TeenScreen® National Center for Mental Health Checkups at Columbia University

TeenScreen® Schools and Communities

TeenScreen Schools and Communities Program
Requirements and Best Practice Guidelines

The requirements and best practices contained here are based on more than a decade of our own screening experience, as well as that of the hundreds of TeenScreen sites from across the nation. All locally operated TeenScreen programs are held accountable to these requirements. All members of your local screening team must review and adhere to the requirements outlined in this chapter. When registering your program, you will have the opportunity to request a modification to these standards. Approvals will be granted on a case-by-case basis.

TOPICS

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TeenScreen Schools and Communities Program
Requirements and Best Practice Guidelines

⇨ = **Required Policies and Practices**

● = **Highly Recommended Practices**

1. Development and Planning

⇨ **1.1 – Obtain written approval from the principal of the school or executive director of the organization where the program will be implemented.** It is also recommended that written approval from the superintendent and/ or board of education is obtained. Even if the principal doesn't require approval from his/ her superiors, having district administration support will help create a sustainable and expandable program.

● **1.2 – Inform the faculty and the school's parent group (e.g., PTA, PTO) of the screening plan.** It is important that parents and the school community are aware of the program.

⇨ **1.3 – Partner with local mental health and health service providers, and compile a list of those that are willing to accept referrals from the screening program.** You should not begin screening until a wide selection of professionals who can provide a full range of services have agreed to evaluate the youth who are identified through your program. Your program's case manager can use your service provider list to help parents of identified youth connect with additional services.

⇨ **1.4 – Develop a written plan for managing crisis situations and reporting cases of abuse.** Make sure that the plan is consistent with the protocols of the school in which you will be screening as well as the organization that is implementing the screening. Distribute and review the plan with the screening team and school administrators/ organization leadership so that everyone knows what to do in the event of an emergency and when abuse is revealed.

⇨ **1.5 – Screening must not be offered to youth who are not proficient in English unless you can provide materials in their native language and also have staff who can work with these youth and their parents.** TeenScreen's screening questionnaires are available in English and Spanish only.

⇨ **1.6 – Train the screening team prior to the start of your screening project.** Training will ensure that all members of the team are aware of their roles and responsibilities, understand and have the ability to implement the procedures, and agree to conduct the program according to the *TeenScreen Schools and Communities Program Requirements and Best Practice Guidelines*. When expanding your screening team, you must fully train all new team members, as well as notify the National TeenScreen Office.

● **1.7 – The TeenScreen Program strongly recommends that local programs and sites not solicit or accept funds from the pharmaceutical or pharmaceutical benefit management industry.** Accepting funding from a pharmaceutical company could be construed as a conflict of interest.

2. Screening Team Qualifications

⇨ **2.1 – Teachers and school administrators may not be involved in the screening process in any way other than to introduce the program, pass out and collect consent forms, and allow students to be excused from class for screening.** Teachers and school administrators must not

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be privy to any information obtained through the screening process without written parent consent.

- **2.2 – Parents of students currently enrolled at the school where screening is being implemented should not be involved in the screening process in any way other than to introduce the program, pass out and collect consent forms and allow students to be excused from class for screening.** Youth may be uncomfortable participating in the program if their peers' parents are involved in the implementation of the program.

⇨ **2.3 – Require all screening volunteers who are not mental health professionals to sign a confidentiality agreement.** Safeguarding the privacy rights of screening participants is essential.

⇨ **2.4 – The following are TeenScreen's minimum requirements and best practice recommendations for the qualifications of the screening team members:**

Program and Site Coordinators

⇨ **2.5** – Minimum of a bachelor's degree in psychology or another health field and two years post-graduate work experience in a mental health setting is required.

- **2.6** – Master's level mental health professional with two years post-graduate work experience in a clinical setting that serves youth is recommended.

Screeners/ Debriefers

⇨ **2.7** – Minimum of a bachelor's degree or current college enrollment is required.

- **2.8** – Bachelor's degree in psychology or social work or current college enrollment with a major in psychology, social work or nursing is recommended.

Clinicians

⇨ **2.9** – Independent experience assessing youth for symptoms of mental illness and suicide risk is required.

⇨ **2.10** – Master's degree or higher level mental health clinicians or master's level students currently enrolled in a clinical mental health program. Bachelor's level professionals are strictly prohibited from participating in the clinical interview in anyway.

⇨ **2.11** – Unlicensed master's level clinicians must be supervised by a licensed clinician ("Clinical Supervisor") who reviews and signs off on each of their cases within 24 hours.

⇨ **2.12** – Unlicensed master's level clinicians may only perform clinical interviews independently of supervision if they are sanctioned by the state or another credentialing association to provide mental health evaluation and suicide risk assessment for youth**.** State law and ethical standards govern the level and nature of qualification and training that a person must meet to perform mental health and suicide risk assessment.

⇨ **2.13** – Experience using DSM-IV criteria for assessing youth is required.

⇨ **2.14** – Ability to conduct a triage evaluation in only 20 minutes is required.

- **2.15** – Licensed mental health practitioners (e.g., clinical social worker, clinical psychologist, and child psychiatrist) with a minimum of two years post-graduate work experience in mental health assessment of youth is recommended.

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Clinical Supervisor

- ⇨ **2.16 –** This position is required for sites that use unlicensed clinicians who are not sanctioned by the state of another credentialing organization to perform mental heath evaluation and suicide risk assessment.
- ⇨ **2.17 –** Minimum of a licensed mental health practitioner (e.g., clinical social worker, clinical psychologist, and child psychiatrist) with at least five years post-graduate experience in mental health assessment of youth is required.
- **2.18 –** This position is recommended for sites that use multiple clinicians on screening days.
- **2.19 –** Experience providing school-based mental health services is recommended.

Case Managers

- ⇨ **2.20 –** A minimum of a bachelor's degree in social work or a related health field and a minimum of one year case management experience is required.
- **2.21 –** Master's degree in social work or a related health field with a minimum of two years case management experience with youth is recommended.

3. Consent

- ⇨ **3.1 – Parent consent, specifically for TeenScreen, must be obtained in order for minor youth to participate in the program.** Before a youth aged 17 or younger may participate in TeenScreen, a parent or legal guardian must receive the TeenScreen Parent Consent Letter and complete and return the TeenScreen Parent Consent Form. Youth who do not have written parent consent cannot be screened, even in emergency situations.
- ⇨ **3.2 – Written consent must be obtained from participants themselves rather than their parents when they are 18 or older or are emancipated under state law.** TeenScreen provides a standard Consent Letter and Form, as well as a Participant Assent Form, for sites to use with these students.
- ⇨ **3.3 – Written consent ("active consent") must be obtained at school-based screening sites (including school based health centers).** Written consent requires that a parent signs a form giving permission for the youth to be screened. Blanket consents given for school activities or health programs may not be used as a substitute for a signed TeenScreen Parent Consent Form. Consent may not be obtained via telephone or email, but it may be obtained via fax.
- ⇨ **3.4 – School-based sites must use the standard Parent Consent Letter and Form provided by TeenScreen.** Any modifications to these documents beyond the highlighted sections must receive the prior written approval of the TeenScreen Schools and Communities Office.
- **3.5 – Non school-based sites are encouraged to develop their parent consent letter and form using the standard school-based Parent Consent Letter and Form as a guide.**
- ⇨ **3.6 – If requested, provide parents with the opportunity to review any TeenScreen materials that will be provided to youth, including the Participant Assent Form, the screening questionnaire and any related instructional materials.** Parents are required by law to be allowed to view such materials if requested in a school-based setting.
  - **3.7 – If a parent wishes to review screening-related materials prior to granting permission for the screening, a member of the screening staff, preferably the Program or Site Coordinator, should meet with the parent to review these**

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documents and share information about the program. Screening staff will be able to address parents' questions and concerns more easily and accurately than school staff who are not affiliated with the program.

- **3.8 – To ensure that parents are fully informed about TeenScreen and are aware of the opportunity to have their child participate in screening, TeenScreen recommends that sites have a consent distribution back-up plan in the event that their first method of distribution fails.** Consult the *TeenScreen Consent Distribution Guide* for more information and tips on consent distribution methods.

4. Assent

⇨ **4.1 – Youth must give written assent in order to participate in the TeenScreen Program.** Obtaining assent shows respect for the rights of the youth and helps to ensure truthful responses. Assent must also be obtained from participants who are aged 18 or older or are emancipated under state law and have already given their written consent for the screening.

⇨ **4.2 – Use the Participant Assent Forms provided by TeenScreen.** Any modifications to these forms beyond the highlighted sections must receive the prior written approval of the TeenScreen Schools and Communities Office.

⇨ **4.3 – Obtain assent for the screening from participants immediately before the screening.** This will help ensure that they are fully informed about the screening process, their rights, and the limits of confidentiality.

⇨ **4.4 – Read the Participant Assent Form aloud while the youth follow along and read the form themselves.** This will help ensure that they have heard the essential information included in the form. Youth are less likely to be subject to peer pressure and more likely to pay attention to the conditions of participation when assent is obtained one-on-one or in small groups.

⇨ **4.5 – Give youth an opportunity to ask questions about the screening and their participation in the program before signing the Participant Assent Form.** This will help ensure they have processed the information contained in the Participant Assent Form.

⇨ **4.6 – Remind youth that participation in the program is voluntary.** Youth must be informed that they are not obliged to participate even though their parents granted permission for them to do so.

⇨ **4.7 – When youth decline to participate or are absent on the day of the screening, mail a letter to the parents to inform them that their children did not complete the screening and will be given another opportunity to participate on a specified alternate date (if applicable).** If not notified, parents will assume that screening has been completed and that the results are negative.

5. Screening/ Scoring

⇨ **5.1 – The screening questionnaires cannot be changed in any way.** The Columbia Health Screen (CHS) and the Diagnostic Predictive Scales (DPS) are copyrighted and proprietary.

⇨ **5.2 – Conduct the screening in a private environment.** Screening in a high-traffic area, or with too many youth or staff members in a small space, may compromise confidentiality and prevent participants from answering honestly. Youth who will not be participating in the screening program should not be present during the screening. If non-participating youth must be present, provide an alternative activity.

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- ⇨ **5.3 – Score the screening questionnaires immediately after they are completed, and do not release youth from the screening until their answers have been checked.** Youth who endorse suicidal thinking or behavior must be evaluated immediately.
- ⇨ **5.4 – Score the screens privately rather than in front of participants.** Watching the screening questionnaires being scored could make participants feel uncomfortable.
- **5.5 – Allow enough time for every stage of the screening process to be completed in one day for each participant.** It is less stigmatizing for participants and less disruptive to the school schedule to complete the entire screening process at one time instead of at several junctures.
- **5.6 – Participants should not be retrieved for screening in the middle of a class period or released from screening until the end of the period.** Stigma will be minimized by not drawing attention to individual students.

6. Debriefing

- ⇨ **6.1 – Individually debrief all participants who score negative on the screening questionnaire.** This procedure will give participants who score negative on the questionnaire an opportunity to ask for help or ask questions about the screening process. Having all youth speak with a staff member after the screen also reduces stigma by obscuring the difference between those who score positive and those who score negative.
- ⇨ **6.2 – Conduct debriefing sessions in a private location near the screening room.** A private location ensures confidentiality and helps participants feel more comfortable asking for help or asking to meet with the clinician.
- ⇨ **6.3 – Do not provide participants with the results of their screening questionnaire.** Screening results cannot be shared with participants without first obtaining parent consent to do so.
- ⇨ **6.4 – If a youth attempts to discuss problems or indicates to the debriefer that he/ she would like to speak with a clinician, the debriefing session must be stopped and the youth must be sent on for a clinical interview.** If a youth identifies problems before the staff member can stop the debriefing session, the staff member must document the debriefing encounter and the youth's advancement to the second-stage clinical interview.
- ⇨ **6.5 – Document youth's responses to each debriefing question and any discussion or feedback given by the debriefer.** All Debriefing Forms must be signed and dated by the debriefer.

7. Clinical Interview

- ⇨ **7.1 – All youth who score positive on the screening questionnaire must advance to the clinical interview stage of the screening process.** The clinical interview enables the team to determine which youth need a referral for a complete evaluation.
- ⇨ **7.2 – Conduct clinical interviews in a private location near the screening room.** A private location ensures confidentiality and helps participants feel more comfortable discussing their screening results.
- ⇨ **7.3 – Assess all youth for suicidality regardless of their answers to the suicide questions on the screening questionnaire.** Some youth may not divulge this information on the questionnaire but may reveal it when asked in person.
- ⇨ **7.4 – Do not provide participants with the results of their screening questionnaire.** Screening results cannot be shared with participants without first obtaining parent consent to do so. Feedback to participants in need of referral should be restricted to the following statement:

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"Based on the answers you provided on the screening questionnaire and some of what you told me just now, I am going to speak with your parents and recommend some follow-up."

- ⇨ **7.5 – Clinicians must not discuss specific diagnoses or make treatment recommendations.** It is beyond the scope of the TeenScreen Program to diagnose mental illness or recommend specific courses of treatment. Diagnosis can be determined only through a more complete assessment than can be provided by the TeenScreen clinical interview, and treatment decisions must be left to parents to make after the post-screening assessment has been conducted.
- ⇨ **7.6 – Youth who reveal current suicide ideation or a past suicide attempt must be interviewed immediately after completing the screening questionnaire.** It is unsafe to allow these youth to leave the screening before being interviewed by a clinician. It is recommended that all youth who score positive for other reasons also receive their clinical interviews immediately after completing the screening questionnaire.
- ⇨ **7.7 – Youth who score positive on the screening questionnaire for any reason other than suicidality must receive a clinical interview within 24 hours of being screened.** For the safety of these participants, it is essential that they complete the second-stage clinical interview shortly after completing the screening questionnaire.
- ⇨ **7.8 Screening Summary forms of youth who screened positive on the questionnaire must be completely filled out with enough detail to justify clinical impressions.** Detail regarding the assessment for each of the symptom areas identified on the screening questionnaire must be clearly documented and discrepancies between questionnaire and assessment explained.
- ⇨ **7.9 – If unlicensed clinicians conduct clinical interviews, a licensed mental health professional (the "clinical supervisor") must sign off on all cases within 24 hours.** This procedure is in the best interest of your screening participants and provides your program with important protection.
- ⇨ **7.10 – Clinical Supervision must include a thorough discussion between clinical supervisor and clinician about every youth receiving a clinical interview.** The supervisor must provide the clinician with concrete feedback for each of the screening cases reviewed. This supervision must be documented, signed and dated on the clinical summary form.
- **7.11 – If more than one clinician is used on each screening day, a clinical supervisor should hold a case conference with the other clinicians after the completion of the clinical interviews.** This procedure provides clinicians with the opportunity to discuss their cases from the day and consult with their colleagues on the best course of action for identified teens.

8. Parent Notification

- ⇨ **8.1 – If a referral for any mental health services is indicated for a participant under the age of 18, his/ her parents must be notified within 24 hours of the screening.** Notification must take place regardless of whether the participant agrees.
- ⇨ **8.2 – Always inform parents of current suicide ideation within 24 hours of the screening.** This information is essential for parents to have and must be shared with them even if the youth objects. ***Never make secrecy deals with participants!***
- ⇨ **8.3 – Always inform parents of prior suicide attempts that clinical staff deems to be legitimate, regardless of when the attempt was made, within 24 hours of the screening.** Research shows that parents are not aware of their children's suicide attempts 90% of the time. Parents must therefore always be contacted even if the youth insists his/ her parents are aware of the attempt.

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- **8.4 – Obtain written permission from participants who are aged 18 or older in order to share their results with their parents if a referral for further evaluation is recommended.** Parent involvement should be encouraged with these youth. For these adult participants who agree to involve their parents, written permission must be obtained before contacting the family.

⇨ **8.5 – When referrals are indicated for participants who are already in treatment, contact their parents to confirm that their children are indeed receiving services and that the services adequately address the problem uncovered through screening.** This information and the scheduling of a future appointment must be confirmed by the parents. In some cases, participants will need additional services beyond what they are already receiving.

- **8.6 – The clinician who interviews the youth should make the first phone call to the parents when a referral is indicated or when a youth discloses current suicidal ideation or prior suicide attempts.** Due to their training and experience, clinicians are more credible and better able to speak to parents in these instances. After this first call, the case manager may follow up with the family to help connect them to services.

⇨ **8.7 – The individual who makes the call to parents must document the date and time of the call, the parties participating, and the issues that were discussed during the call.** Thorough documentation is an important safeguard for your program.

⇨ **8.8 – After three unsuccessful attempts to notify parents of the screening results, a certified letter must be sent home documenting the findings and clinical recommendations and reiterating the need to speak with them.** If a parent cannot be reached on the phone or in person, he/she must be informed of the youth's results in writing.

⇨ **8.9 – All attempts to contact parents and parent notification must be documented on the Clinical Summary Form.** Dates must be included in the space provided for the initial contact as well as when the parent was notified of any suicidal ideation or past attempts. All unsuccessful attempts to contact parents must be documented in the notes section and include date and time of the attempted contact. Notes must also be provided to document parent reaction and next steps discussed.

9. Case Management

- **9.1 – The case manager should offer to assist in making the first appointment for the family.** Some parents may need help securing an appointment.

⇨ **9.2 – Case managers must follow up with families a minimum of one time after the scheduled post-screening appointment.** It is important to find out whether the youth attended the appointment and whether additional help is needed.

- **9.3 – Follow cases for three completed appointments after making a referral or linking with professional services.** Even if a family reaches the first appointment, they may need additional support to follow through with the next appointment. In cases where a parent or youth is unhappy with the referral, the case manager may need to assist the family in locating another provider.

⇨ **9.4 – If the participant does not follow through with the referral recommendation, the case manager must maintain contact with the family until the case has been closed.** The case should be closed via certified letter to the home once the case manager has exhausted all options for engaging the family and facilitating the referral and has discussed the situation with the clinician or clinical supervisor.

⇨ **9.5 – A participant's screening results and his/ her parents' response or lack of response to a recommendation for further evaluation must not influence the student's standing at school**

or be a contingent for his/ her enrollment at school. Screening must always be voluntary, and seeking additional services must not be dictated by the school or the screening team.

- ⇨ **9.6 – Research your state laws to find out if and when a parent's failure to seek help for his/ her child constitutes abuse or neglect.** You may be legally required to file a report with the authorities if a parent neglects to seek professional services for a child who is actively suicidal or otherwise in danger.
- ⇨ **9.7 – Case managers must not discuss specific diagnoses or make treatment recommendations.** It is beyond the scope of the TeenScreen Schools and Communities Program to diagnose mental illness or recommend specific courses of treatment. Diagnosis can be determined only through a more complete assessment than is provided by the TeenScreen clinical interview, and treatment decisions must be left to parents to make after the post-screening assessment has been conducted.
- ⇨ **9.8 – Seek written permission from parents to release a youth's TeenScreen Screening Summary Form to the service provider who will conduct the complete post-screening evaluation.** This information will be useful to the service provider and also ensure that he/ she is privy to the information that was obtained through the screening process.
  - ⇨ **9.9 – Participants aged 18 or older or emancipated under state law must provide written authorization in order to release their screening records.**
- ⇨ **9.10 – All TeenScreen-related records must be made available to parents and students aged 18 and older to inspect and review if requested.** FERPA requires that parents and adult/ emancipated students be given the right to review these materials if they request to do so.
  - **9.11 – If a parent wishes to review screening-related materials, a member of the screening staff, preferably the Program or Site Coordinator, should meet with the parent to review these documents and share information about the program.** Screening staff will be able to address parents' questions and concerns more easily and accurately than school staff who are not affiliated with the program.
- ⇨ **9.12 – Know your state Medicaid policies and help families sign up for services if they are underinsured or uninsured.** Some states provide mental health insurance for youth who do not have insurance or have insurance that lacks mental health coverage.
- **9.13 – When requested, provide parents and youth with relevant educational materials about depression, anxiety, substance abuse, mental illness or suicide.** Educational materials will help parents better understand the problems their children are having and the best ways to help. These materials should not be offered (unless specifically requested) to parents or youth, as this could be misconstrued as suggesting a diagnosis of the youth.
- **9.14 – Families should be contacted weekly to offer support and problem-solving assistance with making an appointment for an evaluation until an appointment has been scheduled.** Some families will experience difficulties navigating the service system and their insurance carriers. Your help and support can help alleviate this problem.
- **9.15 – Send certified letters to unresponsive and noncompliant parents to document your efforts to encourage the parents to obtain a complete evaluation for their children.** Formal communication reinforces your team's clinical recommendations and serves to protect your program.
- ⇨ **9.16 – The case manager must document all attempts to contact parents and provide detail about communication with parents. This must include the date, time and summary of what was discussed as well as planned next steps.** All files must have a case closing date and note summarizing the youth's status at the time of closure.

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10. Record Keeping

⇨ **10.1 – Complete TeenScreen Screening Summary Form for all screening participants. Fill out each applicable section completely, including details to support recommendations and times and dates where relevant.** With written parent consent, this document can be given to the mental health service provider as a resource. It also serves to document the areas that were covered in the screening process and clinical interview. Sections may be added to this document, and additional documents may be used, but content may not be deleted from it.

⇨ **10.2 – Screening records must be treated as private, confidential information and must be kept separate from academic records.** This practice will help ensure that confidentiality is maintained and that participants' academics are not affected by their screening results.

⇨ **10.3 – Case management files containing names must be kept in a locked file cabinet separate from all other screening files and forms.** Protecting student records containing personally identifiable information from unauthorized access is necessary to maintain compliance with the Family Educational Rights and Privacy Act (FERPA).

⇨ **10.4 – ID numbers must not be social security numbers, school ID numbers or any other number that would be identifiable to anyone other than the person who maintains the ID log.** This will help ensure that confidentiality is maintained.

⇨ **10.5 – Keep a master list of screening ID numbers and names and use only the ID numbers on all forms.** This list must be kept separate from all other TeenScreen files.

⇨ **10.6 – Maintain copies of all returned consent forms, and separate consents granted from consents denied.** You may be required to show proof of a parent's written consent after his/ her child was screened.

⇨ **10.7 – Screening results and related materials must be maintained for as long as students' educational records are maintained in order to be in compliance with FERPA.** Check your school district's policy on educational records and ensure that your screening program is in compliance.

11. Compliance with Law

⇨ **11.1 – All sites must familiarize themselves with relevant state laws prior to the start of their screening programs and must conduct their programs in compliance with these laws.**

⇨ **11.2 – School-based screening sites must comply with all applicable laws, rules and regulations of all governmental authorities having jurisdiction over schools, school districts, and to the extent applicable, school-based health centers, including:**

- ⇨ **11.3 – Federal and state laws governing consent, including the Protection of Pupils Rights Amendment (PPRA)**
- ⇨ **11.4 – Federal and state laws prohibiting discrimination against individuals**
- ⇨ **11.5 – Federal and state laws governing the confidentiality and privacy of students and student records, including the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.**

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