



UNIVERSAL SCREENING TOOLKIT

Research reveals that early identification and intervention are instrumental to fostering positive outcomes for students with behavioral health needs. Yet, without a formal identification process, the process for mental health support is mostly started through punishment, rather than in a supportive context. For example, Boston Public Schools piloted various universal screeners and found that without formal screening mechanisms, schools tend to over-identify minority students, over-represent boys and boys of color, and under-represent girls, internalizers, and Asian students.

While universal screening requires more peer-reviewed research about its effects, school leaders that have used it explain screening works effectively, especially as part of a comprehensive system of behavioral health supports that does not rely on one measure alone. Specifically, screening processes can vary greatly, and careful planning must go into the selection of screening tools (see “selecting a universal screener” in the planning guide). School leaders must be thoughtful in their approaches to adopting universal screening and provide staff with the necessary training, tools, and resources to implement screening effectively. School leaders should also ensure that appropriate tiered interventions are actively in place for students who have been identified in need of supports. Additionally, a positive school climate and culture that reduces the stigma of behavioral health with school-wide support from all stakeholders will help ensure a strong universal screening system.

Overall, screening must lead to effective intervention and must be part of a comprehensive system of behavioral health supports that includes family- school- and community- partnerships. Without the proper systems in place, universal screening simply will not work.

When approached in a thoughtful manner, universal screening requires little cost and time. To learn more about how universal screening has been approached in Aurora Public Schools and Boston Public Schools, see the *Framework*.

To help ensure the success of your district’s or school’s universal screening process, use the following planning guide.

“Universal screening is the systematic assessment of all children within a given class, grade, school building, or school district, on academic and/or social-emotional indicators that the school personnel and community have agreed are important.”¹

1 (Deno, 2003; Iowa Department of Education, 2006; see Shinn, chapter 14, vol. 2) from Ikeda, Neessen, & Witt, 2007

PLANNING FOR UNIVERSAL SCREENING

Is my school ready to do this?	Yes	No	Not sure	If no or not sure, document next steps
Is staff committed to developing and improving the social, emotional, and behavioral health of students?				
Does school staff understand the misconceptions and stigma associated with behavioral health?				
Does staff understand the connection between behavioral health and academic achievement?				
Does staff understand how to protect student and family privacy?				
Has staff been educated about confidentiality?				
Is there a referral process in place?				
Is staff familiar with the school's referral process?				
Has staff learned how to guard against labeling students who may need extra behavioral health support?				
Have families, school staff, mental health professionals, and other representatives from the community been included in the discussion about universal screening?				
Does the school have adequate resources to follow up with students after they are screened?				
Does the school have district approval?				

SELECTING A UNIVERSAL SCREENER

It may be beneficial to pilot various screeners in a district to decide which screener is most effective as well as to ensure the screener does not have too high of a false positive or false negative rate. “False positives occur when students are deemed at risk when, in fact, they are not. False negatives are cases in which students who are deemed not at risk then go on to perform poorly on a future criterion measure” (Jenkins, 2003).² The piloting process may take a year, and depending on the screeners that are used in the pilot, the costs are fairly minimal. In a couple of large districts, the cost for screening in their pilot schools was roughly between \$2,000 and \$5,000. District and school leaders who were interviewed, explained that it was helpful to negotiate costs with the company that publishes the screener.

For a review of common social and emotional screeners see: http://www.nasponline.org/conventions/handouts2010/unstated/NASP%20SEL_Screener%202010.pdf

Selecting a Universal Screener	Yes	No	Not sure	If no or not sure, document next steps
Have you engaged the input of teachers, school psychologists, school social workers, school counselors, and other school staff when selecting a universal screener?				
Have you considered how much the selected screener will cost and where the funds will come from to pay for it?				
Is the selected screener age appropriate and culturally relevant?				
Has staff been trained on how to implement the universal screener?				

IMPLEMENTING SCREENING

Acquiring Consent	Yes	No	Not sure	If no or not sure, document next steps
Have you provided family- and student-friendly information about the screening?				
Have you received parental permission to screen students?				
Even if you have acquired parental consent, do students have the freedom to opt out?				
For students who have been opted out of screening, do you have alternative activities planned for them?				

Screening Procedures	Yes	No	Not sure	If no or not sure, document next steps
Have you determined at what grade levels students will be screened?				
Do you know in what classrooms throughout a school and district the screening will be conducted?				
Do you know who will enter the screening data?				
Do you know when and how often the universal screener will be used? (Note: Twice a school year is recommended. Once in the fall after students have been in school for a month and then in the spring). ³				
In addition to a screening tool, do you collect multiple data points for student behavioral health information such as student self-report and information from families?				
Do you have supports, services, and protocols in place for students who need additional support?				
Have you ensured that the outcomes will guide appropriate, evidence-based interventions?				
Do you know how the screening process will improve student outcomes?				

2. <http://www.rtinetwork.org/learn/research/universal-screening-within-a-rti-model>

3. Note: All students at a certain grade level in a specific school or district is ideal and, “Some have recommended transitional years such as sixth and seventh and ninth and 10th grades as critical times when clinical symptoms often linked to increased suicide risk sometimes develop” (Weist, et. al, 2007, p. 56).

REFERENCES

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Weist MD, Rubin M, Moore E, Adelsheim S, Wrobel G. (2007). Mental health screening in schools. *Journal of School Health*. 77, 53-58.