Project AWARE Ohio

ADVANCING WELLNESS and RESILIENCE in EDUCATION

# School-Wide Universal Screening for Behavioral and Mental Health Issues: Implementation Guidance

OHIO Mental Health Network for School Success

MIAMI UNIVERSITY

CENTER FOR SCHOOL-BASED MENTAL HEALTH PROGRAMS

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## Acknowledgments

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## Introduction

School-wide universal screening for behavioral and mental health issues is a practice that has become more prevalent and is now recommended by The National Association of School Psychologists (NASP, 2009) as well as the National Research Council and the Institute of Medicine, who built upon criteria established by the World Health Organization (O'Connell, Boat, & Warner, 2009). Universal screening for behavioral and mental health issues can help with early identification of students who are at-risk or in need of intervention related to these concerns, as research suggests that significantly more students require mental health or behavioral services than currently receive them (NASP, 2009). Universal screening for these concerns, particularly when implemented within a multi-tiered model of behavioral support, may help these students receive earlier services than they otherwise would and may prevent the need for more intensive special education services or more stable behavior patterns in the future. However, some research suggests that less than 5% of schools engage in mental health screening, and those that do may not adequately use screening data to inform interventions (Vannest, 2012).

This guidance document is intended to provide a general overview of considerations in implementing school-wide universal screening for behavioral and mental health issues. This document should be considered a basic introductory overview that attempts to condense a plethora of research into simple steps for practitioners that are easy to understand and refer back to, rather than a thorough guide for implementation. Consequently, it is recommended that readers also further examine resources cited in this document before implementing a universal screening process. This overview was initially designed and planned as a supplemental tool in conjunction with the Mental Health, Social-Emotional, and Behavioral Screening and Evaluation Compendium, available from Project AWARE Ohio at http://resources.oberlinkconsulting.com. This compendium seeks to provide a source of information for practitioners to find no-cost screening tools to identify children and adolescents in need of mental health, social-emotional, and behavioral intervention. A second edition of this compendium, which includes at-cost screening tools in addition to the previous no-cost screening tools, is in development and will also be available from Project AWARE Ohio in the coming months.

It is our hope that this guide will be a resource for practitioners seeking to implement a school-wide screening process and use resulting data to inform intervention, though we do encourage readers to also consult other resources in addition to this document.

## Chapter 1: Establish School Leadership Team

**Overview of this Step:**

If a school team whose purpose is to address student behavior or school climate issues does not already exist, establishing or repurposing a building leadership team* is the first step in the process of implementing school-wide screening for behavior and mental health issues. It is recommended that this team consist of leaders who will help plan, implement, and evaluate the screening process through collaboration and feedback with other school professionals. This representative team should meet regularly to ensure that screening efforts are planned for, implemented, and monitored effectively. Different schools may have different names for this team and may already have a team of this nature in place that can subsume screening under its purview. If another team (e.g., Ohio Improvement Process (OIP), Behavior Team, or Positive Behavioral Interventions and Support (PBIS) team) adds this process to its agenda, it is important that all members are aware of the importance of implementing this school-wide screening before moving forward.

*Ideally, there would also exist a district leadership team, which would work in a collaborative and aligned fashion to the building leadership team.

**Considerations:**

- **Who**
  - It is generally advisable to have diverse roles among members of a leadership team (National Institute for Urban School Improvement, IUSI, 2005). At minimum, this team should include a building administrator, an individual with expertise in assessment and mental health (e.g. school psychologist, school social worker, or school counselor), a regular education teacher, and a special education teacher.
  - The Ohio Improvement Process (OIP) Guide (2012) also recommends including teachers who represent all grade levels and student subgroups (e.g. ELLs, early childhood), non-administrative staff in a leadership position (e.g. parent liaison, literacy coach, etc.), representation of the teachers' union, and stakeholders from the community (e.g. business leaders, parents), and noncertified staff (e.g. secretaries, custodial staff).
  - Principals are generally considered a crucial member of the team. Their role and ultimate responsibility for students and staff is critical to the functioning of the building as a whole (NIUSI, 2005).
  - In order to encourage sustainability of this team over time, it may be important to ensure that membership is staggered in a rotation cycle (OIP, 2012). For example, this could mean allowing for a core membership team with 2-4 year terms, and allowing others (e.g. teachers) to serve alternating terms to balance new and old members as well as workload (OIP, 2012).
- **Roles**
  - Shared responsibility among team members is important in order to keep all members involved and prevent one individual from undertaking too much. Thus, the following potential roles are recommended by the NIUSI (2005):

- Facilitator – an objective individual who guides the meeting process
- If the facilitator is not the principal, the facilitator should be someone in constant contact with the principal in conveying the team's opinions and concerns (OIP, 2012).
- A co-facilitator can be added in order to create a backup if the facilitator is not present, but if this is determined, both facilitators must be consistent, clear, and equal (OIP, 2012).
- Timekeeper – helps to keep the meeting efficient and prevents singular individuals or issues from dominating the majority of the team's time.
- Scribe – records the meeting notes and distributes after the meeting
- Doorkeeper – if necessary, an individual who informs latecomers of the meeting's discussion thus far as they arrive.
- Temperature taker – an individual who pays attention to the group's responses to one another and helps ensure an objective, calm, safe meeting.

- **Productivity**
  - Efficiency of SLT meetings is of utmost importance, and thus, the NIUSI (2005) recommends the following strategies geared toward increasing productivity:
    - Set an agenda – this can create time limits for each point of discussion so that individuals remain engaged throughout the meeting. Creating an agenda together also creates the opportunity to discuss matters of importance to them.
    - Create "norms" or general rules for meetings (e.g., be on time, keep minutes, focus on solutions not critiques). These norms can be set early in the year and discussed as a team.
    - Document all decisions, encourage progress reports, and regularly revisit goals.
    - Begin and end all meetings on time.
- **Encouraging Participation**
  - Productive dialogue is an essential part of effective meetings and the voices/opinions of all members should be heard. Some tips for encouraging productive dialogue are:
    - Round Robin-style discussions to wrap up discussions (e.g., each individual can talk for up to 2 minutes)
    - Write ideas down on paper
    - Encourage silent members to participate or reflect on their thoughts
    - Discussion in pairs and reporting to whole group
    - Elicit elaboration through questioning (i.e. avoid yes/no questions if possible) (NIUSI, 2005)
  - It is also important to remember to include the voices/needs of staff members and students not directly involved in these meetings. Allowing for their feedback and ensuring decisions are communicated to all individuals they affect is a characteristic of an effective team.
- **Making Decisions**
  - Each member should act as a voice to the stakeholders they represent (other members of their grade-level team, other administrative staff, etc.).

- To help create consensus, it may be valuable to clarify any concerns, determine who is most impacted by any decisions and receive their feedback, generate solutions or alternatives, and evaluate the pros and cons of any decision before finalizing decisions.

## Chapter 2: Identify Key Areas to Screen and Select Appropriate Instruments

**Overview of this step:**

Once the school leadership team has been established, the next important task is to determine the areas of greatest need in the school and select the appropriate screening instruments for this specific need. In order to determine the areas in need of screening, multiple methods can be used, including stakeholder interviews, focus groups, and/or reviews of existing data sources. Existing data sources may be internal (office disciplinary referrals, intervention assistance team data, bullying reports, nurse reports, seclusion/restraint, etc.) or external (county-level mental health survey data, family first council data, etc.), depending on school and district protocols and the available data for your situation. This initial data can be used to determine the areas of greatest need, and the subsequent screening data can be used to clarify this need and eventually create a plan for intervention.

Once the areas of greatest need have been determined and agreed upon by the school-based team, an appropriate screening instrument must be selected. The first step of this process is to create a list of potential screeners that examine the constructs related to this need (Glover & Albers, 2007). The Mental Health, Social-Emotional, and Behavioral Screening and Evaluation Compendium (1st and 2nd Editions) could be consulted in creating this list of possible screeners. Once an initial list has been drafted, there are multiple considerations in narrowing down this list to useful and valid measures. For a thorough review of considerations in evaluating universal screening assessments, Glover & Albers (2007) may be a valuable resource, but a general summary of important information from various sources is presented below.

**Considerations:**

- **Population**
  - A screening instrument should always be chosen based on its relevance to the school's demographics and characteristics (Dever, Raines, & Barclay, 2012).
  - Screeners must always be age- and developmentally-appropriate (Weist et al., 2007).
  - Ideally, a screener should have been validated or normed in a sample similar to the population being evaluated (Dever et al., 2012; Glover & Albers, 2007).
  - Many student and contextual factors (e.g. gender, ethnicity, socioeconomic status, home language, parent involvement) have been shown to affect cut scores and overall prediction of risk status (Cook, Volpe, & Livanis, 2010).
- **Feasibility and usability**
  - It must be practical to universally administer the screener within the desired context, including clear instructions and examples of any difficult concepts (Dever et al., 2012; Glover & Albers, 2007).
  - The cost of the screener should not outweigh the benefits obtained as a result of the process (Glover & Albers, 2007).
  - Involved stakeholders (e.g. teachers and administrators) should consider the screener to be acceptable and useful (Glover & Albers, 2007).
- **Informant and Child Characteristics**
  - Informant and child characteristics play a role in the results obtained from a screening assessment, as these assessments measure perception rather than true behavior (Dowdy & Kim, 2012). A review by Bernard, Killworth, Kronenfeld, and Sailer (1984) concluded that "on average, about half of what

informants report is probably incorrect in some way," (p. 503), and thus any results must be considered in context and may require further examination.
    - See Table 1 for a summary of considerations regarding each informant type.
- **Time**
    - Consider the amount of time to collect, score, enter, manage and analyze screener data, in addition to administration time (Dever et al., 2012; Glover & Albers, 2007).
    - Personnel time to train staff in the administration and completing the screening process is an additional consideration that may be more important than the physical cost of materials (Kamphaus, 2012).
- **Psychometric evidence** *(definitions are outlined in* Table 2*, along with relevant questions to consider).*
    - Reliability: the degree that the chosen screener results in similar scores each time it is used (Gerrig & Zimbardo, 2002). Specific types of reliability are defined in Table 2.
    - Validity: the degree that the chosen screener measures what it is supposed to measure (Glover & Albers, 2007). Specific types of validity are defined in Table 2.
        - Screeners should have valid cut scores, which help reduce false positives and negatives and assure that students are receiving the services they need (Lane, Menzies, Oakes, & Kalberg, 2012).
        - False positives may be more desirable than false negatives with regard to screening (i.e. it is better to catch too many students than too few) (Lane, 2015).
- **Options**
    - In some circumstances, to assist with buy-in and acceptability, the school leadership team may want to select two appropriate tools and allow teachers or the building team to make the final decision about the tool they prefer to use or the tool that provides the most contextually/culturally relevant information (Lane et al., 2012).

Table 1. Considerations involved in each informant type. *Note*. All information is adapted from Dowdy & Kim (2012) unless specifically cited otherwise.

| | Student | Parent | Teacher |
|---|---|---|---|
| Primary Benefit of Informant | Possible to receive insight into personal information not visible to outsiders (e.g. thoughts, perceptions, feelings) | Observe children over whole life, have most knowledge of development and any past concerns. | Observations in academic settings, particularly valuable for determining impact on learning or classroom behavior. |
| Setting of Knowledge | All situations can be examined. | Multiple situations (home, social life, during homework, etc). | School classroom as well as school-based settings (e.g. recess, lunch). |
| Areas in which they are **most** likely to accurately identify potential concerns: | Delinquent behaviors, disturbed thought processes, and issues with social adjustment. | Externalizing behaviors (e.g. oppositional/conduct problems) or external manifestations of internal problems (e.g. depressive symptoms). | Hyperactivity, inattentiveness, academic problems, conduct behaviors, other school adjustment concerns. |
| Areas in which they are **least** likely to accurately identify potential concerns: | Least likely to be accurate for inattentiveness or hyperactivity, tendency to underreport disruptive or externalizing behaviors. | Not likely to be as accurate for internalizing behaviors and may underreport these symptoms due to lack of awareness. | Less useful than other informant types for internalizing symptoms. |
| Reliability | Some evidence suggests that self-reports are more likely to lead to extreme levels, or socially desirable answers (Fan et al., 2006). A "jokester" effect may exist as well (Fan et al., 2006). Student report is generally considered a useful method of assessment for behavioral and emotional concerns. | Parents are still considered critical informants, despite evidence that parent report may add little variance for behavioral problems above ratings reported by teachers. | Evidence suggests that teacher input is reliable and valid for universal screeners, and are more reliable than parents at all age levels. In general, teachers are considered "highly accurate in recognizing the existence and severity of child behavioral and emotional problems" (p. 100-101). |
| Potential Sources of Informant Bias | May represent a temporary response to a situation (e.g. assessment anxiety) than normal feelings. | Parental psychopathology, family characteristics (e.g. size, stepparent status, stress level), and child acceptance may all affect ratings. | Teacher burnout, experience, time spent with child, gender, conflict with student, and personality may affect ratings of student. |
| Feasibility Considerations | Privacy and understanding of importance may help limit non-serious or inaccurate replies (Fan et al., 2006). | Social desirability, providing convenient/adequate time to complete, and accommodating needs (e.g. ELL) should be considered. | Professional development regarding screeners and/or using a planning period makes them more feasible. (Dever et al., 2012). |

Table 2. Types of reliability and validity defined simply. *Note*. Adapted from content and Table 2 in Glover & Albers, 2007, p. 120 as well as Lane et al., 2012.

| | Type | Definition | Consideration Question |
|---|---|---|---|
| Reliability | Internal consistency | Consistency of performance across similar items within the same assessment | Are items measuring the same construct? |
| | Test-retest reliability | Consistency of performance on the same assessment over time. | Are scores on this measure consistent over time for each student? |
| | Interscorer reliability | Consistency of scores across different raters. | Are scores consistent across scorers (e.g. teacher vs. parent)? |
| Validity | Criterion-related validity | Indicator of an assessment's ability to predict performance on a specific criteria (further divided into either concurrent or predictive validity) | In general, does this test score relate to outcomes? |
| | Concurrent validity | Ability to measure and predict individuals experiencing difficulties in the present (often a correlation with a criterion measure taken at the same time). | Is the screening outcome consistent with a similar measure? |
| | Predictive validity | Ability to distinguish between those who will have later difficulties and those who will not. Sensitivity, Specificity, and Positive/Negative Predictive Power are part of this. | Does this measure accurately predict those who will have difficulties or not? |
| | Sensitivity | Ability of a measure to correctly identify individuals found at risk (i.e. student with depression identified as such). | Of those actually at risk, how many are identified correctly? |
| | Specificity | Ability of a measure to correctly identify individuals not at risk (i.e. student without depression found not at risk). | Of those actually **not** at risk, how many are identified correctly? |
| | Positive Predictive Power | Similar to sensitivity, only it involves the probability a student above the cut score is actually a member of the target group. | Of individuals identified at risk, how many are identified correctly? |
| | Negative Predictive Power | Similar to specificity, only it involves the probability a student who scores below a cut score is actually a member of the target group. | Of individuals identified as **not** at risk, how many are identified correctly? |
| | Construct validity | If an assessment measures the construct it is designed to measure. | Does the assessment measure what it is designed to measure? |
| | Content validity | If an assessment accurately defines what is intended to measure and rationale for its components. | Are the items and format of this assessment appropriate for this use? |
| | Convergent validity | The relationship between this screener and other assessments that measure the same construct. | Are scores on this assessment comparable to scores on other established tools? |

## Chapter 3: Plan for Implementation

**Overview of this step:**

Before implementing any form of systematic screening, it is important to review any relevant federal, state, local, and district guidelines that may help determine the legality, ethics, and typical policy of conducting universal screenings in your area. Of specific importance are any district policies, the Individuals with Disabilities Education Improvement Act, and the Protection of Pupil Rights Amendment of 1978 (PPRA) (Lane et al., 2012). In general, individuals involved with both the screening process and its effects should be included in the planning stage, perhaps including the building leadership team, families, education and mental health professionals, primary care providers, representatives of community agencies, and any other relevant individuals (Weist et al., 2007). The plan should include who will complete the screening tool (e.g. student, parent, or teacher) in addition to when and where the screening will occur and consideration of issues related to consent, confidentiality, and social validity.

**Considerations:**

- **Who**
  - Informants should be carefully determined based on the chosen screening tool and student developmental stage (Dever et al., 2012).
  - A plan should be created to ensure that all students are able to be screened in a manner consistent with other students, even if the preferred informant is unavailable (Lane, 2015).
  - Research regarding adding additional raters is inconclusive, particularly when considering the need for efficiency in screening tools, as some evidence suggests that this adds little variance in outcomes. Thus, different raters may be helpful in some cases (e.g. depression) but not others (e.g. hyperactivity), and should be considered based on the screening tool's purpose (Dowdy & Kim, 2012).
  - Every school should identify a site-based professional responsible for leading the screening process, who will be available and accessible to address any potential issues that may arise (Weist et al., 2007).
  - School psychologists or other individuals who are knowledgeable about the screening tool may need to clarify any ambiguity or informant concerns before the tool is administered (Greer, Wilson, DiStefano, & Liu, 2012).
  - Furthermore, if using technology to administer or compile screening information, it is wise to identify a district technology specialist available to help with technology issues (Lane, 2015).
- **When**
  - Lane and colleagues (2012) recommend administering, scoring, and interpreting data from this screening tool during a normal school day in place of a regularly scheduled staff, grade-level, or department meeting.
  - Another potential time to consider is during homeroom period, which can allow for universal screening of entire buildings in one period with a minimal loss of instructional time (Dever et al., 2012).

  - Transitional years (e.g. switch to middle or high school) are often considered critical times when clinical symptoms may develop, but all screening efforts should ideally be a part of a comprehensive plan to cover all student ages (Weist et al., 2007).
  - Alternative activities should be provided for any individuals who are not participating in the screening process (Weist et al., 2007).
  - Establish and distribute a screening calendar before the school year begins. When doing so, consider administering the screening three times per year
    - 1) The first screening should be implemented 4-6 weeks after the school year starts in order to allow time for the behaviors to set in (Lane, 2015).
    - 2) The second screening should be implemented before the winter break (Lane, 2015)
    - 3) The third screening should be implemented in the spring, perhaps six weeks before summer break begins (Hoff, Peterson, Strawhen, & Fluke, 2015).
  - A "back to school" event for parents may be a natural time to address any questions or have parents complete the screening (Eklund & Kirgus, 2015).
  - Regardless of specific time chosen for administration, it may be important to keep the time consistent across screenings (e.g. first period) in order to limit confounding effects (Lane, 2015).
- **Where**
  - Privacy of respondents when answering is of utmost importance and may have an impact on informant responses and validity (Fan et al., 2006).
  - An ideal setting would involve a quiet space with adequate privacy and all materials provided and set-up for maximum efficiency.
- **Consent**
  - Active consent requires that parents signed a permission form, whereas passive consent involves notification of the activity and requires parental opt-out if they do not want their child to participate (i.e. lack of response is permission) (Lane et al., 2012). If using passive consent, documentation is advised, such as a parent informational letter with opt-out procedures clearly described.
  - The use of opt-out procedures may be acceptable if the data are used to inform general education and teachers are reporting on simple observed behaviors. However, once you ask the student to screen him or herself, then active parental consent is needed under the PPRA (Eklund & Kilgus, 2015).
  - The PPRA requires prior consent if a student is given any test that could reveal "mental and psychological problems potentially embarrassing to the student or his or her family," which applies to the use of universal screening tools (Protection of students' privacy in examination, 2015). If this screener is **required** by a district, active consent must be obtained. The PPRA also includes the right of parents to inspect any screening tool prior to administration.
  - If using passive consent, students should be able to assent/dissent and there should not be any consequences for dissenting or incentives for participating (Bush & Dibble, 2011).
  - A system of receiving and maintaining record of consent should be developed (Weist et al., 2007).

    - Previous studies suggest that participation decreases when active consent is required, and may systematically exclude individuals in high-risk groups (e.g. internalizing problems) and disproportionally affect different ethnicities and family types (Chartier et al., 2008).
- **Confidentiality**
    - As with any form of mental health assessment, confidentiality is of utmost importance and a plan for ensuring confidentiality and appropriate use must be established (Dever et al., 2012). Practitioners should consult district policy regarding storage, retention, and communication of records and both individual and aggregate data.
    - Data security should be maintained and any feedback to teachers should be confidential and useful (Lane, 2015).
    - If data will be gathered across months/years, all data should be dated and should be tied to an identification number rather than student name or social security number (Lane, 2015).
        - If data are to be used longitudinally, all scaling should also remain the same from year to year (Lane, 2015).
- **Social Validity**
    - It is important that all individuals believe screening is worthwhile, or else the data may not be trustworthy (Greer et al., 2012).
        - Professional development time should be allocated to help develop knowledge about screening and its benefits (Lane et al., 2012), as well as the link between mental health and academics (Greer et al., 2012).
    - Providing feedback to teachers and tying tangible action and existing programs to screening results can help promote teacher involvement and investment in future efforts (Greer et al., 2012).
    - Planning to align previously collected data (e.g. office disciplinary referrals, attendance, academic outcomes) with this additional universal screening data can also help create increased social validity and buy-in for staff members (Eklund & Kilgus, 2015).
- **Thinking Ahead**
    - Ensure that readiness and capacity to respond are addressed and thought about prior to screening, so that interventions can be easily established following the screening (see Chapters 5 and 6).

# Chapter 4: Administer Screening

## Overview of this step:

Once the planning stage has been thoroughly completed and staff members are aware of the plan and importance of universal screening, actual administration of the screening should be a fairly straightforward step. A few additional considerations regarding the administration of the screening tool are presented below.

## Considerations:

- **Scripts**
  - Providing proctors (e.g. teachers, research assistants, and school staff) with a specific script to read can help standardize the administration across classrooms and create increased efficiency and ease of use (Dever et al., 2012).
    - An example of a site-level coaching protocol example is available via CI3T (http://www.ci3t.org/pl.html)
- **Logistics**
  - All supplies should be fully prepared, understood, and distributed prior to the day of screening (e.g. copies provided, computers ready) (Lane, 2015).
  - As mentioned in Chapter 3, technical support should be available if the screening requires a computer or any other technology, and all staff members should be aware of how to reach this support (Lane, 2015).
- **Fidelity**
  - Fidelity data should be collected throughout the standard administration process, to ensure that received data is valid and that this screening system is implemented consistently by all proctors and informants (Lane et al., 2012).
  - It may be valuable to have teachers check and verify that data were entered accurately (Lane, 2015).
- **Unintended Negative Outcomes**
  - Additional trained staff (e.g. school counselor or psychologist) should be available and accessible in case of any adverse outcomes or on-the-spot questions (Weist et al., 2007).
  - Staff members proctoring the screening tool should be observant throughout the process and prepared to intervene and refer to an appropriate staff member or step in school policy if an informant displays any unintended emotional response (e.g. agitation, crying, anxiety, etc.) (Weist et al., 2007). Be aware that there is a potential for an item to trigger a negative response if it is associated with prior trauma.

## Chapter 5: Use Results to Drive Intervention

**Overview of this step:**
After schools administer these screening measures, they will have information regarding the behavioral and emotional well-being of students as individuals and as groups of students. After collecting this information, the next crucial step is to use the results to drive intervention plans in order to adequately evaluate and assist all students identified by screening (Weist et al., 2007). Collecting universal screening data allows schools to better address specific issues that individuals are experiencing along with global issues within the school as a whole. These data can provide schools an accurate starting point that allows for effective progress monitoring in addressing students' identified behavioral and emotional needs (Dever et al., 2012). Finally, this information can encourage professional development among teachers and staff when they are trained to administer specific interventions to address the school's needs and improve students' behavioral and emotional functioning (Dever et al., 2012).

For a more thorough review of considerations when using this screening data to plan interventions and monitor progress, Vannest (2012) may be a valuable resource. A general summary of this document is presented below.

**Considerations:**

- **Who to Serve**
  - The screening measures yield a comprehensive list of students and their risk status. It is important to first check the validity of this initial list by consulting with teachers and other school professionals. Validity checks ensure appropriate identification of students who are most likely to benefit from tier 2 intervention (Vannest, 2012).
  - Schools can then decide which risk level to target (e.g. only those with extremely high risk levels, all students at-risk) depending on available resources and supervision support (Vannest, 2012).
    - Eklund & Kilgus (2015) makes some suggestions that are outlined below:

| Level of Risk in the School | Suggestion |
|---|---|
| School-wide rate: >20% | Tier 1 school-wide interventions |
| School-wide rate: <20%, class-wide rate: >20% | Tier 1-based interventions for classroom support |
| School- and class-wide rates: <20% | Tier 2 individual or small-group support interventions |

  - Being "at-risk" is not the same as identifying a student with a disability. It is possible to create a "watch list" where teachers are informed of screening results but not asked to formally intervene at this time (Vannest, 2012).
- **When to Serve**

  - Schools can serve students at any time and screen at various points throughout the year, though a screening calendar is recommended (see Chapter 3 for more information).
  - Regardless of when schools choose to screen, it is important that schools provide parents, teachers, and students with the results within a reasonable amount of time. For example, it can be helpful to discuss screening results during regular meetings for academic progress (Vannest, 2012).
- **What Services to Provide**
  - Intervention-targeting choices should be organized into three different levels, as part of a system-wide Multi-Tiered Systems of Support (MTSS) framework. MTSS is a method of providing evidence-based interventions at different tiers of risk based on need, whether universal (tier 1, all students), targeted (tier 2, some students), or intensive (tier 3, few students). An example of a tier 1 support is social-emotional learning curricula, an example of a tier 2 support is Check-In/Check-Out (Crone, Hawken, & Horner, 2010), and an example of a tier 3 support is FBA/BIP.
  - Each level of intervention has advantages and disadvantages, so each school will need to choose an intervention-target level based on its philosophical orientation and capacity. Other resources that compile evidence-based resources also exist, including from SAMHSA's National Registry of Evidence- based Programs and Practices (http://nrepp.samhsa.gov/) or otherwise accessible through their "Finding Evidence-based Programs and Practices page" (http://www.samhsa.gov/capt/tools-learning-resources/finding- evidence-based-programs.) The OSEP Technical Assistance Center on Positive Behavioral Interventions & Supports may also be a useful resource (www.pbis.org).
  - Interventions should always be evidence-based, not simply based on teacher acceptability or ease of implementation.
  - Interventions should also be chosen with caution and careful planning, as some interventions in the past have led to unintended negative consequences. For example, Callahan (1996) reported a case study in which standard suicide postvention activities led to an increase in suicidal talk, threats, and attempts in a middle school.
- **Who Will Provide the Interventions**
  - Interventions should not simply be assigned to classroom teachers, parents, school psychologists, or a behavioral coach by default (Vannest, 2012).
  - These decisions should be made as a team, in order to determine the individual who has the necessary skills to most effectively implement a program and deliver services (Vannest, 2012).
- **What Support is Needed?**
  - It is important that each member of the team verbally agrees to his or her role in the plan and acknowledges any support (i.e. training, coaching, time) they may need in order to adequately implement this intervention.
  - It may be valuable to schedule a follow-up discussion within 3-5 days of implementing an intervention, in order to allow involved individuals to provide feedback on the intervention and discuss any potential concerns (Vannest, 2012).
  - Active agreement and consistent follow-up in the intervention process increases the likelihood that an intervention will be implemented consistently and with fidelity.
  - Providing professional development to teachers regarding the utility of these

interventions and how they are tied to the universal screening process may enhance teacher support for the use of screening (Dever et al., 2012).

## Chapter 6: Evaluate Progress

**Overview of this step:**

After students have been screened and appropriate interventions have been implemented, it is important to engage in an ongoing evaluation process to determine the efficacy of the supports and processes with regard to student outcomes, school outcomes, and process outcomes. Progress monitoring is an essential component of any Multi-Tiered System of Support (MTSS) model, and progress monitoring must be legally defensible for any high stakes decision (e.g. special education decisions, in which case, work by Parker, Vannest, Davis, & Clemens, 2010 may be valuable). However, for lower stakes decisions (reversible or not harmful, e.g. social skills instruction), a lesser standard is acceptable (Vannest, 2012). Any progress monitoring tools should consider the context and resources of the school and those involved in the process (e.g. teacher time to complete), and should involve clear measurement criteria (Vannest, 2012).

**Considerations:**

- **Student Outcomes**
  - Consistent with best practices for any intervention, student progress should be measured in order to examine whether the intervention is effective for that student.
  - Progress monitoring of student outcomes should be based on a discrete and operationally defined behavior or construct (Vannest, 2012).
  - Frequent use of valid progress monitoring tools increases the likelihood of an intervention's success, as there is a lower chance of measurement error and greater ability to adapt an intervention if it is not benefitting a student (Vannest, 2012).
- **System Outcomes**
  - Mental health screening should be one part of a system-level range of services and interventions which students can receive (Weist et al., 2007).
  - Consistent collaboration and communication among students, families, and the school allows the intervention process to work more effectively and help create better outcomes for both current and future students (Weist et al., 2007). Interventions that are able to include the student's family have been shown to lead to better student-level outcomes (Martinez & Young, 2011).
- **Process Outcomes**
  - In order to help practitioners assess the degree to which they have followed the suggestions for universal screening outlined in this guidance document, the Screening Self-Assessment Tool was created. This checklist summarizes the critical planning and implementation information from this guidance document into a brief checklist, including space for evaluating current

progress and next steps that may need to be addressed before moving forward.

- Fidelity data collected during the screening administration process should be evaluated to examine potential patterns of low fidelity, which may require future changes to the universal screening process as a whole.
- Any follow-up should involve work with implementers in order to address any issues and help reinforce the importance of implementing the screener as the school leadership team designed (Martinez & Young, 2011).
- Feedback from anyone involved with the screening process (teachers, aides, students, administrators, etc.) should be considered and addressed at the next school leadership team meeting, in order to improve the process in the future.

# Screening Self-Assessment ☑

Below is a screening self-assessment tool that can be used to consider the necessary steps to take when implementing universal screening into a school. Please consult the School-Wide Universal Screening for Behavioral and Mental Health Issues: Implementation Guidance for additional information, and please know that these steps are simply suggestions as the process should be informed by setting-specific needs.

## ☐ Step 1: Establish School Leadership Team

| Considerations | Progress | Comments and Next Steps |
|---|---|---|
| **Establish a building leadership team with the necessary members** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Assign roles to team members** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Set an agenda for team meetings** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Create "norms" or general rules for meetings** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Document decisions** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Revisit goals** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Ensure all members' voices are heard at meetings** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Seek feedback from appropriate staff and students who are not at meetings** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Communicate decisions to appropriate individuals** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |

☐ Step 2: Identify Key Areas to Screen and Select Appropriate Screening Instruments

| Considerations | Progress | Comments and Next Steps |
|---|---|---|
| **Screening is chosen based on relevance to school's demographics and characteristics** | ☐ Fully True<br>☐ Partially True<br>☐ Not True | |
| **The selected screener is age- and developmentally-appropriate** | ☐ Fully True<br>☐ Partially True<br>☐ Not True | |
| **The selected screener has been validated or normed in a sample similar to population being evaluated** | ☐ Fully True<br>☐ Partially True<br>☐ Not True | |
| **The selected screener is practical to universally administer** | ☐ Fully True<br>☐ Partially True<br>☐ Not True | |
| **The selected screener's cost does not outweigh the benefits of its results** | ☐ Fully True<br>☐ Partially True<br>☐ Not True | |
| **Involved stakeholders consider the screener to be acceptable and useful** | ☐ Fully True<br>☐ Partially True<br>☐ Not True | |
| **Staff can be adequately trained before using the selected screening measure** | ☐ Fully True<br>☐ Partially True<br>☐ Not True | |
| **The selected screener demonstrates good reliability** | ☐ Fully True<br>☐ Partially True<br>☐ Not True | |
| **The selected screener demonstrates good validity** | ☐ Fully True<br>☐ Partially True<br>☐ Not True | |

☐ **Step 3: Plan for Implementation**

| Considerations | Progress | Comments and Next Steps |
|---|---|---|
| **Appropriate informants are selected** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **A plan is in place to ensure that all students are able to be screened in a manner consistent with other students** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Determine if different raters are necessary given the selected screener** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Identify a site-based professional responsible for leading the screening process** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Determine the trained staff who will be available and accessible during screening** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Establish and distribute a screening calendar before the school year begins** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Determine alternative activities that will be available for students not** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Screening will be done in a location that ensures privacy** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Necessary consent and/or assent has been received** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **A system of receiving and maintaining records of consent is developed** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **The selected screener has social validity** | ☐ Fully True<br>☐ Partially True<br>☐ Not True | |
| **Data security is maintained** | ☐ Fully True<br>☐ Partially True<br>☐ Not True | |

☐ Step 4: Administer Screening

| Considerations | Progress | Comments and Next Steps |
|---|---|---|
| **Provide proctors with a specific script** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **All supplies are prepared, understood, and distributed before screening day** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Technical support will be available during the screening, and staff know how to reach support** | ☐ Fully True<br>☐ Partially True<br>☐ Not True | |
| **Fidelity data is collected during administration process** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Proctors are prepared to handle unintended emotional responses** | ☐ Fully True<br>☐ Partially True<br>☐ Not True | |

☐ Step 5: Use Results to Drive Intervention

| Considerations | Progress | Comments and Next Steps |
|---|---|---|
| **Check the validity of the initial list of students and their risk status** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Decide which risk level to target** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Provide parents, teachers, and students with screening results within a reasonable amount of time** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Determine when to serve students at risk** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Select an intervention-target level (i.e. low, moderate, high)** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Determine who will provide the intervention and what support is needed** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Each member of the team verbally agrees to his or her role in the plan** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Schedule a follow-up discussion within 3-5 days to provide feedback** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |

☐ **Step 6: Evaluate Progress**

| Considerations | Progress | Comments and Next Steps |
|---|---|---|
| **Student progress is measured to determine intervention's effectiveness** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Progress monitoring is based on discrete and operationally defined behavior or construct** | ☐ Fully True<br>☐ Partially True<br>☐ Not True | |
| **There is consistent collaboration and communication among students, family, and school** | ☐ Fully True<br>☐ Partially True<br>☐ Not True | |
| **Evaluate fidelity data** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **Consider feedback from anyone involved with the screening process** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |
| **A system of receiving and maintaining record of consent is developed** | ☐ Fully Completed<br>☐ Partially Completed<br>☐ Not yet Completed | |

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