SMART
School Mental Health Assessment
Research & Training Center

UNIVERSAL SCREENING
A Best Practices Guide

Note: The best practice guides were developed as part of the 2025 Universal Social, Emotional, Behavioral, and Mental Health (SEBMH) Screening Legislative Report. This standalone document just includes the best practice guides and was created to enhance accessibility and support practitioners as they select, install, and implement universal SEBMH screening.

The full report is available here: bit.ly/WAScreeningReport

OVERVIEW

Addressing the social, emotional, behavioral, and mental health (SEBMH) strengths and needs of youth, begins with early detection. Universal SEBMH screening refers to the systematic and proactive assessment of social, emotional, and/or behavioral strength and risk indicators among all or a majority of students within a given educational setting (e.g., class, grade band, school, district) (SMART Center, 2025).

The goal of universal SEBMH screening is to inform universal programming (Tier 1 instruction and supports) and early identification of students who may need additional intervention beyond what is provided universally. Universal SEBMH screening is conducted so that student data are identifiable (e.g., by student name and other identifiers). Universal SEBMH screening is different from select or targeted screening procedures that are applied in response to when a student is already having difficulties and seeks to uncover more information.

Comprehensive universal screening allows educators and mental health professionals to identify students who may require additional support and intervention. The best practices implementation guides serve as a resource and support that can be used by district and building leadership teams. These guides are intended to supplement your implementation process for universal screening. Your role is to contextualize the information and best practices to best serve your community. Below, a brief description of each best practices implementation guide is introduced and described.

KEY COMPONENTS

ENGAGING FAMILIES, CULTURAL RESPONSIVENESS, PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS, AND SUPPORTING STUDENTS WITH DISABILITIES: In this guide, key components and best practices for engaging with families, cultural responsiveness, partnering with community-based organizations, and supporting students with disabilities are included. This guide is essential for teams in the planning phase for universal screening.

TOOL SELECTION, SOCIAL DETERMINANTS OF HEALTH, PRIVACY AND CONFIDENTIALITY: This guide includes best practices for tool selection, social determinants of health, and privacy and confidentiality. Key components addressed in this guide include guidance around FERPA and HIPPA, data security and storage, considerations for social determinants of health, and processes and practices for tool exploration and selection. This guide is essential for teams in the selection phase for universal screening.

TRAINING AND PD: This guide includes best practices for supporting educators and a community with universal screening implementation. Key components addressed in this guide include training considerations, continuous improvement planning through coaching to support intentional implementation of universal screening. This guide is essential for teams in the scheduling phase of universal screening.

IMPLEMENTATION AND LOGISTICS: This guide includes best practices for implementation and screening logistics. Key components include scheduling universal screening, alignment on a district assessment calendar, and practices around data accessibility. This guide is essential for teams in the scheduling phase of universal screening implementation.

INFORMING TIER 1 AND AVAILABILITY OF SERVICES: This guide includes best practices for using universal screening data to monitor the health of your system, including your Tier 1, and availability of services. Key components addressed in this guide include importance of an effective Tier 1 system of supports, community-based supports, and systems planning for follow-up and referral for students.

EXAMPLES FROM THE FIELD

" Universal SEBMH screening is a way to get students the help they need. It's something that could help people with the mental health challenges that are coming up for us right now. "

OSPI Model District Template: Student Social, Emotional, Behavioral, and Mental Health Recognition, Screening, and Response.

CRITICAL CONSIDERATIONS

Screening vs Assessment: When we describe universal screening, it's important to note the difference between data sources that districts currently complete and use. Universal screening is different than the Healthy Youth Survey, SEL assessments, targeted screening, and traditional referral methods for support. Universal SEBMH screening involves screening all youth in a school/district for early signs of psychological problems/presence of risk factors, as well as the presence of resilience factors and indicators of wellbeing (Romer et al., 2020). SEL assessment involves assessing the quality of students' SEL competencies (e.g., interpersonal and intrapersonal knowledge, skills, attitudes, and mindsets) to guide instructional practice (Mckown 2020, CASEL Assessment Workgroup 2018). Targeted assessment involves evaluating behavior/abilities (e.g., anxiety, depression, substance abuse, suicide risk) for making a diagnosis/treatment recommendations (APA, 2020).

Additional data sources: Universal screening data differs from the Healthy Youth Survey in that HYS data are not identifiable, therefore unable to be used to connect students to interventions and supports. Universal screening data are identifiable as a means of getting students connected to supports, if needed.

Cultural Responsiveness: While a best practices brief has been explicitly developed for cultural responsiveness in universal screening implementation, you'll notice key tips and considerations spiraled throughout all the best practices briefs that will offer guidance on this for each component of universal screening implementation.

FAMILY & COMMMUNITY PARTNERSHIPS

OVERVIEW

Caregivers/family members, students, and community-based mental health providers should be included in your screening journey.

There are multiple ways to engage families and students throughout the universal SEBMH screening process. During the planning and selection phase, districts typically form a team to identify a screening tool and plan for implementation; it is recommended that caregivers be included as part of this team (NCSMH, 2023; SAMHSA, 2019).

KEY CONSIDERATIONS

CONFIDENTIALITY: Protecting student confidentiality and providing proper caregiver notifications are critical to maintaining trust and ensuring the contextual fir of universal screening. School districts should strategically consider and map out fundamental legal considerations regarding students' education records, caregiver rights, and mechanisms to share student information for reporting and evaluation activities prior to implementation.

PERMISSSIONS: There are two traditional approaches for caregiver permissions: opt-in (active) and opt-out (passive). Districts should consider local, state, and federal policy when designing their screening procedures.

EXAMPLES FROM THE FIELD

CULTURAL RESPONSIVENESS
TIP 1

Did you know that it's culturally responsive to have a multi-informant screening process?

A helpful tip is to engage early and often to reduce caregiver concerns. Consider selecting the tool WITH families and/or offering focus groups to learn from and with families

IMPLEMENTATION RECOMMENDATIONS

Before: Provide caregivers with information via newsletters, brochure, registration packets, or information sessions has shown to increase parent participation and engagement (Villareal & Peterson, 2024). Relevant information includes, but is not limited to data security and confidentiality, purpose of screening, how data will be used, follow-up procedures, and behaviors that will be screened for (NCSMH, 2023; Ulmer et al., 2020).

During: During the implementation phase, research suggests that the use of parent-report screeners can be used to start a conversation with families and thus foster and improve home-school collaboration (Garbacz et al., 2021). Consider selecting a multi-informant tool that collects student, teacher, and family ratings.

After: After screening, it is recommended that data-based results and associated recommendations be shared with parents (Maike et al., 2018). During follow-up, schools may also integrate parents into interventions to support the students across multiple settings (Plath et al., 2015). Finally, parents should be given the opportunity to provide ongoing feedback on screening implementation and follow-up (Illinois State Board of Education, 2023).

IMPLEMENTATION FIDELITY CHECKLIST

The following tool can be used for self-assessment used by a district or building leadership team for guidance on action planning around universal SEBMH screening.

DATE		TIME		
FEATURE		**NOT IN PLACE**	**ALMOST**	**YES**
Caregivers, Students, and Community Partners were included in the selection process.				
A plan for communications, confidentiality, permissions, and on-going feedback is implemented.				

TOOL SELECTION

OVERVIEW

Universal SEBMH screening is a foundational component for a tiered system of school-based supports and is a brief and effective method for assessing overall student performance across various levels, from district to class, helping schools and teachers design and assess the effectiveness of their core supports; while also connecting some students to more intensive supports, if needed.

Universal screening is not a product, but rather a process for identifying students at risk of developing mental and behavioral health challenges (Twyford et al., 2010), as well as an evidenced-based and proactive method for monitoring universal (Tier 1) supports (Romer et al., 2020).

This brief discusses considerations for selecting a social, emotional, behavioral, and mental health (SEBMH) tool and process that informs school-wide, classroom, and individual supports and interventions.

KEY COMPONENTS

Addresses the **MENTAL HEALTH CONTINUUM:** The goal of SEBMH screening is to generate new and useful information so that students can be better served in interventions that prevent or mitigate mental health challenges and promote resiliency; further, the most widely supported tools focus on social, emotional, and behavioral indicators that are consistent, accurate and applicable, and are associated with wellness and academic success (DPI, 2018; NCSMH, 2020). For these reasons, it is important to consider selecting tools that address both risk and protective factors.

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KEY COMPONENTS

Addresses Community NEED & FIT:
- What data are we already collecting? What do we already know about our students?
- How are the data currently used? Who uses the data?
- Where are our gaps?
- What else do we need to learn?
- What languages are needed?
- What are existing policies related to screening? Consent?
- Does the work align to our strategic plan and community values?

Implementation CAPACITY & SUPPORT:
- What other data systems/platforms are we using?
- How much time can we dedicate to training and administration?
- What budgetary considerations do we have?
- What training and coaching supports are available?
- What barriers can we anticipate?
- What else do we need to learn?

CULTURAL RESPONSIVENESS
TIP 1

When selecting a universal screener, it is critically important to select a tool with a representative team including: various district departments, building representation, family and community partners. Consider how you will learn with and from families and students during the selection and implementation process.

IMPLEMENTATION FIDELITY CHECKLIST

The following tool can be used for self-assessment used by a district or building leadership team for guidance on action planning around universal SEBMH screening.

DATE		TIME		
FEATURE		**NOT IN PLACE**	**ALMOST**	**YES**
A representative team was used during the selection process.				
A team evaluated the need, fit, capacity for implementation, and the usability of the tool prior to selection.				

TRAINING & PROFESSIONAL DEVELOPMENT

OVERVIEW

Training for universal SEBMH screening involves systematic coordination for the district and building teams' success. The importance of training and ongoing coaching is two-fold: (1) ensuring educators and informants understand the need for universal SEBMH screening and have a shared understanding of the goal and purpose for it (Romer et al., 2020); and (2) equipping teams, educators, and informants to complete the universal screener and use the data to best support all students.

For universal SEBMH screening to be most effective, staff should be trained prior to implementation. This can lead to buy-in, feelings of support, and familiarity with the chosen screener (Brann et al., 2021; Chafouleas et al., 2024). At minimum, staff should be provided training on screening administration, scoring, and interpreting the screener prior to implementation (Romer et al., 2020). Additionally, it is recommended that educators be provided with an instruction sheet to use as a quick reference during completion of the screener (Bran et al., 2021; Missouri DESE, 2018). Additional topics to address in staff trainings include bias-reduction/cultural responsiveness in screening, data confidentiality, child mental health, stigma reduction, communication of results to families, providing follow-up intervention, and data-based decision making (Dvorsky et al., 2013; Humphrey & Wigelsworth, 2016; Maike et al., 2018; Moore et al., 2024; SAMHSA, 2019). Last, but not least, staff will need ongoing coaching to support continuous improvement.

KEY COMPONENTS

Training: Engage families, students, and community members throughout the entire screening process, including training. This intentional collaboration leads to decreased stigma around screening, increased buy-in, and improved implementation. Training needs to include the following topics: (1) Screening foundations/overview; (2) Tool selection (if a tool is not already available); (3) Screening logistics and technical support for completing the screener; (4) Data analysis and problem-solving; (5) Connecting students to supports.

Continuous Improvement: Ongoing coaching and technical assistance to guide educators and informants on the process are critical for successful implementation and differentiated supports for buildings that may be at different levels of implementation with SEBMH.

EXAMPLES FROM THE FIELD

" We need resources and support to implement true, effective work. There is a lot of work we can do with staff training and resources that would help address the needs of all learners, not just the ones who know how to get by in school. Our school district would greatly benefit from specific training and resources on universal screening.**" – School Leader**

- Universal screening guide sample
- Universal screening foundations PPT

CRITICAL CONSIDERATIONS

Engaging families, students, and community members: Caregivers/family members, students, and community-based mental health providers should be included in screening process from the start. There are multiple ways to engage families and students throughout the universal SEBMH screening process. During the planning phase, schools typically form a team to identify a screening tool and discuss other logistics; it is recommended that parents/family members be

included as part of this team (NCSMH, 2023; SAMHSA, 2019). Research suggests that doing so can reduce parent concerns and/or stigma related to SEBMH screening, providing parents with information via newsletters, brochure, registration packets, or information sessions has also been shown to increase parent participation and engagement (Villareal & Peterson, 2024). Relevant information to share with parents includes but is not limited to data security and confidentiality, purpose of screening, how data will be used, follow-up procedures, and behaviors that will be screened for (NCSMH, 2023; Ulmer et al., 2020). During the implementation phase, research suggests that the use of parent-report screeners can be used to start a conversation with families and thus foster and improve home-school collaboration (Garbacz et al., 2021). After screening, it is recommended that data-based results and associated recommendations be shared with parents (Maike et al., 2018). During follow-up, schools may also integrate parents into interventions to support the students across multiple settings (Plath et al., 2015). Finally, parents should be given the opportunity to provide feedback on screening implementation and follow-up (Illinois State Board of Education, 2023).

Cultural Responsiveness: Collaborating with families, students, and community partners is a start to ensuring cultural responsiveness in universal SEBMH screening. Additionally, it's important to plan for training in how to be culturally responsive with universal SEBMH screening and the community you serve. Key considerations to this training component include bias-free scoring, examining bias and reducing racial disproportionality in screening data, and equitable access to supports.

Supporting students with disabilities: Universal SEBMH screening includes all students, including those with disabilities (Villarreal & Peterson, 2024). Glover and Albers (2007) recommend that suitable screening administration, scoring, and interpretation be considered for students with disabilities. Modifications to screening administration should be incorporated as needed to ensure accurate comprehension of questions on student-report screeners, including reading screener items aloud, providing one-on-one support for screening, using visual aids, or using an interpreter (Eklund & Rossen, 2016; Vander Stoep et al., 2005; Villarreal & Peterson, 2024).

SPIRALED TIPS

TIP 1 Make sure to include families/caregivers, youth, and community members on the district leadership team leading this work.

TIP 2 Invite families/caregivers, youth, and community members to be part of professional development/training. Learning together as a collective can move the work forward and reduce concerns and stigma towards SEBMH screening.

TIP 3 Training and PD should teach educators how to ensure suitable screening procedures for all students, including students with disabilities.

TIP 4 Training and PD topics on how to be culturally responsive in SEBMH screening are key. Topics should include bias-free scoring, examining bias and reducing racial disproportionality in screening data, and equitable access to supports.

IMPLEMENTATION RECOMMENDATIONS

Readiness: Readiness steps for universal SEBMH screening for the district and building teams is critical for effective implementation. District and building leadership teams should engage in data collection and intervention mapping.

Team-Driven Implementation: Universal SEBMH screening requires a team-based approach. It should be done collaboratively with a leadership team that focuses on academic screening and SEBMH implementation. The role of a leadership team at the building and district level is to ensure a coordinated, systematic approach. A district leadership team is responsible for: (1) active coordination of and overseeing implementation efforts; (2) providing adequate funding, broad visibility, and consistent support; (3) coordination of training and coaching support for school leadership teams; and (4) SEBMH screening tool selection.

Mental Health Expertise: Given their expertise in data-based decision-making, mental health, and confidentiality of data, in-house professional development can be led by school psychologists, school social workers, school counselors, or school nurses, thus reducing cost demand for districts (Dowdy et al., 2015; Levitt et al., 2007; Moore et al., 2015; NCSMH, 2023NCSSLE, 2020;). Local universities can also provide training and facilitate the rollout or implementation of screening (CBPIS, 2023; Lane et al., 2020; Verlenden et al., 2021; Wingate et al., 2018).

IMPLEMENTATION FIDELITY CHECKLIST

The following tool can be used for self-assessment used by a district or building leadership team for guidance on action planning around universal SEBMH screening.

DATE				

FEATURE	NOT IN PLACE	ALMOST	YES
There is a district and building leadership team that focuses on SEBMH to guide universal SEBMH screening work. (Note: This does not need to be a newly created team. Leverage existing teaming structures to align and integrate this work.)			
Team is representative of caregivers/families, students, educators, administrators, school-based personnel with SEBMH expertise, and community-based mental health providers are represented on the leadership team.			
Team is representative of multi-disciplinary departments across the district.			
The district has Education Staff Associates (ESAs: School behavior analyst, counselor, nurse, psychologist, and social worker) capacity to help lead this work, including training and PD.			
The district team has developed a training and coaching plan for universal SEBMH training for building leadership teams to engage in.			

IMPLEMENTATION & LOGISTICS

OVERVIEW

Effective implementation of universal SEBMH (Social, Emotional, Behavioral, and Mental Health) screening requires careful planning around timing, frequency, and integration with the district's assessment schedule. Most commonly, sources recommend screening two to three times per year: fall, winter, and/or spring (Briesch et al., 2018; CPBIS, 2023; Lane et al., 2020; Ohio PBIS Network, 2016; Romer et al., 2020; SAMHSA, 2019) to evaluate Tier 1 support systems. It's important to note that frequency of screening may change based on screening tool developer recommendations (Dowdy et al., 2010; Glover & Albers, 2007; Kilgus & Eklund, 2016).

Districts should also plan for scoring, data access, and ensuring students receive needed interventions promptly (Vander Stoep et al., 2005). A well-thought-out process—from rationale to intervention—is critical. Large districts may benefit from phased rollouts, while smaller ones should focus on clear communication and continuous improvement. Aligning SEBMH with academic screenings on the district assessment calendar reinforces its priority and helps streamline the process. This communicates that SEBMH is a priority within the district.

KEY COMPONENTS

District Calendar Alignment: Determine screening windows and timing/frequency of SEBMH screening that is integrated into an existing assessment calendar or aligned to academic assessments.

Capacity: Consider the capacity of educators to help determine how many times a year schools will screen.

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EXAMPLES FROM THE FIELD

CULTURAL RESPONSIVENESS
TIP 1

Did you know that it's culturally responsive to have a multi-informant screening process?

A helpful tip is to engage caregivers/ families and youth when determining screening windows and logistics. Get their insight on screening windows that might work best for them.

IMPLEMENTATION RECOMMENDATIONS

Scheduling Universal Screening: Aligning SEBMH screening with academic screening windows can help communicate the importance of SEBMH and can be easier for educators versus scheduling separate times to screen. If teachers are the informants, allow 4-6 weeks for teachers to get to know students' stories, strengths, and needs before the first screening window.

Assessment Calendar: Including universal SEBMH screening on the district assessment calendar can help communicate that SEBMH is a priority within the district.

Data Accessibility: Practice rounds with data entry and accessibility can help the district work out any issues that may arise prior to having buildings engage in a formal screening process.

IMPLEMENTATION FIDELITY CHECKLIST

The following tool can be used for self-assessment used by a district or building leadership team for guidance on action planning around universal SEBMH screening.

DATE		TIME		
FEATURE		NOT IN PLACE	ALMOST	YES
Universal SEBMH screening windows are aligned with academic screening windows.				
An assessment calendar exists with universal SEBMH screening windows integrated into it.				

OVERVIEW

Prior to screening, it's crucial for districts and schools to engage in a resource/intervention mapping process to determine the availability and access to services within the school. Resource/intervention mapping is a team-based process that involves identifying the available SEBMH supports and interventions within an organization (district, school, community, etc.) (Bruhn et al., 2014; Dvorsky et al., 2013; NCSMH, 2018).

This process is key in helping organize and determine the services available for youth to access. Subsequentially, organizations can develop a comprehensive understanding of what resources/supports exist, how they are being used, and where gaps may exist in addressing students' SEBMH needs.

To best meet the needs identified by screening, schools should incorporate screening into a multi-tiered system of supports (MTSS) framework (Brann et al., 2021; Connors et al., 2021; Hoover & Bostic, 2021; Lane et al., 2020; Moore et al., 2023). Screening data can and should be used to help evaluate the effectiveness of Tier 1 within a MTSS.

Having a strong Tier 1 (universal) system in place prior to screening likely reduces the number of students in need or appearing in need of more intensive services; these Tier 1 supports should meet the needs of approximately 80% of students (Lane et al., 2010). For the remaining students, screening data can be used to inform Tier 2 (small group) or Tier 3 (individual) interventions (Lane et al., 2010).

KEY COMPONENTS

Effective Tier 1: Having a strong Tier 1 (universal) system in place prior to screening likely reduces the number of students in need or appearing in need of more intensive services; these Tier 1 supports should meet the needs of approximately 80% of students (Lane et al., 2010). For the remaining students, screening data can be used to inform Tier 2 (small group) or Tier 3 (individual) interventions (Lane et al., 2010).

Community-Based Supports: For students in need of more support outside of school-based interventions, referrals can be made to community agencies (NCSMH, 2018; Wingate et al., 2018). However, a referral is not an intervention and a systems approach should include collaborative teaming structures between schools and community partners that ensures community partners participate across all three tiers of teaming, expanded systems teams review school and community data and select evidence-based practices together, and outcome data is collected and used to progress both individual student and overall programmatic data (Weist et al., 2022).

Systems Planning: In the planning phase of screening, schools should develop a system for follow-up and referral to connect students to the appropriate services and/or interventions (Hoover & Bostic, 2021; NCSSLE, 2020). During this phase, it is recommended that schools also conduct "resource mapping," or generating an updated list of currently available internal and external mental health resources across tiers of support (Bruhn et al., 2014; Dvorsky et al., 2013; NCSMH, 2018). This list may also include basic needs resources for families experiencing financial hardship, such as food banks (Amirazizi et al., 2022).

EXAMPLES FROM THE FIELD

" A critical component to preparing for universal screening is the time and intentional effort the team dedicates to resource/intervention mapping. This begins with a solid foundation in Tier 1 supports; clearly defined systems and evidence-based practices that are accessible to all students. Establishing clarity and having team conversations around what is universally available at Tier 1 strengthens the effectiveness of the MTSS framework within a district and building. "

- Intervention/Resource Mapping Template.
- Problem-solving process (page 6.)

CRITICAL CONSIDERATIONS

Engaging families, students, and community members: After screening, it is recommended that data-based results and associated recommendations be shared with parents (Maike et al., 2018). During follow-up, schools may also integrate parents into interventions to support the students across multiple settings (Plath et al., 2015). Finally, parents should be given the opportunity to provide feedback on screening implementation and follow-up (Illinois State Board of Education, 2023).

Cultural Responsiveness: Universal SEBMH screening has a primary focus of identifying what system level features of Tier 1 instruction, supports, climate, and culture must be addressed, emphasizing a prevention and promotion-focused population-based approach such as MTSS (Dowdy et al., 2015; Kiperman et al., 2024; Lane et al., 2020; Lazarus et al., 2022; Moore et al., 2023; Moore et al., 2024; Naser et al., 2018).

Understanding and addressing structural root causes of student's SEBMH needs can avoid placing blame or the burden of responsibility on the student themselves, their background or environments, and can promote overall wellbeing and prevent future concerns (Exner-Cortens et al., 2022). Disaggregating screening and other data sources when monitoring your system is also key in being culturally responsive when assessing your Tier 1 and advanced tier systems (Tiers 2 and 3).

Supporting students with disabilities: Through a systems-focus on supporting all students and using the data to adjust Tier 1, universal SEBMH screening can help support all students, including students with disabilities.

SPIRALED TIPS

TIP 1 It's recommended to share data-based results and associated recommendations with caregivers.

TIP 2 Did you know that schools can integrate caregivers into interventions to support students across multiple settings?

TIP 3 A culturally responsive practice in universal SEBMH screening involves identifying what system-level features of Tier 1 instruction, supports, climate, and culture must be addressed. This focus on prevention for all students can promote overall well-being for all students.

IMPLEMENTATION RECOMMENDATIONS

Readiness: District and building leadership teams should engage in [resource/intervention mapping](#) as part of the readiness phase of universal SEBMH screening.

Data-based decision-making: The district team should develop a standard problem-solving process for district and building leadership teams to follow once screening has taken place. This process should approach problem-solving in a systematic manner, focusing on Tier 1 prior to connecting students to interventions/supports.

IMPLEMENTATION FIDELITY CHECKLIST

The following tool can be used for self-assessment used by a district or building leadership team for guidance on action planning around universal SEBMH screening.

DATE				
FEATURE		**NOT IN PLACE**	**ALMOST**	**YES**
District team has established follow-up and referral process and resources for buildings to contextualize to their settings after screening takes place.				
District and building leadership team(s) have engaged in resource/intervention mapping process.				
The district and building leadership teams include mental health expertise.				

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