



Central East (HHS Region 3)

**MHTTC**

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# School Mental Health Virtual Learning Series

November 2021-June 2022

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## Cultural Responsiveness, Anti-Racism and Equity (CARE) Best Practices in School Mental Health (SMH): Screening

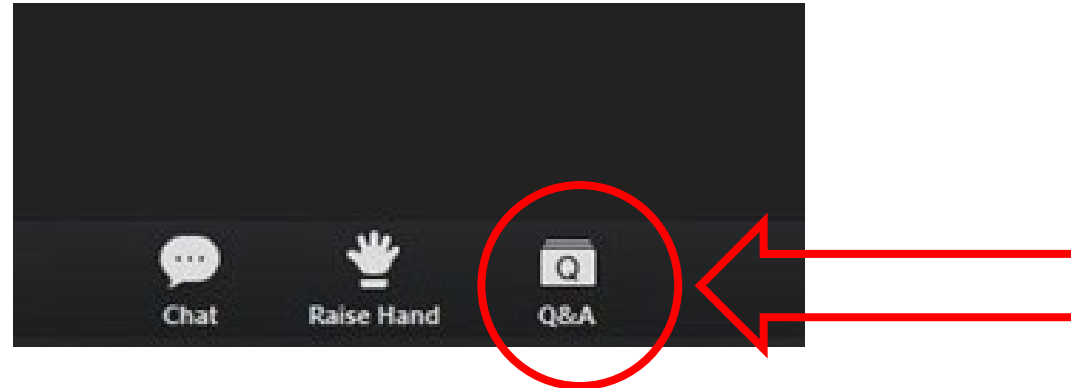
March 2, 2022



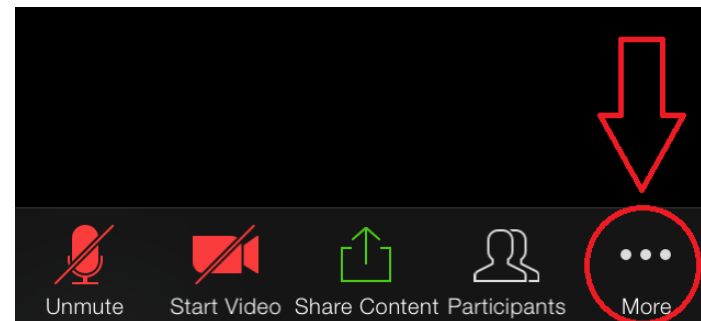
# Technology Support

- Slides will be posted on the NCSMH website ([www.schoolmentalhealth.org](http://www.schoolmentalhealth.org))
- Please type questions for the panelists into the Q&A box.
- Use chat box for sharing resources, comments, and responding to speaker

## Web



## Mobile App





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**Oscar Morgan**  
Interim Executive Director  
MHTTC Project Director



**Michael Thompson**  
MHTTC Sr. TA Specialist



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School-based Training and  
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SCHOOL OF MEDICINE



**Tiffany Beason**  
NCSMH Faculty



**Lorraine Bernstein**  
Coordinator



**Dana Cunningham**  
PGSMHI Director



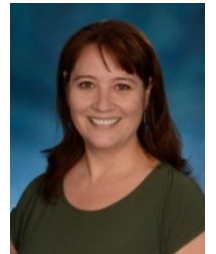
**Sharon Hoover**  
NCSMH Co-Director



**Nancy Lever**  
NCSMH Co-Director



**Perrin Robinson**  
Communications Manager



**Kris Scardamalia**  
NCSMH Faculty

# Central East Geographical Area of Focus

## HHS REGION 3

Delaware

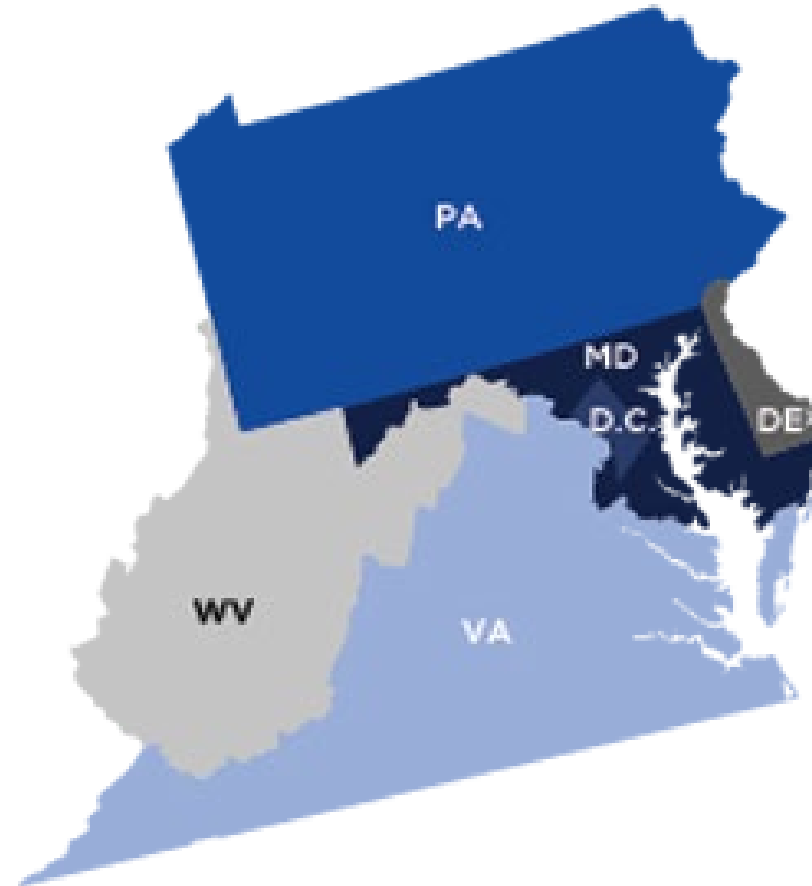
District of Columbia

Maryland

Pennsylvania

Virginia

West Virginia





# What Does Central East MHTTC Do?

## Actions

- **Accelerate** the adoption and implementation of evidence-based and promising treatment and recovery-oriented practices and services
- **Strengthen** the awareness, knowledge, and skills of the behavioral and mental health and prevention workforce, and other stakeholders, that address the needs of people with behavioral health disorders
- **Foster regional** and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance to the behavioral and mental health field

# National Center for School Mental Health

## MISSION:

**Strengthen policies and programs in school mental health to improve learning and promote success for America's youth**

- Focus on advancing school mental health policy, research, practice, and training
- Shared family-schools-community mental health agenda

**Directors:** Drs. Nancy Lever & Sharon Hoover

**Faculty:** Tiffany Beason, Ph.D. Jill Bohnenkamp, Ph.D., Elizabeth Connors, Ph.D, Britt Patterson, Ph.D., Sam Reaves, Ph.D., Kris Scardamalia, Ph.D., Cindy Schaeffer, Ph.D.



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# School Mental Health Webinar Series

## Objectives

- Gain increased awareness of high quality, sustainable multi-tiered system of school mental health supports and services
- Support trauma-informed systems in schools
- Discover the impacts of social determinants of health on student academic and social-emotional-behavioral success
- Learn to provide more culturally responsive and equitable services and supports
- Hear perspectives on school mental health from school, district and state levels
- Obtain insight into how youth, families, schools and communities can best work together to address student mental health needs



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# Upcoming Webinars (3:00-4:00 ET, 2:00-3:00 CT, 1:00-2:00 MT, 12:00-1:00 PT)

- March 16 **Cultural Inclusiveness and Equity (CIE) Part 3: Engaging in Culturally Inclusive Classroom Actions to Promote Student Mental Health**
- April 6 **Cultural Inclusiveness and Equity (CIE) Part 4: Supporting Students Experiencing Distress from a Cultural Inclusiveness and Equity Lens**
- May 4 **Cultural Responsiveness, Anti-Racism, and Equity (CARE) Best Practices in School Mental Health - Universal Mental Health Promotion (Tier 1)**
- June 1 **Cultural Responsiveness, Anti-Racism, and Equity (CARE) Best Practices in School Mental Health - Early Intervention and Treatment in Schools (Tiers 2 & 3)**



# Welcome Our Presenters:



**Samantha Reaves, Ph.D.**  
Assistant Professor,  
National Center for School  
Mental Health



**Mark Sander, Psy.D.**  
Director of School Mental Health, Hennepin  
County and Minneapolis Public Schools

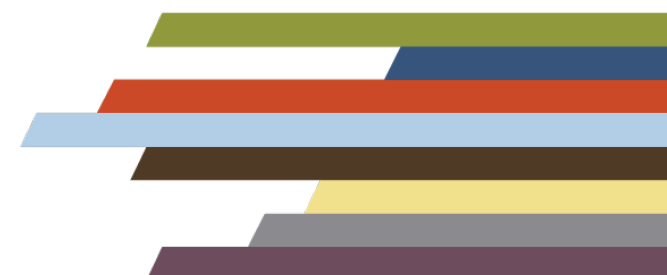


**Dana Cunningham, Ph.D.**  
Director, Prince George's School Mental Health Initiative

# Objectives



- Increase understanding of best practices in school mental health screening
- Gain understanding of how to use the SHAPE System to assess the quality of your school mental health screening at the school and/or district level
- Increase knowledge of and reflect on how cultural responsiveness, anti-racist, and equity (CARE) considerations fit into school mental health screening
- Be able to list three strategies to better integrate CARE into school mental health screening



# Overview of School Mental Health Quality Domains and Indicators

## Quality Domains

- Teaming
- Needs Assessment and Resource Mapping
- Mental Health Promotion for All (Tier 1)
- Early Intervention and Treatment Services and Supports (Tiers 2/3)
- Screening
- Impact
- Funding and Sustainability

### School Mental Health National Quality Assessment Overview of Domains and Indicators



#### Teaming

- Multidisciplinary teams
- Youth and family partnership
- Community partnerships
- Addresses all tiers
- Avoid duplication and promote efficiency
- Best practices for meeting structure/process
- Delineated roles/responsibilities
- Effective referral processes to school and community services
- Data-based decisions to determine student interventions
- Data sharing



#### Needs Assessment/ Resource Mapping

- Assess student mental health needs
- Assess student mental health strengths
- Use needs assessment results to select, plan and implement services and supports
- Conduct resource mapping to identify existing services and supports
- Use resource map to select, plan and implement services and supports
- Align existing services and supports



#### Mental Health Promotion Services & Supports

TIER 1

- Tier 1 Services and Supports:
  - School Climate
  - Teacher and School Staff Well-Being
  - Positive Behaviors and Relationships
  - Positive Discipline Practices
  - Mental Health Literacy
  - Social Emotional Learning
- Determine whether services and supports are evidence-informed
- Ensure fit with strengths, needs, cultural, and linguistic considerations
- Ensure adequate resources for implementation
- Provide interactive training and ongoing supports
- Monitor fidelity

#### Early Intervention and Treatment Services & Supports

TIERS 2&3

- Provide access to needed services and supports
- Determine whether services are evidence-informed
- Ensure all services and supports are evidence-informed
- Ensure fit with strengths, needs, cultural, and linguistic considerations
- Ensure adequate resources for implementation
- Provide interactive training and ongoing supports
- Monitor fidelity
- Ensure intervention goals are SMART
- Monitor student progress across tiers
- Implement a systematic protocol for emotional and behavioral crisis response

#### Screening

- Use best practices for mental health screening planning and implementation
- Indicate the number of students:
  - Enrolled in school
  - Formally screened in the absence of known risk factors
  - Identified as being at-risk or already experiencing a mental health problem
  - Referred to a mental health service following identification
- Of students screened, how many screened for [specific mental health areas]



#### Funding and Sustainability

- Use multiple and diverse funding and resources to support full continuum of school mental health
- Leverage funding and resources to attract potential contributors
- Have strategies in place to retain staff
- Maximize expertise and resources of partners to support ongoing professional development
- Have funding and resources to support:
  - Tier 1 (mental health promotion) services
  - Tier 2 (early intervention) services
  - Tier 3 (treatment) services
- Maximize reimbursement for eligible services



#### Impact

- # of students who:
  - Were eligible to receive Tier 2 or Tier 3 school mental health services
  - Received at least one Tier 2 or Tier 3 service
  - Demonstrated documented improvement in educational functioning
  - Demonstrated documented improvement in social, emotional and behavioral functioning

- Use best practices to:
  - Document impact on educational outcomes
  - Document impact of social, emotional, and behavioral outcomes
  - Disaggregate student mental health service and support data to examine student-level outcomes based on sub-population characteristics
  - Document and broadly report the impact of your comprehensive school mental health system



For a full copy of the school mental health national quality assessment, visit [www.theSHAPESystem.com](http://www.theSHAPESystem.com)

SHAPE School Health Assessment and Performance Evaluation System

What is **SHAPE**?  
Your **FREE** assessment tool designed to improve school mental health system quality and trauma responsiveness at the school, district, and state levels.

Learn More

**Take a Tour**

From our program quality and trauma responsiveness assessments and feedback reports to our extensive library of free and low-cost screening and assessment measures, SHAPE delivers the tools you need to improve your school or district's mental health programs and increase your grant funding opportunities. Take the tour to learn more.

I want to sign up for:

Myself My School My District My State

SHAPE helps districts and schools improve their school mental health systems! **HOW?**

**SHAPE Features**

- School & District Profiles
- Quality Assessment & Resources
- District & State Dashboards
- Screening & Assessment Library
- Trauma-Responsive Schools Assessment & Resources

**School Mental Health Matters**

Youth are **8x more likely** to complete mental health treatments in schools than in other community settings.

3/4 of youth who receive mental health services access them in schools.

Positive school climate integrated with social emotional learning **improves school safety** and decreases bullying.

Students who participate in social emotional learning programs improve academic performance by **11 percentage points**.

**Put your star on the map**

92 schools have earned Gold Star Status

112 school districts have earned Gold Star Status

28 states have schools or districts with Gold Star Status

Learn More

# School Health Assessment and Performance Evaluation (SHAPE) System

## [www.theSHAPESystem.com](http://www.theSHAPESystem.com)

SHAPE helps districts and schools improve their school mental health systems! **HOW?**



# The SHAPE System



## What is **SHAPE?**



A **free**, interactive tool designed to improve accountability, excellence, and sustainability in school mental health in schools, districts, and states.

[Learn More](#)



# Sign Up



## What is **SHAPE?**

A **free**, interactive tool designed to improve accountability, excellence, and sustainability in school mental health in schools, districts, and states.

[Learn More](#)



# Overview Page

JEFFERSON UNITED

My Star Status

View Certificate



Welcome to SHAPE! Explore all that SHAPE has to offer to improve your district's school mental health system.



## School Mental Health Profile

Teams are encouraged to start with The School Mental Health Profile, which asks about the structure and operations of your school mental health system. This Profile is part of the National School Mental Health Census, an effort to capture the status of school mental health nationally.



## Quality Assessment

The Quality Assessment will help your team assess the quality of your school mental health system based on seven domains. Teams receive a custom report based on responses.



## Resource Center

The Resource Center includes publicly available resources selected by school mental health experts. The library is divided by key components of a comprehensive school mental health system. Teams are encouraged to use custom reports from the Quality Assessment to navigate the resource library and guide the selection of appropriate resources.



## Screening and Assessment Library

The Screening and Assessment Library offers an extensive list of free and low-cost measures related to school mental health.



## Trauma Responsiveness

The Trauma Responsive Schools Implementation Assessment (TRS-IA) is an evidence-informed self-assessment. Feedback reports and comprehensive guides will be generated to support schools and districts as they work to enhance their trauma-responsive programming.




## My Schools

View data related to school mental health from schools in your district in the My Schools tab.

# Quality Assessment


JEFFERSON UNITED

My Star Status   
[View Certificate](#)

**The School Mental Health Quality Assessment** is designed for teams to assess the comprehensiveness of their school mental health system and to identify priority areas for improvement. The Quality Assessment is comprised of seven domains (Teaming, Needs Assessment/Resource Mapping, Screening, Mental Health Promotion Services & Supports, Early Intervention and Treatment, Funding and Sustainability, Impact). Your team will receive custom reports as you complete each domain.





[Instructions](#) [Printable Version](#) [Sample Reports](#)




**My Progress**



Current Reporting Period: September 2018 - June 2019  
[Change Reporting Period](#)

[Summary Report](#)

<p>Last completed on: 09/18/2019 Completed by 2 people.</p> <p><b>Teaming</b></p>  <p><a href="#">Take Survey</a> <a href="#">View Report</a></p>	<p>Last completed on: 09/27/2019 Completed by 1 person.</p> <p><b>Needs Assessment/Resource Mapping</b></p>  <p><a href="#">Take Survey</a> <a href="#">View Report</a></p>	<p>Last completed on: 10/15/2019 Completed by 3 people.</p> <p><b>Screening</b></p>  <p><a href="#">Take Survey</a> <a href="#">View Report</a></p>	<p>Last completed on: 09/27/2019 Completed by 1 person.</p> <p><b>Mental Health Promotion Services &amp; Supports</b></p>  <p><a href="#">Take Survey</a> <a href="#">View Report</a></p>
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<p>Last completed on: 09/27/2019 Completed by 1 person.</p> <p><b>Early Intervention and Treatment Services &amp; Supports</b></p>  <p><a href="#">Take Survey</a> <a href="#">View Report</a></p>	<p>Last completed on: 09/27/2019 Completed by 1 person.</p> <p><b>Funding and Sustainability</b></p>  <p><a href="#">Take Survey</a> <a href="#">View Report</a></p>	<p>Last completed on: 09/27/2019 Completed by 1 person.</p> <p><b>Impact</b></p>  <p><a href="#">Take Survey</a> <a href="#">View Report</a></p>
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# Questions and Best Practices

## Teaming



To what extent did schools in your district use best practices to meaningfully involve students and families to plan and improve the school mental health system? \*

Never

Rarely

Sometimes

Often

Almost always

Always

### Best practices:


- Involve students and families in all aspects of prevention, intervention, and health promotion design, implementation and evaluation; students and families can provide insight on school strengths and areas of need, program selection, implementation considerations, and ongoing quality assessment and progress monitoring
- Involve multiple students and families on teams; provide guidance and foundational information prior to each meeting so that they can have a meaningful role
- Gather additional information from students and families using surveys, interviews, and focus groups
- Identify existing youth and family mental health advocacy and navigation organizations in your community
- Partner with youth and family organizations to bring knowledge and passion based on practical, real-life experiences and expertise to support providers and other students and families within the system

Prev

Next

# Domain Reports

[Download as PDF](#)

Teaming

Reporting Period: September 2018 - June 2019  
Date of Report: 10/07/2019  
Entered By: 2 Users

### About Teaming


School districts are in the position of ensuring that school mental health efforts are appropriately staffed and supported by multidisciplinary teams that have effective communication and collaboration practices. Many schools have teams that meet to discuss and strategize about student mental health issues. Schools may have one team devoted to the full continuum of mental health supports (mental health promotion to early intervention and treatment) or they may have multiple teams that address different parts of the continuum (e.g., school climate team, student support team, Individualized Education Program team, intervention/tertiary care team, Tier 2/3 team, any other team that addresses student mental health concerns).


*Need resources?* The SHAPE Resource Library offers a wide variety of tools and resources to help your team improve your school mental health system. The library is organized by Quality Domain to help you locate exactly what you need.

For example, to find resources related to forming a multidisciplinary team or partnerships with the community and youth and families, select "Teaming" in the resource library and filter by "Partners."

The district team who completed this assessment reported the following information about the quality of teaming in your schools:


This progress report was developed by the Center for School Mental Health for The SHAPE System.  
Page 1 of 5



Teaming

Reporting Period: September 2018 - June 2019  
Date of Report: 10/07/2019  
Entered By: 2 Users

*For schools in your district*  
**OVERALL COMPOSITE SCORE: 3.3**



**Partners**

3	Multidisciplinary teams
3	Youth and family partnership
3	Community partnerships


**Structure/Process**

3	Addresses all tiers
2	Avoid duplication and promote efficiency
5	Best practices for meetings
4	Delineated roles/responsibilities
3	Effective referral processes

**Data**

2	Data based decisions for interventions
2	Data sharing


*District support*  
**OVERALL COMPOSITE SCORE: 1.9**



**District Support**

1	Establish and disseminate written, standard policies and procedures
2	Support implementation
1	Monitor implementation
2	Supports

This progress report was developed by the Center for School Mental Health for The SHAPE System.  
Page 1b of 5



# Strategic Planning Guide



## Strategic Planning Guide

The following pages can be used as tool to plan your next steps for this domain. We encourage you to complete this with your team.

**Please state a specific goal within this domain.** (For example, for the Teaming domain, one goal might be that the school mental health team will better collect and use data to identify students who need mental health support.)

GOAL: \_\_\_\_\_  
\_\_\_\_\_

**How will you know if you've achieved success within this goal?** (For example, for the Teaming domain and your goal is to better collect and use data to identify students who need mental health support, one way of measuring success might be that by the next academic school year, the school mental health team will review student mental health screening data for the entire student body twice per year to identify students in need of services and make a plan for meeting those needs.)

INDICATOR OF SUCCESS: \_\_\_\_\_  
\_\_\_\_\_

### What opportunities exist related to this goal?

- What have been our past successes?
- What current work is taking place related to this goal?
- What are our available resources (leadership, infrastructure, staffing, partnerships)?

### What barriers exist related to this goal?

- What would prevent us from moving forward with this goal?
- What would we need to overcome this/these barrier(s)?

# Resource Library



The **Resource Center** houses publicly available resources representing key components of comprehensive school mental health. Teams are encouraged to use custom reports from the Quality Assessment to navigate the Resource Center and guide the selection of appropriate resources.



Filter by Criteria

Teaming

- All Teaming Resources
- Partners
- Structure/Process

Needs Assessment/Resource Mapping

- All Needs Assessment/Resource Mapping Resources
- Needs Assessment
- Resource Mapping and Implementation
- Alignment

Screening

- All Screening Resources
- Collaboration



Search

Showing 228 of 228 resources.

Per page: 25



A Blueprint for Using Data to Reduce Disparities/Disproportionalities in Human Services and Behavioral Health Care



A Framework for Effectively Implementing Evidence-Based Programs and Practices (EBPs)



# National Center for Safe Supportive Schools (NCS3)

*A Category II Center within the National Child Traumatic Stress Network*

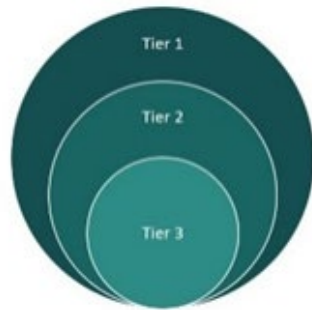
## Our Mission

Provide states, districts, and schools with the knowledge and tools to implement culturally responsive, trauma-informed policies and practices that promote equity and well-being.



[www.NCS3.org](http://www.NCS3.org)

# Safe Supportive Schools are:



**Comprehensive School Mental Health Systems (CSMHS)**



**Culturally Responsive, Anti-Racist and Equitable (CARE)**



**Trauma-Informed/Healing-Centered**

# What is CARE in Schools?

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## Cultural Responsiveness

Students', families', and educators' cultural references are included in all aspects of schooling, including supports and services that promote well-being and mental health

## Anti-Racism

Actively and intentionally promoting school policies and practices that lead to equity and oppose racism and other forms of oppression

## Equity

Ensuring that every student has what they need to achieve academically and experience positive mental health and well-being

# Why CARE in Schools?

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- Students are harmed by social injustices in schools
- The humane response to injustice in schools is CARE

Embrace cultural differences

Build on all students' cultural knowledge

Mediate power imbalances

Dismantle systems of injustice





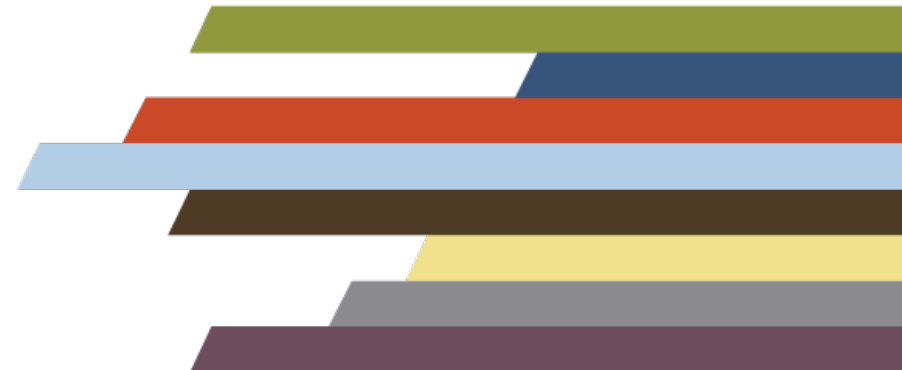
**MHTTC**

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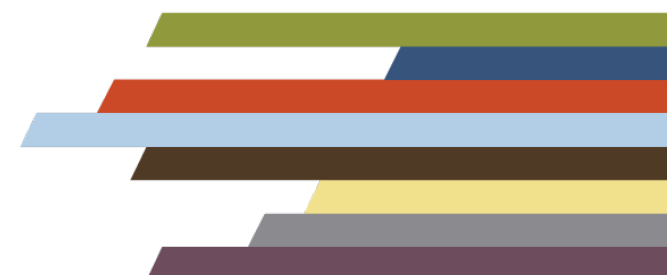
# Module 4: Screening

National School Mental Health Best Practices:  
Implementation Guidance Modules  
for States, Districts, and Schools



# What Is School Mental Health Screening?

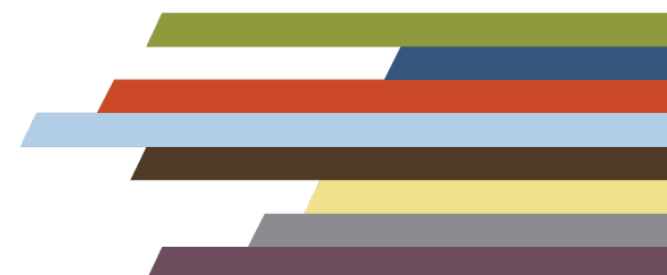
Using a tool or process employed with an entire population, such as a school's student body, **to identify student strengths and needs.** Screening is often used to identify students **at risk for a mental health or substance use concern.**



# Why Screen?

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- Support a multi-tiered system of supports (MTSS).
- Inform prevention and early intervention strategies.
- Identify concerns specific to grades, classrooms, or educators.
- Identify students with the highest well-being.
- Identify students at risk for mental illness or harm to self or others.
- Improve access to mental health supports.
- Economically sound.



# Zoom Poll

Does your school or district  
implement mental health  
screening?

To what extent does your district/school use best practices for **mental health screening, planning, and implementation?**

## Best Practices:

- Include students and families in the screening, planning, and implementation process.
- Use a culturally relevant screening tool or process that considers reliability, feasibility, cost, and fit with the goals of screening.
- Select a tool or process that will assess social and emotional strengths as well as risks for mental health concerns
- Consider screening tools that assess social determinants of health and education (e.g., racism, poverty, social injustice, food insecurity).
- Share information about screening in multiple formats prior to implementation

To what extent does your district/school use best practices for **mental health screening, planning, and implementation?**

## Best Practices:

- Engage students and families in consent process about screening procedures with opportunity to consent or opt out
- Ensure there is an updated list of internal and external mental health resources to support students/families screened for specific concerns/needs, including poverty, food insecurity, and trauma-specific services
- Consider also screening students not in school (e.g., due to absence or distance learning)
- Assess for disparities (e.g., race, gender, socioeconomic status, disability status) among students screened and referred for services

## Share in the Chat:

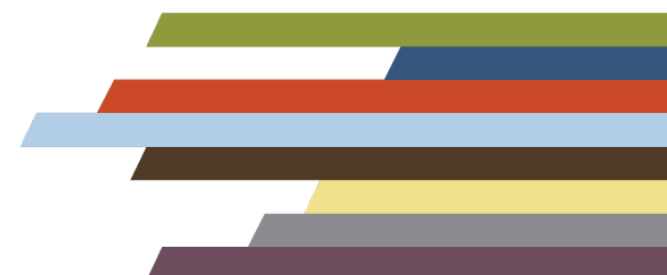
What mental health screening efforts have been implemented in your school/district?

## Share in the Chat:

If your school/district has not implemented mental health screening, why not?



# Start Small





# Screening Action Steps



# Build a Foundation

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## Assemble a team:

- School administrators and staff
- Community
- Students
- Family
- Advocates



# Build a Foundation

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## Cultural Considerations

- Complex stress related to poverty, immigration, language barriers
- Cultural beliefs about mental health and how concerns should be addressed
- Marginalized and underserved groups
- Screening is more acceptable across cultural groups when it is strengths-based

*“Interpreters, cultural brokers, and community liaisons should be available, utilized, and consulted with frequency in order to minimize miscommunication and improve collaboration with family members across key stakeholders.”*

*(Bertone et al., 2018)*

# Build a Foundation

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## Surveillance Data



Using a tool or process employed with an entire\* population, such as a school's student body, to gather anonymous information about school and student strengths and needs

### Examples:

- Youth Risk Behavior Surveillance System  
<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
- The Children's Health and Education Mapping Tool  
<https://www.sbh4all.org/resources/mapping-tool/>

## Introducing Brief #2

- Provides screening and surveillance considerations
- Lists examples of each
- Offers guiding questions to get started



February 2021

## Assessing Social Influencers of Health and Education

### Overview of SIHE Assessment

K-12 school-based staff and their community partners collect and use data to assess learning, social-emotional growth, health, and mental health. Familiar measures of student health and academic success flag both opportunities and challenges experienced by students, but may not identify the root causes of negative health and educational outcomes. By assessing the social influencers of health and education (SIHE), schools and community partners providing school health services can better understand the social and environmental factors that affect the development and well-being of youth and their families.<sup>1</sup> Staff from school-based health centers (SBHCs) and comprehensive school mental health systems (CSMHSs) are well-positioned to uncover the SIHE that serve as facilitators or barriers to optimal health and learning.

### Importance of SIHE Assessment

Measuring the SIHE is the first step to understanding the role SIHE play in student well-being. This knowledge can then be used to develop targeted strategies and actions for improving outcomes. A five-year study by the World Health Organization Commission on Social Determinants of Health concluded that measuring, understanding, and implementing programs and services that foster child health and development are critical to achieving health equity.<sup>2</sup> In schools, measurement of SIHE can help schools with needs assessments, program and partnership planning, referral pathway development, intervention and treatment planning. This brief highlights screening and surveillance as methods by which SBHCs and CSMHSs can assess SIHE, and outlines how assessing SIHE can inform school-, district-, and state-led activities to support student health and academic achievement.



For more information on SBHCs, CSMHSs, and how the education and health sectors can together address SIHE, visit:



# Build a Foundation

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## Cultural Considerations

***Share in the Chat:***  
*What CARE strategies have you used to build a foundation for your screening process?*



**Culturally Responsive,  
Anti-Racist  
and Equitable (CARE)**

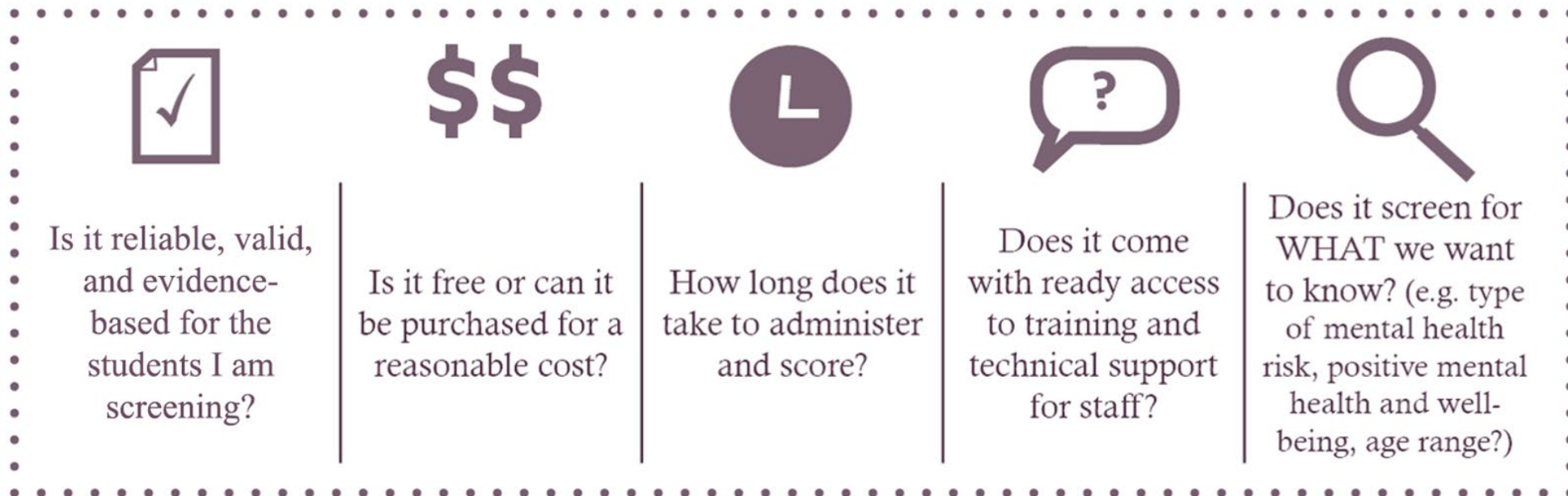
# Screening Action Steps



# Select an Appropriate Screening Tool

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- Is it compatible with the purposes of screening?
- Does it have theoretical and empirical support for the psychometric properties?
- Has it been evaluated for use with students from the cultural and linguistic backgrounds present at my school?
- Can it be used within the context of the school and the school population?
- Does it have strong psychometric properties in other languages of interest?





# Select an Appropriate Screening Tool

**SHAPE School Health Assessment and Performance Evaluation System**

Home About Us How to Register Privacy/Security FAQs Contact Us My Account

View Selection / District Admin

**JEFFERSON UNITED** Mental Health Profile Updated: April 5, 2018

School Mental Health System [Certificate] [Report] [Update]

System Performance My Schools Trauma Responsiveness **Screening and Assessment** Team Members

Welcome to the School Mental Health Screening and Assessment Library. Use the filters below to locate a measure that is appropriate for your needs. Each measure includes a one page information sheet, scoring details, and access to the measure.

Clear All 1 filters selected Search: [ ]

Focus Area	Instrument Name	Purpose	Focus Area	Reporter for (Student Age)
<input type="checkbox"/> Academic <input type="checkbox"/> School Climate <input type="checkbox"/> Social/ Emotional/ Behavioral <input type="checkbox"/> Anxiety <input type="checkbox"/> Autism <input type="checkbox"/> Depression/ Mood <input checked="" type="checkbox"/> Disruptive Behavior <input type="checkbox"/> Eating <input type="checkbox"/> Global Functioning <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Inattention <input type="checkbox"/> Life Satisfaction/ Quality <input type="checkbox"/> Resilience	Brief Problem Checklist (BPC)	Screening/Initial Evaluation Progress Monitoring	Anxiety Depression Disruptive Behavior	Student (7-18) Caregiver (7-18)
	Pediatric Symptom Checklist (PSC)	Screening/Initial Evaluation Progress Monitoring	Anxiety Depression/Mood Disruptive Behavior Global Functioning Hyperactivity Inattention	Student (11-18) Caregiver (3-16)
	Strengths and Difficulties Questionnaire (SDQ)	Screening/Initial Evaluation Progress Monitoring	Anxiety Depression/Mood Disruptive Behavior Global Functioning	Student (11+) Caregiver (2-17) Educator (2-17)

**Pediatric Symptom Checklist (PSC)**  
Developers: M. Jellinek, J. Murphy, J. Robinson, A. Feins, S. Lamb, & T. Fenton

**Overview**  
The Pediatric Symptom Checklist (PSC) is a screening tool intended to identify a wide range of psychosocial concerns. Full (35 item) and abbreviated (17 items) versions were developed for youth (Y-PSC) and caregiver (PSC) respondents. A version for caregivers is also available in pictorials (PPSC; picture options). Originally utilized in primary care, the PSC's application has also been expanded to school and community health and behavioral health settings.

**Focus Area**  
Anxiety  
Depression/Mood  
Disruptive Behavior  
Global Functioning  
Hyperactivity  
Inattention

**Reporter**  
Student  
Caregiver

**Subscales**  
*Psychosocial impairment*  

- Attentional impairment\*
- Internalizing symptom impairment\*
- Externalizing symptom impairment\*

\*PSC-17 only

**Response Options**  
Never  
Sometimes  
Often

**Languages**  
English  
Spanish  
Other

**Purpose**  
Screening/Initial Evaluation  
Progress Monitoring

**Versions**  
Y-PSC-17, Student, 17 items (for ages 11-18)  
Y-PSC, Student, 35 items (for ages 11-18)  
PSC, Caregiver, 35 items (for ages 3-16)  
PPSC, Caregiver, 35 items (for ages 3-16)  
PSC-17, Caregiver, 17 items (for ages 6-16)

**Sample Items**  

- Seem to be having less fun
- Fidgety, unable to sit still
- Fight with other children
- Worry a lot

**Estimated Completion Time**  
Less than five minutes (17 items)  
Five minutes (35 items)

**Cost**  
Free

Access the measures: [PSC-35 \(caregiver\)](#) [PPSC-35 \(caregiver\)](#) [PSC-17 \(caregiver\)](#) [Y-PSC-35](#) [Y-PSC-17](#)

**Scoring**

Possible range	Pediatric Symptom Checklist (PSC)	
	PSC-35	PSC-17*
Item scores	0-70	0-34
	Never (0) to Often (2)	
Administration & scoring rules	The reporting time frame is for the past week. Suggested administration frequency is every three to six months. To use the PSC & PPSC (for ages 6-18) and the Y-PSC for screening and progress monitoring: > Sum all items to get a total psychosocial impairment score > Use the below table to interpret a positive score To use the PSC-17 & Y-PSC-17 for screening and progress monitoring: > Sum all items to get a total psychosocial impairment score > Subscales: • Sum items 1,3,7,13,17 to identify an individual at-risk for attentional impairment • Sum items 2,6,9,11,15 to identify an individual at-risk for internalizing symptom impairment • Sum items 4,5,8,10,12,14,16 to identify an individual at-risk for externalizing symptom impairment > Use the below table to interpret a positive score	
Interpretation	Positive Impairment Score	
	PSC or PPSC for ages 6-18	28+ Psychosocial impairment 15+
	PSC or PPSC for ages 3-5	24+ Attentional impairment 7+ 30+ Internalizing impairment 5+ Externalizing impairment 7+
Handling blank items	Items left blank are scored as "0," if there are more than 4 blank items, the questionnaire is invalid Not available	

\*Although the PSC 17 can be used as a youth self-report, it is important to note that neither the total score nor the individual subscale scores have been validated as of this writing.  
Click here for additional scoring instructions  
Access all versions (including other languages) of the PSC measure

Summary compiled by CSMH (2017) for The SHAPE System ([www.theSHAPEsystem.com](http://www.theSHAPEsystem.com))

# Select an Appropriate Tool

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## Cultural Considerations

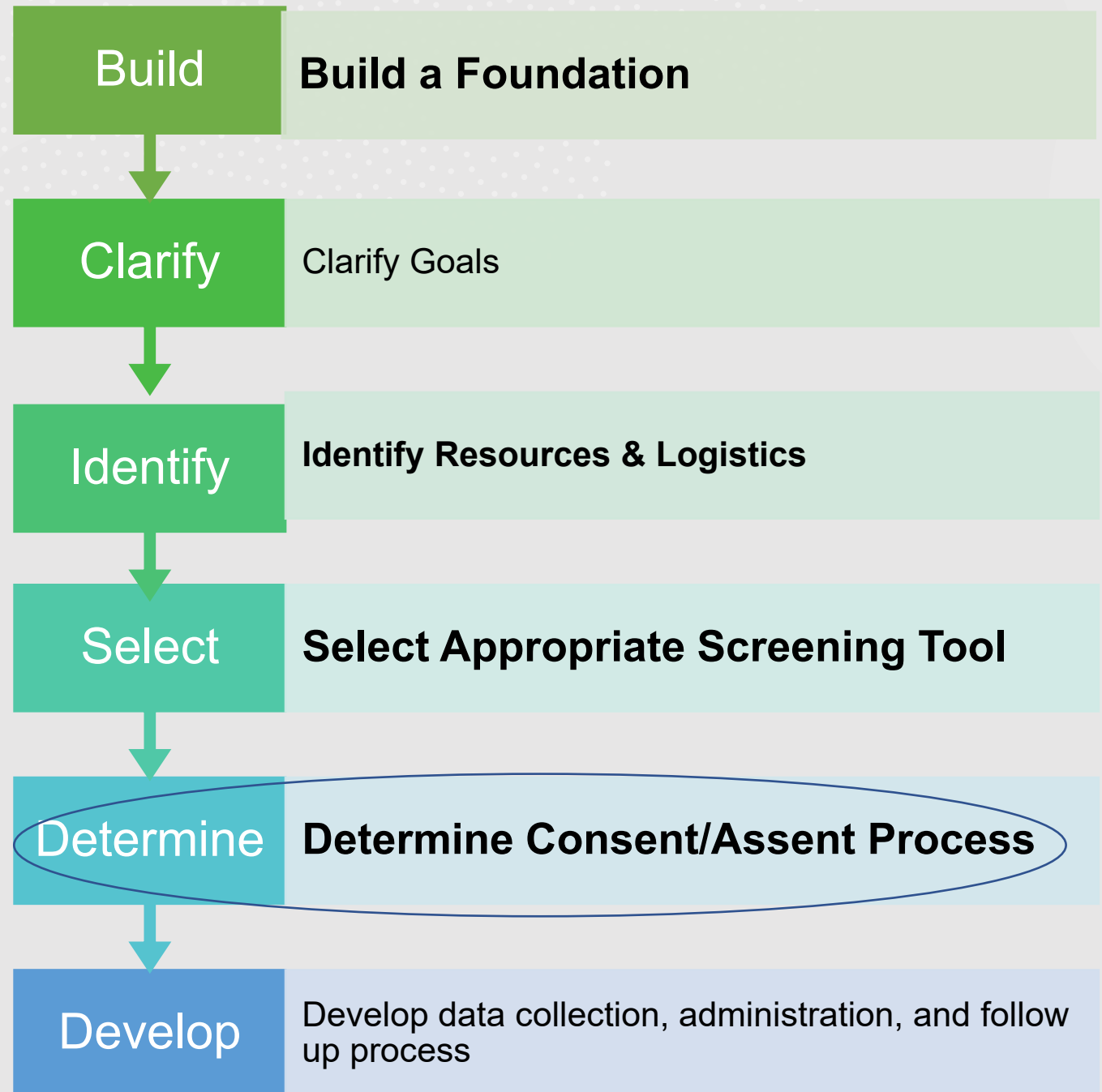
### ***Share in the Chat:***

*What culturally responsive screening tools has your school/district used?*

### ***Share in the Chat:***

*What cultural considerations are important when selecting a measure?*

# Screening Action Steps



# Determine Consent and Assent Procedures

Type of Consent	Definition	Strengths	Limitations
<b>Active</b>	A student may only participate in school mental health screening if their parent or guardian gives written consent	<ul style="list-style-type: none"> <li>• Ensures that consent is informed</li> <li>• Often in line with district protocol</li> <li>• May establish more trust between schools and families</li> </ul>	<ul style="list-style-type: none"> <li>• Has been associated with the participation of fewer minority students, more students from two-parent households, students with better grades, students who participate in more extracurriculars, and female students</li> </ul>
<b>Passive/ Opt-Out</b>	A parent or guardian's non-response serves as their consent to let their student participate in screening	<ul style="list-style-type: none"> <li>• Allows for the best chance to reach the largest number of students</li> </ul>	<ul style="list-style-type: none"> <li>• Follow-up screening efforts require active consent</li> </ul>

# Determine Consent and Assent Procedures

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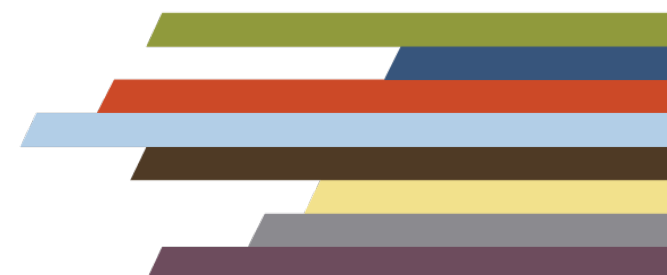
- Student assent
- Deliver a consistent message
- Share information in multiple formats.
  - Automated **phone call/text message** to all families
  - Information on the school **website**
  - Written notification sent in the **mail**
  - **Flyers** sent home with students
  - Forms/information sheets included as part of **registration packets**
  - Discussions with students in class and parents/caregivers at meetings
  - **Signs displayed** around the school
  - **Script** read to students prior to administration



# Cultural Considerations with Consent

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- Distrust and fear about screening may exist
- Communication facilitated by cultural liaisons and brokers is critical
- Engage translators for written consent forms
- Establish process for family members and students to ask questions and obtain further information



# Determine Consent/Assent Process

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## Cultural Considerations

***Share in the Chat:***  
***What CARE processes have you implemented to obtain consent/assent for screening?***



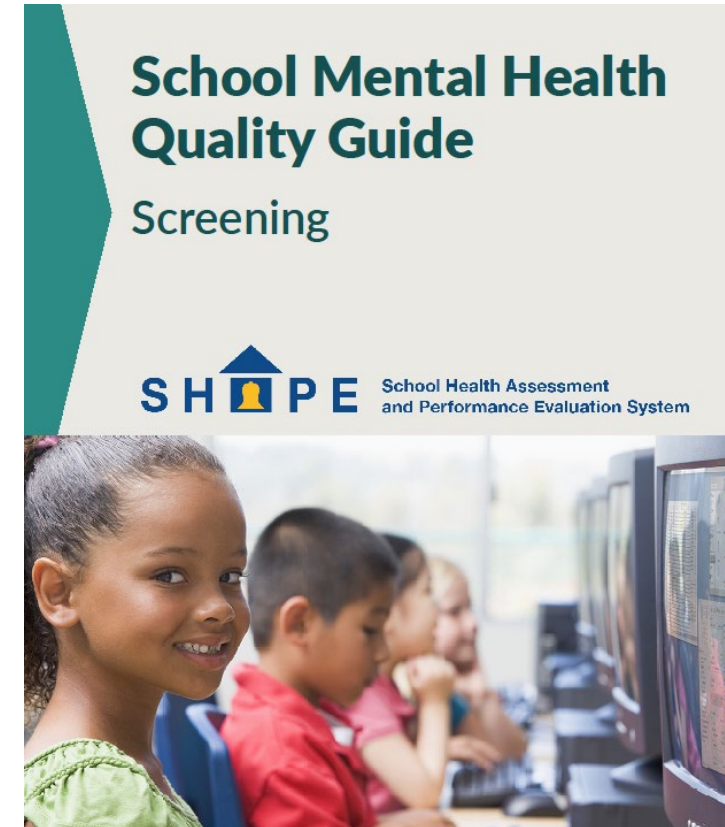
**Culturally Responsive,  
Anti-Racist  
and Equitable (CARE)**

# School Mental Health Quality Guide: Screening

Provides guidance to advance school mental health quality and sustainability

Includes:

- Background
- Best practices
- Action steps
- Examples from the field
- Resources



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CSMH, 2020



# Addressing Barriers

The identified need will exceed our capacity.	Our community doesn't like the idea.	Obtaining consent from parents will exceed our capacity.	What will we screen for?
Set triaging data rules in advance	Involve multiple stakeholders in planning	Use passive consent and opt-out procedures	Obtain input on key focus areas to start with
Review existing resources/capacity	Use existing community and parent forums	Share a consistent message in multiple formats	Consider different measures by grade levels, schools, etc
Review surveillance data	Start by screening for resilience and strengths	Engage parents in developing your message	Use the SHAPE Screening and Assessment Library
Start small then adapt and scale up	Start small then adapt and scale up	Start small then adapt and scale up	Start small then adapt and scale up



Q and A

# Please Share Your Feedback!

Evaluation





Central East (HHS Region 3)

**MHTTC**

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



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# Upcoming Webinars (3:00-4:00 ET, 2:00-3:00 CT, 1:00-2:00 MT, 12:00-1:00 PT)

- March 16 **Cultural Inclusiveness and Equity (CIE) Part 3: Engaging in Culturally Inclusive Classroom Actions to Promote Student Mental Health**
- April 6 **Cultural Inclusiveness and Equity (CIE) Part 4: Supporting Students Experiencing Distress from a Cultural Inclusiveness and Equity Lens**
- May 4 **Cultural Responsiveness, Anti-Racism, and Equity (CARE) Best Practices in School Mental Health - Universal Mental Health Promotion (Tier 1)**
- June 1 **Cultural Responsiveness, Anti-Racism, and Equity (CARE) Best Practices in School Mental Health - Early Intervention and Treatment in Schools (Tiers 2 & 3)**