early Support Is Important

When mental health needs are not supported, students may struggle with learning, behavior, attendance, and relationships. Some problems can start small, even in younger grades. Helping early makes a significant difference!

Working Together

Families and schools share the same goal: Healthy, safe, and successful students. Together, we can build:

- Healthy emotions
- Coping skills
- Confidence

Questions or Concerns?

Please reach out to your school if you have questions or want to talk more. We are here to support every child, every step of the way.

Schools are great places to help students feel safe, supported, and ready to grow

Appendix H

Sample Mental Health Screening Day Checklist

Confidentiality and Privacy

- Ensure consent is obtained prior to screening
- Active consent model: A parent or guardian provides a signed, dated, written consent before his or her child can participate in mental health screening
- Passive consent model: Ensure that students who have been opted out by their parents/guardians are not included in the count of students who will participate in the screening
- Protect student data and maintain confidentiality throughout the process

Staff Preparation

- Share the screening procedure plan with all staff
- Ensure staff have access to necessary technology and understand the protocols
- Assign additional staff (e.g., school psychologists, counselors) to support teachers in large enrollment courses such as gym and band
- Assist with material distribution and student inquiries
- Train proctors to know and understand their roles—proctors may include teachers, paraprofessionals, counselors, school psychologists, or school social workers
- Assign trained proctors to each screening location
- Provide proctors with clear instructions and support resources

Multi-Tiered System of Support

- Address each tier of support during screening implementation
- Ensure appropriate follow-up and referral pathways are in place
- Establish a clear meeting schedule for screening preparation and review
- Define the process for discussing outcomes and next steps

Appendix I

Sample Post-Screening Evaluation Checklist

1. Timely Review and Follow-Up

- ☐ Screening data is reviewed promptly (ideally the same day of administration).
- ☐ High-risk students are identified immediately for urgent follow-up.
- ☐ Clear timelines are established for follow-up actions and referrals.
- ☐ Designated staff are responsible for reviewing results and initiating next steps.

2. Data-Informed and Ethical Decision-Making

- ☐ Screening results are interpreted using multiple data sources when appropriate.
- ☐ Decisions are grounded in ethical standards, confidentiality, and informed consent.
- ☐ Screening results are used to guide support, not to diagnose.
- ☐ Data privacy and security protocols are consistently followed.

3. System-Level Evaluation (MTSS Alignment)

- ☐ Mental health supports are aligned with the MTSS framework (Tier 1, 2, and 3).
- ☐ Screening results inform tiered interventions and resource allocation.
- ☐ System-level outcomes are reviewed to assess integration and effectiveness.
- ☐ Gaps in services or access are identified and addressed.

4. Culturally Responsive Pathways to Care

- ☐ Screening results are interpreted within students' cultural and linguistic contexts.
- ☐ Follow-up actions reflect cultural responsiveness and equity considerations.
- ☐ Language access and family communication supports are available.
- ☐ Community partnerships support culturally responsive care when needed.

5. Crisis Readiness and Community Coordination

- ☐ Crisis response teams are notified prior to screening administration.
- ☐ Community mental health and local pediatric medical providers are informed and prepared for referrals.
- ☐ Clear protocols exist for immediate intervention when safety concerns arise.
- ☐ Staff know how to activate crisis procedures if needed.

6. Fidelity of Implementation

- ☐ Interventions are delivered as designed and aligned with evidence-based practices.
- ☐ Fidelity measures (e.g., checklists, observations, reviews) are in place.
- ☐ Fidelity monitoring is framed as supportive and improvement-focused.

7. Progress Monitoring

- ☐ Student progress is monitored regularly following intervention initiation.
- ☐ Data is collected and reviewed at established intervals.
- ☐ Interventions are adjusted based on student response and outcome data.
- ☐ Progress monitoring supports early identification of challenges.
- ☐ Outcome data is used to reduce disparities and improve equity.

8. Continuous Improvement and Stakeholder Feedback

- ☐ Stakeholder feedback (staff, families, students when appropriate) is collected.
- ☐ Evaluation findings are used to refine screening and intervention processes.
- ☐ The evaluation process supports sustainability and continuous improvement.
- ☐ Practices align with trauma-informed and student-centered principles.

Appendix J

Resources

Training for School Personnel

- MentalHealthLiteracy.org (Mental Health Literacy)
- Mental Health Learning Resources and Professional Development Modules (Washington Office of Superintendent of Public Instruction)
- Mental Health Literacy Guide for Educators (Character Strong)
- Learning Resources for Educators and Students (National Institute of Mental Health)
- Mental Health Resources (The Kids Mental Health Foundation)
- Comprehensive Mental Health Lessons (American Institutes for Research)

Comprehensive School-Based Mental Health Systems

- The Wisconsin School Mental Health Framework (Wisconsin Department of Public Instruction)
- Supporting Social, Emotional, Behavioral, and Mental Health Needs (U.S. ED)
- Comprehensive School-Based Mental Health Guide (New Jersey Department of Education)
- Universal Mental Health Screening: A Best Practices Guide (SMART Center)
- Project AWARE Ohio School-Wide Universal Screening Implementation Guidance
- Best Practices in Universal Social, Emotional, and Behavioral Screening (School Mental Health Collaborative)
- Mental Health and Schools: Best Practices to Support Our Schools (Baker Center)
- Developing a Comprehensive Mental Health Program in Your School Community (American Institutes for Research)

Implementation Resources

- School Mental Health Quality Guide – Screening (University of Maryland School of Medicine)
- Universal Mental Health Screening Toolkit (Colorado Department of Education)
- Report on Universal Mental Health Screening (Mental Health Services Oversight and Accountability Commission)
- Bringing an Equity Lens to Student Well-being through MTSS (Institute of Education Sciences)
- Resource Mapping Strategy (Harvard Graduate School of Education)
- Video: Strengthening Family Involvement to Improve Outcomes for Children (American Institutes for Research)

Appendix K

Review of Frequently Used Screening Tools for Universal Mental Health Screening in Schools

Recommendations for Illinois Schools

Prepared by: Center for Childhood Resilience, Lurie Children's Hospital

Last Updated: April 30, 2026

Purpose: The Illinois legislation requiring annual self-report mental health screening for students in Grades 3 to 12 is an opportunity to increase early identification of students with mental health concerns. A self-report tool can identify students at-risk for anxiety and depression who would otherwise not be identified by teachers or parents (Dever et al., 2013; Jeffrey et al., 2020). There are no self-report tools that precisely fit the requirements of the Illinois legislation for universal mental health screening. However, there are some existing tools that offer self-report student options and include concerns related to anxiety and depression. Based on a review of the available research literature and practice guidelines, we selected four screening tools that Illinois schools might consider, if they choose not to use the state-provided tool.

We selected these tools based on:

- Frequency of use in school settings, as described in available research literature and practice recommendations
- Available research evidence for use as a global mental health screener via student self-report, including suitability for diverse United States learners (Becker-Haimes etal., 2020)
- Inclusion of items that assess risk for anxiety and depression
- Adequate evidence that the screening tool can accurately identify students at-risk for mental health concerns
- Feasibility of implementation in schools, including cost

Tool Name	Are Well-Being and Skills Measured?	Is Internalizing Measured?[1]	Is Externalizing Measured?[2]	Low-to-No-Cost	<10 Minutes	Self-Report for Ages 8-11	Self-Report for Ages 11+	Teacher Report	Parent Report
BESS-3	YES	YES	YES	NO	YES	YES	YES	YES	YES
PSC-17	NO	YES	YES	YES	YES	MAYBE	YES	NO	YES
mySAEBRS	YES	YES	YES	NO	YES	YES	YES	YES	NO
SDQ	YES	YES	YES	YES	YES	NO	YES	YES	YES

[1]Internalizing broadly refers to concerns related to depression and anxiety
[2]Externalizing broadly refers to disruptive behavioral concerns

Details on Four Frequently Used Screening Tools

BESS: Behavioral and Emotional Screening System. BASC-3

Reynolds, C.R. & Kamphaus, R.W. (2015)

Domains: Behavioral and Emotional Risk Index (Total); Internalizing Risk, Self-Regulation Risk, Adjustment Risk

Designed for: Global screening to identify students at risk for social, emotional, or behavioral disorders. Not recommended for progress monitoring.

Time to complete per student: 5-10 minutes

Completed by: Students (ages 8-18); teachers, parents also available

Availability & Cost: Commercial product through Pearson Assessments.

Psychometrics: Strong psychometric evidence for use in schools, although more research has been done with the teacher-report than the student-report. Normed on a representative sample that matches U.S. Census. Sensitivity and specificity analyses have used BASC-3 score rather than clinical diagnosis. The technical manual is available for sale from Pearson, which provides more details that are not publicly available.

Other: BASC-4 to be released in summer 2026; audio recordings available of student and parent forms; Spanish forms available

PSC-Y: Pediatric Symptom Checklist-Youth

(Jellinek, et al. 1988)

Domains: Internalizing, Attention Problems, Externalizing

Designed for: Universal screening for mental health concerns in primary care practices. Can be used for progress monitoring.

Time to complete: Less than 5 minutes

Completed by: Students (ages 11+); parents available

Availability & Cost: Freely available from several websites including Massachusetts General Hospital

Psychometrics: Strong psychometric properties, with decades of use in pediatric primary care settings (Jellinek et al., 1999). More research has been done on the parent-report version compared to the self-report version. Has not been widely adopted in schools. One study administered to students ages 9 and up in school setting found good evidence of utility and accuracy in identifying students with unmet mental health needs, including anxiety and depression.

Other: There are 35-item and 17-item versions; PSC-Y is available in Spanish; audio versions are available in English and Spanish.

mySAEBRS: The Social, Academic, Emotional Behavior Risk Screener

Kilgus, Chafouleas, Riley-Tillman, & von der Embse (2013)

Domains: Social behavior (externalizing problems, social skills), academic behavior (attentional problems, academic enablers), and emotional behavior (internalizing problems and social competence)

Designed for: Assessing absence of problem behaviors and symptomatology (e.g., internalizing and externalizing behaviors) and presence of well-being and competencies (e.g., social-emotional skills). Not recommended for progress monitoring.

Time to complete: 1-3 minutes

Completed by: Students (Grades 2-12); teacher measure, SAEBRS also available

Availability & Cost: Commercial product. Online version administered by FastBridge.org (contact IlluminateEducation for pricing).

Psychometrics: The teacher-reported SAEBRS version has been more widely studied; however, mySAEBRS has shown good psychometric evidence and grade-level readability.

Other: Available in English and Spanish

SDQ: Strengths and Difficulties Questionnaire

Goodman (2000)

Domains: Emotional symptoms, conduct problems, hyperactivity/inattention, peer problems, and prosocial behavior

Designed for: Screening for mental health concerns and can be used for progress monitoring (approximately monthly)

Time to complete: 3-10 minutes

Completed by: Students (ages 11-17); teachers, parents available

Availability & Cost: $.025 per student per administration. For more information on pricing, refer to sdqinfo.org.

Psychometrics: Used widely internationally but less research on its use with United States youth. Concerns for low sensitivity in predicting specific groups of disorders in community samples. Has not been used successfully with children under age 11.

Other: Available in Spanish and many other languages

Limitations of this review. Much of the publicly available research literature on universal mental health screening in schools focuses on screening tools completed by teachers (teacher-report). In medical settings, particularly in pediatric primary care, parent-report measures have also been widely studied. There is less evidence for the utility, feasibility, and psychometric properties of self-report (student-report) universal mental health screening tools. Further complicating this landscape is the fact that many tools that are frequently used in schools to screen for mental health concerns are commercially available products that cost money to implement. Much of the evidence about these tools is only available via the technical manual, which must also be purchased.

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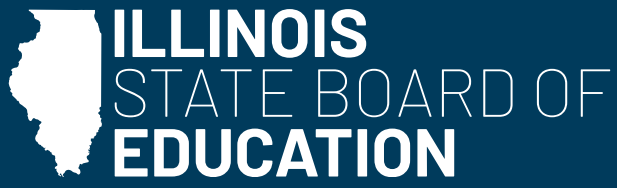

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