BEST PRACTICES IN UNIVERSAL SOCIAL, EMOTIONAL, AND BEHAVIORAL SCREENING:

AN IMPLEMENTATION GUIDE

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AN IMPLEMENTATION GUIDE

Version 2.0

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ABSTRACT

Universal social, emotional, and behavioral (SEB) screening is increasingly being recognized as a foundational component of a comprehensive, multi-tiered system of school-based supports. As schools strive to develop a systematic approach to meeting the SEB health of all students, often with limited resources and competing priorities, there is a need for responsive, efficient, and effective systems and data to improve outcomes. Universal SEB screening is one component of such a comprehensive approach and is increasingly being adopted by schools and districts across the country. The purpose of this guide is to summarize the current state of research and practice related to universal SEB screening and provide practical and defensible recommendations.

We are deeply grateful to the educators, researchers, school administrators, mental health professionals, and parents, who provided input and feedback reflected in this version of Best Practices in Universal Social, Emotional, and Behavioral Screening: An Implementation Guide. We also want to recognize the many champions and leaders advocating for and demonstrating the translation of SEB research to practice and policy. Through a collective approach we can inform and improve best practices and future directions for universal SEB screening improving valued outcomes for all students.

[1] "Parents" is a term we use broadly for all caregivers and guardians filling the parent role.

TABLE OF CONTENTS

I. BEST PRACTICES IN UNIVERSAL SCREENING FOR SOCIAL, EMOTIONAL, AND BEHAVIORAL OUTCOMES: AN IMPLEMENTATION GUIDE

Schools are charged with supporting and teaching students so that they graduate ready to succeed in life. To ensure this long-term educational success, schools are increasingly using systematic approaches to improve student well-being. Multi-tiered frameworks are suited for proactive and integrated behavioral health service delivery focused on the social, emotional, and behavioral (SEB) needs of students. However, the effectiveness of a comprehensive, multi-tiered framework is dependent on the ability of schools to determine the SEB strengths and needs of their students early and to evaluate if students are responding to the SEB supports and intervention[1].

Schools implementing a multi-tiered system of SEB supports face the challenge of commonly used approaches to identifying students who are at risk for SEB concerns (i.e., office discipline referral, suspensions, teacher referral, etc.) often being inefficient and reactive, resulting in significant delays in students accessing the help they need. When opportunities for schools to provide early and effective SEB intervention to students are missed, the risk of students experiencing negative outcomes increases[2]. In recognition of the significant limitations of reactive approaches to responding to students SEB needs, there has been an increase in schools implementing proactive, prevention-focused approaches, such as universal SEB screening for supporting the well-being of all students[3]. Universal SEB screening offers an evidenced-based and proactive method for monitoring universal (Tier 1) supports and facilitating early identification of those students who may be at-risk for significant SEB problems[4, 5]. Unfortunately, there is limited guidance regarding how to implement universal SEB screening[6]. Instead, schools and districts are often left to piece together procedural, ethical, and legal information relevant to SEB screening. This can lead to ineffective implementation and/or abandoning SEB screening altogether. School districts need information regarding best practices for implementing universal SEB screening so their students can realize the benefits of a comprehensive SEB support system.

The purpose of this implementation guide is to provide technical assistance to school districts who are considering, preparing for, or are in the early stages of implementing SEB screening. This guide provides an overview of ethical, practical, and technical issues for leadership teams to consider above and beyond simply selecting a universal SEB screening measure. Screening occurs within schools where teams facilitate implementation of SEB screening and use the data for decision making. It is at the district level, however, where decisions need to be made in order to support the successful implementation of universal screening at the school level. We use the term leadership team broadly to refer to teams leading implementation of SEB screening at the school, district, and state levels. This guide is intended to be a resource focused on this small but critical component of a larger systems change process informed by the vision, values, and strengths of the school community, specifically students and families.

NEED FOR UNIVERSAL SOCIAL, EMOTIONAL, AND BEHAVIORAL SCREENING

In the United States, approximately one in five youth experience SEB problems severe enough to meet diagnostic criteria for a psychological disorder[7]. The term psychological disorder refers to research that specifically uses criteria for diagnoses aligned with the Diagnostic and Statistical Manual of Mental Disorders-5 published by the American Psychiatric Association (2013). For example, anxiety disorders are the most frequently identified disorder in children, followed by behavior disorders, mood disorders, and substance use disorders[8]. Despite the seriousness of untreated psychological problems, less than half of children and adolescents with a diagnosable disorder access behavioral health services[9, 10]. This has left schools to function as the de facto setting for addressing the unmet mental health needs of students and their families, but without the requisite systems that ensure coordinated, effective intervention[11, 12]. Fortunately, increased emphasis on implementation science[13, 14, 15], school mental health[16, 17, 18], and a mounting evidence-base supporting the effectiveness of universal (Tier 1) interventions[19, 20] underscore that schools are well-suited for systemic programming aimed at both promoting SEB competencies and preventing the staggering rates of SEB problems. This aim may be accomplished by: (1) creating positive learning environments that support mental health, (2) teaching students SEB competencies, and (3) providing early intervention to those students in need[21, 22, 23]. Multi-tiered models of intervention provide an implementation framework for an integrated continuum

of SEB supports[24, 25, 26, 27] and data that are valid indicators of SEB competence and risk[28, 29, 30]. Maximizing opportunities for early intervention and prevention before poor outcomes begin to transpire requires, however, that identification of SEB problems occurs early[31, 32, 33].

Universal SEB screening provides a means for early identification of those students who may be at-risk of developing SEB problems and may benefit from early intervention; screening can also help to determine the response of all students to universal Tier 1 practices[34]. As districts and schools commit to implementing a system for universal SEB screening, they are faced with a myriad of logistical considerations such as privacy, the frequency of screening, how best to use data to improve intervention selection, and need for parental support and informed consent [35, 36]. There are a number of excellent resources that have been developed to support various components of universal SEB screening implementation in schools (see Appendix A). This guide specifically contributes to the need for a current and comprehensive resource that synthesizes research and policy to support best practices in implementing SEB screening within schools.

VISION AND PURPOSE

The purpose of this guide is to provide leadership teams with information based on the current state of research, policy, and legal and ethical considerations related to SEB screening. With the increasing uptake of universal SEB screening practices as part of comprehensive school SEB programming[37] and state and federal initiatives to support these efforts[38], implementers need access to information about the critical features and essential practices to effectively implement. As such, this document was conceptualized based on our vision to:

> *"support the implementation of school-based universal screening practices informed by research and/or best practice to improve social, emotional, and behavioral health and related outcomes valued by students, families, and educators within a comprehensive multi-tiered system of support."*

The information summarized in this guide was developed using a formative process with three phases. First, we reviewed and summarized the currently available research literature. Second, we sought feedback from key stakeholders such as parents, school and state leaders, and technical assistance providers. And third, we sought the advisement of researchers, experts, and national organizations. We anticipate, and hope, there will be a need to update and expand this guide as the collective knowledge, experience, and research supporting SEB screening evolves.

This approach reflects our belief that promoting SEB wellness for all first and foremost takes a village, but also needs to be informed by research. We are optimistic that a shared vision for safe and nurturing school communities that support the development of critical SEB skills, build on strengths and assets, and promote mental health for all will continue to bridge the gap between research, policy, and practice, including SEB screening. If school mental health is to be valued by students and families and viewed as foundational to students' educational experience, we as implementers, researchers, and policy makers need to practice humility and better engage students and families to inform our work and hold us accountable.

The potential of universal SEB screening when implemented ethically and with integrity to help students is often misunderstood. This implementation guide is intended to provide this implementation guide is to provide clarity to the evolving practice of SEB screening based on the current state of research, the consensus of stakeholders, as well as ethical, legal, and practical considerations for implementing a universal SEB screening system matched to the strengths and needs of students, families, and school communities.

WHAT IS UNIVERSAL SEB SCREENING?

Best practice and federal education policy (e.g., Every Student Succeeds Act, 2015[39]) calls for schools to routinely monitor all students' progress in a variety of domains, including academic skills, physical health, and mental health (i.e., SEB outcomes). This document pertains to screening in the latter domain. Throughout

AS DISTRICTS AND SCHOOLS COMMIT TO IMPLEMENTING A SYSTEM FOR UNIVERSAL SEB SCREENING, THEY ARE FACED WITH A MYRIAD OF LOGISTICAL CONSIDERATIONS SUCH AS PRIVACY, THE FREQUENCY OF SCREENING, HOW BEST TO USE DATA TO IMPROVE INTERVENTION SELECTION, AND NEED FOR PARENTAL CONSENT

MENTAL HEALTH							
SEB PROBLEMS				SEB WELL-BEING AND COMPETENCIES			
INTERNALIZING		EXTERNALIZING		LIFE SATISFACTION		STRONG SOCIAL RELATIONSHIPS	
Trauma, Environmental stressors	Thinking errors, Withdrawal, Negative affect	Unsafe settings, Inconsistent routines, Low expectations	Rule violations, Substance use	Basic needs are met; Opportunities matched to values and interests	Gratitude, Empathy, Persistence, Optimism, Strengths use	Healthy interactions (high support, minimal bullying); Inclusive settings	Social and emotional skills
RISK FACTORS				PROMOTIVE AND PROTECTIVE FACTORS			

Example Intervention Targets for Promoting Complete Mental Health; Adapted from Suldo & Romer, 2016.

this document, we use the term SEB to align with the outcomes driven approach and language that may be most familiar to educators[40]. Before we proceed, however, we will describe how SEB indicators relate to contemporary understanding of mental health as being more than simply the absence of psychological problems (i.e., symptoms associated with diagnoses). As depicted in the figure above, a growing body of research illustrates that the absence of psychological problems does not infer wellness or the presence of positive emotional states (e.g., happiness). Instead, there are environmental and student-level factors associated with psychological problems, and a distinct set of assets, competencies, and mindsets that foster well-being and associated academic benefits. *As such, a status of complete mental health is indicated when an individual is experiencing low levels of psychological problems and high levels of well-being [41].*

With respect to psychological problems, educators can monitor the presence of risk factors such as negative thinking patterns (e.g., cognitive errors, low self-efficacy), peer victimization, social skill deficits, and poor coping strategies; or directly assess current symptoms of SEB problems. Screening only for psychological problems, however, can lead to undue focus on student weaknesses, risk factors, and/or emphasize problem severity as determining the need for intervention[42]. To counter the historically deficit-based approaches in psychology, assessment of students' SEB strengths directs attention to student competencies, assets, and positive emotions that are also highly relevant to a complete mental health status. With respect to well-being, educators can monitor for the presence of resilience factors such as coping skills, perceived social support from peers and teachers, positive thinking patterns (e.g., hope, optimism, gratitude, competence beliefs), and strong family, educator and peer relationships; or directly assess current levels of life satisfaction and happiness. Identifying problems early coupled with monitoring strengths and competencies is aligned with the instructional focus of schools, including explicitly teaching SEB skills and, therefore, can provide valuable information to inform intervention. A strength-based approach to assessing well-being also provides opportunities to build on the assets and resources of the school community and may be more socially acceptable[43].

In short, similar to comprehensive school-based SEB programming, SEB screening involves assessment of early signs of psychological problems, as well as the presence of resilience factors and indicators of well-being. Assessing both psychological problems and well-being permits identification of students most in need of intervention because these students are experiencing SEB problems and have limited skills, assets, and supports to effectively manage and cope. Further, assessing for complete mental health affords the opportunity for school teams to not only evaluate student SEB risk, but also SEB skills and assets aligned with universal, Tier 1 programming. Screening students' SEB health encompasses assessment of (a) social risk or resilience factors, (b) emotional problems or well-being, and (c) behavioral problems. SEB screening differs from other assessments of attitudes and feelings such as within school climate surveys in that SEB screening focuses on an individual student's level of SEB health. In contrast, school climate surveys typically yield data that are aggregated across groups to indicate a given school's safety and SEB health as perceived by a variety of stakeholders (student, staff, parents) and can provide another source of important data especially in regard to environmental and contextual factors.

Over a decade ago, Weist and colleagues (2007, p.53) noted, "Screening, as a part of a coordinated and comprehensive school mental health program, complements the mission of schools, identifies youth in need, links them to effective services, and contributes to positive educational outcomes valued by families,

schools, and communities."[44]. Universal SEB screening is one essential process within a comprehensive support system and shall be aligned with the larger vision and mission of the school community. Universal screening can vary in scope and function. Thus, the following table summarizes the key features through examples and non-examples of a systematic, universal SEB screening process that is described throughout the remainder of this document.

Universal SEB screening is a process that relies on sound procedures for implementing evidence-based screeners to ensure school teams access good data to inform decisions within a system aiming to improve mental wellness, prevent SEB problems, and ensure all students access a continuum of SEB supports. The sections of this guide that follow provide information based on the current state of evolving research and practice that inform implementation of a SEB screening system, including selecting a SEB screener, and ethical and legal considerations. At the end of the guide, we include Appendices with information and resources to help teams facilitate implementation of a universal SEB screening system.

KEY FEATURES OF UNIVERSAL SEB SCREENING

EXAMPLES *Increase liklihood of SEB screening impacting positive outcomes*	NON-EXAMPLES *Increase likelihood of SEB screening resulting in negative impact or causing harm*
• Monitors SEB health (i.e., high levels of SEB well-being and low levels of SEB problems) • Supported and informed by youth and family • Used in conjunction with other student data to increase accuracy of decisions • Assumes a clearly defined population such as all students within a school • Aligned with universal programing to meet the needs of all students within the defined population • Informs continuous problem solving (i.e., problem identification, analysis, intervention planning and evaluation) for improved SEB outcomes across continuum of supports • Identifies students who may benefit from early SEB intervention • Uses instruments that are psychometrically defensible and tested with populations similar to the school population • Examines SEB constructs aligned with the vision, mission, and priorities of school mental health programming • Individuals with mental health expertise (i.e., assessment, intervention, and relevant ethical and legal considerations) inform the SEB screening implementation and intervention decision-making processes • Ongoing consultation with legal and data system administrators to ensure compliance with legal mandates and policies • Data systems and follow-up procedures established and communicated prior to collecting SEB screening data	• Screens for symptoms of a specific diagnosis or use of assessments developed for diagnostic purposes • Assesses for suicide or self-harm only using single item • Purpose is not well defined and/or communicated to youth, families, staff, and other stakeholders • Conducted using selected items or measures without sufficient evidence • Data collected only for some students but not others • Limited or no follow-up following data collection • Used to make high-stakes (e.g., change in placement) or diagnostic decisions • Uses teacher, parent, or student nomination data in isolation • Review of academic and behavioral data only • Parents and youth are not well informed; appropriate consent and assent is not obtained • Mandated rather than selected based on the strengths and needs of the population and matched to the priorities and vision of the school community

II. PROCEDURAL CONSIDERATIONS

There are many factors to consider when school districts decide to implement a universal SEB screening system. Specifically, this section addresses critical processes that leadership teams should consider prior to implementation, as well as multiple approaches that schools may choose, such as timing and frequency of screening, informant choices, data collection and storage decisions, and data use. We focus on information specific to universal SEB screening that is intended to guide leadership teams implementing or preparing to implement a comprehensive, multi-tiered SEB support system. Leadership teams include, at minimum, appropriate representation from administration, teachers, parents, and behavioral/mental health expertise, and are planful in supporting ongoing parent and youth involvement and leadership[45]. Several resources (Implementation Checklist and Planning Guide, Frequently Asked Questions and Guiding Questions for Developing a Protocol for Using SEB Screening Data to Inform Decisions) mentioned in this section are available in the Appendices.

PREREQUISITES TO SCREENING

Leadership teams are encouraged to identify specific objectives prior to engaging in SEB universal screening procedures, especially as they relate to the broader vision and mission of a comprehensive, multi-tiered system. This includes identifying potential SEB screening objectives, how to establish buy-in from and inform key stakeholders (e.g., school leaders, teachers, students, family members; see sample Frequently Asked Questions in Appendix D), and how data will be used. For example, a primary objective may be identifying individual students who require additional services for SEB concerns. A secondary objective might include evaluating the number of students who are identified as at-risk in a specific classroom, grade, or school. When schools elect to monitor the number of students who are identified as at-risk, these data can then be used to consider how to best allocate school resources to support children with identified SEB concerns. Through repeated administration of a SEB screener school teams are able to self-monitor their prevention and intervention efforts. School teams may elect to engage in school-wide screening without identifying specific students. In these instances, screening data can provide a rationale to adopt and implement SEB supports and services[46]. A school's readiness and the rationale for implementing a universal SEB screener may vary initially but is refined through a process of continuous improvement. In this document we consider a fully implemented SEB screening system to include valid and reliable data for at least 90% of the target (universal) population that is collected at least two times per year using a psychometrically defensible SEB screener that identifies strengths and weaknesses, and the data are utilized to inform decisions that impact how educators improve SEB interventions and practices .

SCREENING APPROACHES

There are multiple approaches for engaging in universal screening practices, including the use of multiple gating procedures, brief behavior rating scales, and reliance on extant behavior data (e.g., office discipline referrals, attendance data) to identify which students might be at risk for SEB concerns. Multiple gating procedures like the Systematic Screening for Behavior Disorders[47] start with asking teachers to list and rank students suspected of demonstrating internalizing or externalizing behaviors. Additional data are then collected on the top three students in each category in each classroom, including conducting classroom observations and asking teachers to complete behavior rating scales, in order to guide effective intervention matching. This seminal approach to identification aligns closely with a three-tiered service delivery framework but can take additional time to work through each step of the screening process. The nomination of six students by a teacher can also potentially lead to the over- or under-identification of students who have actual SEB concerns[48] Thus, when engaging in universal SEB screening practices, most schools have moved towards using brief behavior rating scales[49].

Research over the last two decades has led to the development of screening measures that target a broad variety of SEB constructs, including externalizing and internalizing behaviors and social-emotional

competencies (e.g., responsible decision making, cooperation with peers) and academic enablers (e.g., academic engagement, motivation to learn)[50]. Aligned with the contemporary conceptualization of mental health described earlier, a multiple-measures approach to assessment considers both areas of SEB strengths, as well as areas of concern. Taken together, these measures not only identify deficits in students' SEB functioning, but also highlight strengths that could be used to help students overcome concerns[51]. Other measures focus exclusively on a deficit model of student SEB health, aiming to identify where concerns may be evident. Comparatively, strengths-based screeners assess components of student wellness, such as raters' perceptions of student assets, competencies, or strengths[52]. Clearly there are multiple options for schools to choose from when selecting a SEB screener. Thus, it is critically important that teams carefully consider what information they are seeking to inform interventions and what SEB outcomes they are striving to impact.

In addition to assessing a wide range of behaviors and /or factors, SEB screeners vary in their technical adequacy (reliability, validity), the informant who is selected to provide information (e.g., parent, teacher, student), as well as their target population (e.g., student age range). Given such variability, schools are encouraged to select measure/s that align with their defined objectives, as well as meets the aforementioned criteria.

CHOICE OF INFORMANT

School teams need to consider which informant, including teachers, parents and/or students, can provide the most relevant and valuable data to inform evidence-based intervention. Recent research has demonstrated that student self-report, even in early grades, can contribute unique and valuable information that is distinct from teacher ratings[53]. However, teachers are the most commonly used informant within universal screening practices[54]. Given their knowledge of normative student behavior and the extensive amount of time they spend with students, teachers can provide valuable information regarding the SEB functioning of their students. Elementary classroom teachers are especially informative, given that students in preschool through Grade 5 spend the majority of their school day in one classroom. This time allows teachers the opportunity to observe students across a variety of settings and in response to multiple academic and social demands. To increase accuracy and consistency of ratings amongst teachers, however, we recommend that schools provide professional development and training to teachers prior to rating their students [55]. Parents also provide valuable insights into the SEB functioning of their own children. This is especially true with younger children (e.g., early childhood or elementary-aged students), as parents can assess their child's behavior and emotions across various contexts and have unique insight to values and norms outside of school.

As students get older, they become more accurate informants of their own behavior and can reliably assess their own functioning[56]. If schools are electing to use measures that assess a student's SEB health, self-report can provide valuable information to guide subsequent intervention planning and increase overall student engagement into the intervention system[57]. Relatedly, student behaviors, such as anxiety or depression, may be easier for students to rate given the largely internalized nature of these concerns. As such, student self-report data at the secondary level may be an important consideration, given the increased prevalence of SEB concerns in middle and high school.

Regardless of the type of informant, school teams need to consider how to support the individuals completing the SEB screener. School teams should make the screening process as easy and accessible as possible and be available to address any concerns or questions. We emphasize the importance of family and youth voice and staff input to inform implementation of a SEB support system. Strategies for increasing SEB awareness, ongoing training, and other approaches to promoting SEB knowledge can help school teams secure buy-in and trust as it relates to the larger SEB support system, including SEB screening.

TIMING AND FREQUENCY OF SCREENING ADMINISTRATION

Once objectives for SEB screening have been established, school teams are encouraged to consider not only what grade levels might be appropriate for screening, but also when during the school year screening measures should be administered and how to integrate SEB screening with other district data collection systems. When teachers are completing universal screening measures, it is important to allow sufficient time at the beginning of the year for teachers to get to know their students before completing screening measures (e.g., at least one month[58]). Screening too early in the school year could lead to the over- or under-identification of children at-risk for SEB concerns due to the limited information available to teachers regarding student functioning. Within early childhood or elementary school settings, the youngest learners often need more time to adjust to school than older students[59].

Providing sufficient time for teachers to observe students in multiple contexts can allow for a more in-depth understanding of students' strengths and concerns, likely leading to more accurate identification of any SEB concerns.

Although many schools administer academic screening measures three times a year, there is no consensus regarding how many times a year to administer a universal SEB screening measure. One study demonstrated the benefits of screening two or three times a year as new students were identified during each administration[60]; however, other studies involved schools only administering a SEB screener once or twice a year to initially evaluate their screening procedures and ensure student data could be used to quickly and efficiently connect students to interventions[61]. Administering a screener at least twice a year is, however, necessary for evaluating the impact of Tier 1 intervention. Despite administering SEB screening multiple times a year requiring additional time and resources, it can increase student access to SEB interventions when necessary and, thereby, improve outcomes and save resources in the long term.

DATA COLLECTION AND STORAGE

Leadership teams planning to conduct universal SEB screening will need to develop procedures for how screening data will be collected, stored, and used. The cost, privacy, accessibility, linkage with other existing data systems, and validity of data collected are all important considerations when developing a system for SEB data collection and storage. Many SEB screening tools are part of larger electronic data platforms and can often be linked to other student data (e.g., attendance, discipline, grades, and test scores) informing data-based decision making. Some platforms cost money while others can be developed for minimal cost with the support of information technology experts using tools, such as Microsoft Excel spreadsheets hosted on private, district-approved networks.

Data privacy. Whichever system is most compatible with district needs and resources, it is critical the system maintain adequate privacy controls to limit access to sensitive student data consistent with educational policy and law. For example, the federal Family Educational Rights and Privacy Act of 1974 only allows access to student data such as SEB screening scores and results to those school officials with a legitimate educational interest[62]. Schools must ensure their system for collecting, storing, and using SEB screening data protects this right to privacy no matter if they choose to purchase a screening tool with a well-developed electronic format or work with IT to develop a low-cost, locally developed alternative.

Data access. Accessibility is also an important consideration when planning how SEB screening data will be collected, stored, and used by school teams. The system developed must facilitate prompt analysis of results at multiple levels (i.e., student, classroom, grade, school, and district) and be easily integrated with other district data collection systems. As described previously, SEB screening provides another data point for schools to more systematically identify and meet student needs. Data access for school team members should be simple while also allowing for integrated data from other sources including student well-being and multiple levels of intervention (e.g., school-wide, grade-level, classroom, and student).

Data quality. School teams develop data collection and storage procedures that ensure the validity and accuracy of SEB screening scores. This requires schools to develop timelines for data collection that include adequate opportunities to provide professional development to staff and training to students. Professional development should focus on the areas to be screened, the value of SEB screening data within a comprehensive, multi-tiered system and how after SEB screening data has been collected, data are analyzed, communicated, and used to inform intervention decisions. SEB screening scores that are hastily collected under time constraints, administrative pressure, or other external challenges may lead to missing and/or invalid data with little use for decision-making purposes[63, 64]. Once data are collected, it is important to check for data quality, including potentially removing invalid data (e.g., fake or random response patterns), identifying duplicate responses, and examining missing data trends. The validity and accuracy of outliers should also be considered by school teams in relation to other indicators of the student's mental health to ensure reliable interpretation. For example, if data are missing from an entire grade level, classroom, or group

RESEARCH OVER THE LAST TWO DECADES HAS LED TO THE DEVELOPMENT OF SCREENING MEASURES THAT TARGET A BROAD VARIETY OF SEB CONSTRUCTS, INCLUDING EXTERNALIZING AND INTERNALIZING BEHAVIORS AND SOCIAL-EMOTIONAL COMPETENCIES

of students with an identifiable similarity (e.g., last names ending R to Z), there may be an administration or storage issue that needs to be resolved to ensure the data are valid. Similarly, extremely high or low scores may be indicative of a student completing a self-report form by simply endorsing the highest or lowest rating for every item.

DATA USE

Finally, as part of preparing for administration of a SEB screener, leadership teams develop a protocol for how SEB screening data will be used to identify and meet student needs (see Appendix E for guiding questions). This may include procedures for sharing results with key stakeholders and using results to determine how to best allocate interventions. Notably, while planning how to share and use results, school teams need to ensure the protocols are feasible to implement and there is sufficient time allocated to complete all steps of the SEB screening process.

Sharing results with key stakeholders. A key consideration in universal screening procedures includes sharing group- and potentially student-level results with key stakeholders in a timely manner. This may include parents, teachers, students, and/or district leaders. Aggregate results across groups of students (e.g., grade level, school, demographic characteristics) can be shared with all school staff, relevant district administrators, parent associations, and in newsletters to let stakeholders know how SEB screening is informing interventions and supports to improve student outcomes. Results can also be compared to current and previous SEB screening data or other data sources to demonstrate potential changes over time. Sharing results can help schools and districts leverage student, parent, and community support, as well as funding opportunities for securing additional resources. On the other hand, school teams may need to exhibit caution when presenting data to stakeholders not familiar with SEB screening to prevent misinterpretation of results (e.g., diagnosis based upon screening at-risk).

CONNECTING SCREENING RESULTS TO INTERVENTION

Protocols for using SEB screening data to inform decisions will vary depending on the identified purpose of SEB screening, context, and resources. For examples, the protocol may include setting a threshold for how many students can be supported given available resources, SEB supports for all students, and/or a systematic process for determining who will receive additional supports and the referral process for such supports[65]. Protocols for using SEB screening results, like other school-wide data, typically focus on the school, grade-level, classroom, and student level as well different sub-groups (e.g., gender, ethnicity, IEP status, etc.) and articulate how screening results (e.g., total scores, subscale scores) and extant data (e.g., office discipline referrals, attendance) will be used to guide the development of evidence-based interventions. Protocols include specific timepoints during the year as to when data will be reviewed, as well as procedures and criteria for decision-making and timely follow-up to link students to additional intervention or assessment.

What data to use. Protocols specify (a) what SEB screening scores will be used, (b) what other indicators should also be considered, and (c) the levels at which results should be reviewed for intervention planning. First, most SEB screening tools provide results as a general score of risk and/or in more specific domains of functioning (e.g., internalizing behaviors, social skills, prosocial behaviors, peer problems). School teams need to determine if they will focus primarily on a total behavior risk score and/or if subscale scores will be used, also considering cut-off scores that identify students at risk[66]. Teams also need to consider whether or not SEB screening results alone will be used to place students in intervention, or if other data (e.g., attendance, discipline, grades) and/or additional follow up (e.g., teacher or student interview, classroom observation) will be needed. It is best practice to consider multiple sources of data when identifying students in need of SEB intervention, but schools should consider additional steps cautiously[67]. Additional data collection should be used to verify need and plan interventions but should not be so burdensome that it unnecessarily delays the rate at which students are matched to and receive intervention. It should also not be used to make it unnecessarily difficult for students to be identified as at-risk, given the potential for this to increase the number of false negative screening decisions.

As part of the planning process, schools also consider how results can be used at multiple levels. This includes school-wide, grade-, classroom-, and individual student-level data. At the school-wide level, teams can review results to determine if school goals are being met, review progress from year to year, and consider how results align with other performance indicators (e.g., discipline, attendance, state test scores). Grade- and classroom-level results can be considered to identify any groups of students or teachers in need of additional support, including intervention and ongoing professional development. For example, results may demonstrate

that some grades need additional Tier 1 supports or some teachers may need additional instructional and classroom management coaching. Additionally, results should be considered for groups of students with similar risk areas. For example, schools may review all students with high risk scores for internalizing problems and create grade-level intervention groups.

When to use data. In addition to what data will be reviewed, protocols should specify when data reviews and follow-up will take place. SEB screening can be embedded into a school team's assessment schedule that specifies when the SEB screening will occur, when results will be available for teachers and school teams to use for decision-making, and when and how results will be shared with students, families, and other stakeholders. Detailed planning at the beginning of the school year is often necessary to ensure sufficient time is allocated throughout the school year to fully implement the SEB screening process.

How to use data. Finally, a protocol specifying what data to use is only beneficial to students if school teams use the protocol to problem solve and progress monitor intervention implementation and outcomes, and procedures for communicating with parents. When results suggest high risk for SEB concerns, parents should be notified of next steps for matching students to a continuum of interventions based on need. Protocols specify cut scores at which parents will be notified, as well as procedures for notification, including who will make contact, how, and what information will be shared. School teams need to consider how to provide resources with descriptions of problem behaviors indicated and strategies for at home and school.

Undoubtedly, SEB screening will identify students already receiving intervention; thus, results of SEB screening should be shared with parents and considered within already existing relationships and supports. For example, SEB screening data can provide important information about an individual or group of students relative to other students in the school. Students with disabilities are also at increased risk of SEB concerns and, thus, more likely to have high risk scores on SEB screening tools[68]. High risk scores for students receiving special education services could be shared by the student's case manager with the parent and considered by the student's IEP team to determine if additional services are needed. SEB screening data also provide valuable information about the SEB health of the school as a whole to help school teams evaluate and problem solve across a continuum of SEB supports.

As school teams plan for SEB screening, they use their available data about student needs and map of all available intervention strategies and programs at each Tier to establish decision rules. There is a dearth of research on how to combine SEB screening data with other data reviewed by school teams, but best practice for SEB assessment emphasizes the importance of multi-source, multi-informant, and multi-method approaches[69]. Therefore, SEB screening scores are considered with other indicators of student well-being (e.g., discipline, attendance). Decision rules specify criteria for entry into each intervention listed. For example, entry criteria for an anger control group counseling program may include emerging risk scores on a SEB screener for externalizing problems and/or multiple aggression-related discipline incidents[70]. Once, a school team determines a protocol for matching students to interventions and monitoring progress, it is critical to also monitor implementation of SEB screening procedures and protocols to ensure continuous improvement of the larger SEB screening system. It is not unusual for school teams to develop or adapt tools such as lists or Excel files to facilitate implementation of their protocol for decision making across their continuum of SEB interventions.

In addition to developing tools and protocols for data-based decision making across Tiers, school teams monitor the effectiveness of the SEB screening system as a whole by answering questions such as, are all students with scores at or above the cutoffs receiving interventions that match their needs? Are interventions available to meet all students' identified needs? How much time is lapsing between screening and students receiving interventions to match needs? How can that time be reduced? And, most importantly, are student outcomes for students accessing intervention improving? Answering these questions regularly is important for ensuring the effort and resources used to collect, store, protect, and analyze the SEB screening data result in improved school and student outcomes.

THE SYSTEM DEVELOPED MUST FACILITATE PROMPT ANALYSIS OF RESULTS AT MULTIPLE LEVELS AND BE EASILY INTEGRATED WITH OTHER DISTRICT DATA COLLECTION SYSTEMS

III. SELECTING A UNIVERSAL SEB SCREENING TOOL

No single universal screening tool will be appropriate for all schools—states are encouraged to allow flexibility for school districts to select technically adequate tool/s that specifically addresses the unique needs of the district and population. The extent to which a tool/s is appropriate for a given school will be dependent upon a number of factors. It is recommended that school teams consider each of the following three factors in determining which screener is most aligned with their context and need[71].

TECHNICAL ADEQUACY

First, leadership teams should consider the extent to which a universal screener is technically adequate. Technically adequate screeners are supported by multiple forms of psychometric evidence. Reliability evidence speaks to the consistency of screener scores across items within a measure (internal consistency), across subsequent administrations (test-retest), and across informant ratings (inter-rater). Although reliability of scores should always be expected, the consistency of scores can be reduced when (a) student behavior changes in response to intervention, thereby tempering test-retest reliability; or (b) behavior is meaningfully different across settings (e.g., home and school, two different classrooms), thereby tempering inter-rater reliability. Thus, expectations for screener reliability should be considered relative to measures used for other purposes (e.g., classification and diagnosis). Validity evidence speaks to the defensibility of a measure as an indicator of its intended construct (e.g., internalizing problems). Research should yield evidence of a screener's capacity to predict (a) measures of the same or similar construct, as well as (b) ecologically valid variables corresponding to social-emotional, behavioral, and academic success within school and beyond. Studies should also demonstrate consequential validity, or the capacity of a screener to promote positive intervention outcomes[72].

Diagnostic accuracy evidence is arguably the most important for a screener, indicating the reliability with which a measure differentiates between truly at risk and not at risk[73]. The most prominent indicators of diagnostic accuracy are sensitivity, or a screener's capacity to identify at-risk students, and specificity, or a screener's capacity to rule out not at-risk students. A final and particularly prominent form of psychometric evidence can be subsumed under the category of test fairness. A fair test performs similarly across various student subgroups, including those defined by gender, race/ethnicity, language, geographic region, and sexual orientation. Test fairness can be evaluated through a range of analyses. Differential item functioning and measurement invariance analyses speak to fairness in the interpretation of scores across groups[74]. Evaluations of decisional disproportionality speak to the consequences of screener use and whether risk determinations are more or less likely for certain subgroups of students[75].

USABILITY AND FEASIBILITY

Next, leadership teams need to consider the extent to which a screening tool possesses the requisite usability and feasibility[76]. Usability is defined as the extent to which users can easily access and understand a screener and its results. Though a screener might yield highly defensible data, it can only promote positive outcomes if it is readily available, its results are immediately accessible, and educators can comprehend the findings and what they mean for student needs. For example, tools without online scoring software typically require an individual to manually enter all of the screening data, as well as create individual reports. An often overlooked component of usability is the need for teacher training and the availability of training protocols; research has demonstrated the importance of training raters (i.e., teachers) to increase the predictive power of the screener[77]. Feasibility represents the extent to which screening data can be collected, analyzed, interpreted, and used within the constraints of the educational environment. For a screener to be not only adopted but sustained over time, its use must not require a prohibitive amount of time, effort, or educational resources. For example, it is recommended that a universal screener is less than 25 items in total and ideally less than 20 items. Each additional item, while relatively quick to complete, is compounded across a class(es) of students and 2-3 times throughout the

school year thus potentially leading to a substantial increase in overall resources needed to complete the tool.

Usability and feasibility are both important because they have implications for screener acceptability. Teachers are more likely to accept a screener if (a) they feel data collection will not take too much time away from other core activities (e.g., academic instruction and assessment); and (b) screening data are available to them quickly and in a manner that supports their understanding of the classroom. School staff responsible for coordinating data collection and analysis (e.g., administrators, school psychologists, counselors) are more likely to accept a screener if they feel resulting data and reports provide information that supports decision making at all tiers of their multi-tiered framework. School teams are cautioned against selecting a screener solely based on cost given that many freely accessible instruments lack technical adequacy (can lead to incorrect decisions with potential negative implications for students) and/or require substantial personnel time to score the screeners and create actionable screening reports. Mitigating these limitations (i.e., evaluating the validity of the free measure and/or developing a scoring system) can itself be costly.

KEY CONSIDERATIONS FOR DEVELOPING SEB SCREENING PROCEDURES

- Identify specific objectives for SEB screening (e.g., identification of individual students who may be in need additional SEB supports and/or monitoring the SEB health of all students (i.e., effectiveness of Tier 1 SEB supports).
- Identify the SEB outcomes (e.g., risk for internalizing problems) to be targeted for intervention.
- Select a technically adequate screening tool aligned with objectives for SEB screening (see next section).
- Determine what grade level(s) to screen and when (i.e., typically at least twice annually and at least a month into school).
- Identify informant in consideration of screening objectives, targeted population, time, and resources.
- Establish training and professional development needs to support completion of the screener and adherence to the established procedures for SEB screener completion.
- Establish data collection and storage system that meets student privacy standards specified in the federal Family Educational Rights and Privacy Act of 1974.
- Ensure access to data facilitates prompt analysis at multiple levels with easy integration with other district data collection systems.
- Review SEB screening scores and results to ensure their validity and accuracy.
- Determine how SEB screening results will be shared with key stakeholders, including parents, teachers, students, and/or district leaders.
- Develop protocol for how SEB screening results will be used at the school, grade-level, classroom, and student-level in connection with existing indicators of student well-being to identify and meet student need. The protocol should specify what data to use, when to use it, and how, including communication of results with parents and caregivers, and matching needs to interventions.
- Develop plan for documenting procedures and intervention plan such that progress and fidelity can be monitored.

CONTEXTUAL APPROPRIATENESS

Finally, school teams should consider whether a screener is appropriate for their particular school. To this end, it is recommended that schools answer a series of questions to understand the needs of their setting. First, which constructs, or outcomes are of interest to the school (tied to the vision and mission of the comprehensive system)? School A is beginning to implement a social and emotional learning (SEL) curriculum throughout the building. Thus, they are interested in a screener predictive of various social-emotional skills (e.g., self-awareness, relationship skills, responsible decision making), thereby supporting detection of students unresponsive to their universal SEL programming. School B commonly examines office discipline referral data to identify students engaging in highly problematic externalizing behaviors (e.g., opposition/defiance and aggression). They are now interested in adopting a screener predictive of less severe externalizing behaviors that might not result in an office referral but are nevertheless predictive of social and academic challenges (e.g., arguing and disruptive behavior). Finally, School C feels they are doing a good job identifying students exhibiting externalizing problems but could do better at identifying those exhibiting internalizing problems (e.g., depression and anxiety). They therefore adopt an abbreviated screener specific to internalizing concerns.

Second, which ages and grades will be screened? Many screeners were designed for general use across the K-12 spectrum and therefore assess broadly applicable behaviors and constructs. Others have forms specific to certain age/grade subgroups, such as early childhood, elementary school, and middle/high school. Accordingly, each form assesses behaviors and constructs relevant to the subgroup in question. To note, though some forms are intended for use across the broader K-12 spectrum, they are not necessarily evaluated to the same extent or with the same level of rigor across all ages and grades. Thus, care should be taken to confirm the empirical support for a screener within each particular subgroup[78].

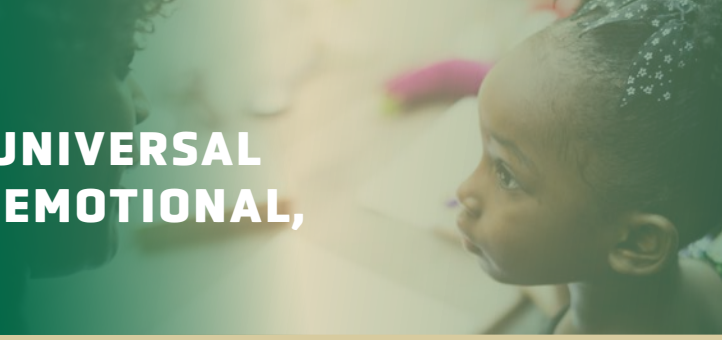
Third, in which language should screening forms be administered? Some students and parents will be most comfortable responding to rating scales and other instruments when they are in some language other than English. Though many screeners are available in English only, others have been translated to other languages. It is suggested that schools carefully consider what languages are spoken in their community to ensure the chosen screener can be used with all parents and students in an equitable manner.

Fourth, as discussed in the prior section, who would the school like to provide screening data? In certain situations, it is preferred that teachers serve as screening informants. This is particularly true when academic-related constructs are of interest (e.g., academic enablers[79]) and students are not old enough to be reliable and accurate informants regarding their own behavior (e.g., grades K-2). In other scenarios, it would be appropriate for parents to serve as informants given their increased opportunities to observe student behavior, such as during early childhood. Finally, at times it is most appropriate for students to serve as informants, particularly when internalized constructs are of interest (e.g., depression, social-emotional thinking) and when students are older and possess enhanced meta-cognitive and affective awareness. Once an optimal informant has been identified, it is important that the school confirm the screener possesses a form specific to that informant. Some screeners are specific to teachers, while others are limited to student self-report. Care should be taken to confirm a chosen screener supports a desired course of action.

Lastly, is the screener aligned with the structure of the school comprehensive service delivery system? Within some schools[80], all at-risk students first receive Tier 2 supports before moving on to Tier 3, if necessary. Other schools, assign students identified as being at-risk to the level (Tier) of support specific to the severity of their needs. Recent research indicates categorization that differentiates students into more categories increases the information available to educators and increases the accuracy of resulting screening decisions[81].

It is critically important that schools carefully consider which SEB screener is the best fit in regard to technical adequacy and fit for their unique population, context, and purpose. To ensure selection of a screener that is psychometrically defensible, aligned with the vision and mission of the school community, and feasible to implement, we provide the following key considerations for schools selecting a universal screener. As noted previously, screener selection is one small step in planning for a universal SEB screening system.

IV. ETHICAL AND LEGAL CONSIDERATIONS FOR UNIVERSAL SCREENING OF SOCIAL, EMOTIONAL, AND BEHAVIORAL RISK



As the proliferation of universal screening for SEB risk increases[82], so too does the need for clarity around a number of logical considerations including issues pertinent to ethics and legality. Many schools experience difficulty in navigating the implications of universal screening as it relates to data use, consent/assent, and need for treatment. For example, there is much debate concerning the necessity of parental consent or use of "opt-out" procedures. What follows is not intended to be comprehensive in nature, but rather, an overview of the primary presenting issues concerning the legal and ethical implications for universal screening.

Jacob and colleagues identified five primary ethical and legal considerations of universal screening including 1) ensuring consent/assent process is acceptable under the Protection of Pupil Rights Amendment ([PPRA], 2001, Pub. L. No 107-110); 2) using screeners that are valid, fair, and useful; 3) understanding the limits of screening data for decision-making; 4) evaluating the incremental validity of the screener; and 5) the capacity of the school to act upon screening results in a meaningful manner.

CONSENT PROCEDURES

Prior to beginning universal screening, leadership teams should identify procedures for administering, scoring, interpreting, and utilizing universal screening data. This includes notifying parents, teachers, and students about the purpose and utility of screening data and providing parents and students with an option not to participate. As noted within the Individuals with Disabilities Education Improvement Act (IDEA; 2004; see 34 C.F.R. 300.302 and S 34 C.F.R 300.300[d]2][ii]), screening that is used to determine instruction or completed as part of regular school activities does not require parental consent (see sample opt-out forms in Appendix C.1 and C.2). However, when assessments are individualized (e.g., conducting a comprehensive evaluation for consideration of special education services) or are individualized to be conducted with one student, federal policy requires parental consent[83]. The majority of evidence-based screening procedures fall under the umbrella of typical assessments for regular school activities, therefore written consent would not be required[84]. This would include administering screening measures to all students in a classroom, grade, or school and this information is used to inform intervention supports delivered in the general education setting. If schools elect to use student self-report measures, the Protection of Pupil Rights Amendment (PPRA, 2016[85]) mandates that schools cannot require all students to participate and may want to consider parental consent, depending upon the content of items within universal screening measures. If the constructs assessed fall under typical school expectations related to learning (e.g., cooperation with peers, motivation to learn), active parental consent may not be warranted. If screening items include content that address "mental or psychological problems" as defined by PPRA, schools may wish to consider family rights and parental consent procedures. Readers are encouraged to reference the Family Education Rights and Privacy Act (FERPA, 2016) for a more comprehensive examination of student record, data use, and related protections as well as specific assessment consent procedures required by IDEA. See the previous section on Selecting a Universal SEB Screening Tool regarding best practices in identifying a psychometrically defensive screener, including those validated for use with a specific population of students.

LIMITS OF SCREENING DATA

Before selecting a universal screening measure, it is important to identify the limits of decision-making based upon screening results, as well as the capacity to inform meaningful results beyond other sources of information (e.g., discipline referrals, teacher observation). Decisions made based upon the data should be defensible and consistent with the intended and validated purpose of the screener. For example, universal screeners are intended to support detection of early warning signs, and NOT for the purposes of diagnosis. Research has not supported the use of screeners to predict violence or suicide[86]. That is, there are very few (if any) instruments that can reliably predict suicide risk[1] and none that can predict future violence. Screeners for violence

1 Readers should review best practices in screening for suicide, and relevant tools such as the Columbia Suicide Severity Rating Scale. Individual screening items on universal SEB screening instruments, as defined in this document, are not intended to be used as the sole determinant of risk for suicide or self-harm.

KEY CONSIDERATIONS FOR SELECTING A UNIVERSAL SEB SCREENING TOOL

TECHNICAL ADEQUACY

- Determine if the SEB screener functions similarly across different student subgroups.
- Consider the similarities and differences between the populations that were used to research and develop the SEB screener and your school.
- Evaluate the reliability (consistency) and validity (accuracy) of the SEB screener.
- Determine if the SEB screener differentiates between students who are truly at risk and those that are not (diagnostic accuracy).

CONTEXTUAL APPROPRIATENESS

- Determine if the SEB screener focuses on the outcomes your school is targeting through their comprehensive support system.
- Determine how the information from the SEB screener aligns with other data sources being used for making decisions.
- Determine if the SEB screener is available and has empirical support for the ages/grades you will be screening and respondent you plan to use.
- Consider the need for a SEB screener to be administered in another language and any other considerations to ensure all parents and students can engage in the screening process.

USABILITY AND FEASIBILITY

- Establish the amount of time, effort, cost and expertise is needed to use the SEB screener and score the resulting data.
- Determine how and where SEB data will be stored depending on whether a web-based/commercial or internal system is used.
- Determine what systems and supports will be needed to use SEB screening data for decision making.
- Determine how much training and ongoing support will be needed to implement the SEB screener.
- Consider input from students, parents and school staff on the SEB screeners being considered.
- Determine how SEB data will be shared with key stakeholders.

and suicide typically fall under different ethical and legal guidance, as well as (active) consent procedures than do SEB screeners. Relatedly, schools should exercise caution in using multiple narrow band measures (e.g., depression, anxiety) to inform treatment given the increased likelihood of false positives when using more than one screener. School teams must carefully evaluate the evidence supporting (or not) the treatment utility of a universal screener for different stakes of decisions (e.g., program evaluation versus individual determination of risk and need for intervention) or domains of interest (e.g., strength-based, deficit-focused). Other data are required to inform individual student decisions and selected treatments. Although universal screeners are used to identify the presence of SEB risk, other sources of data may be more readily available and better able to inform treatment needs and planning—for example, following detection of risk by a universal screener, a functional behavior assessment may be needed to develop an individualized treatment plan.

Lastly, school teams must be prepared to act upon screening results. That is, school teams have an ethical obligation to use screening data in a way that is timely, meaningful, and defensible. Before any universal screening program is enacted, a school should develop a reasonable timeline of actions beginning with planned data review—typically within two to three weeks of administering the screener. There is an ethical responsibility to enact meaningful decisions on said data (i.e., "screen to intervene"). It is unethical to collect data that requires the use of school time and/or resources, without utilizing the data to inform service delivery. Many school administrators have expressed concern about the possibility of a large number of students identified on a universal screener overwhelming current service capacity[87]. As discussed in the prior sections, conducting screening within a larger comprehensive system of SEB intervention with a clearly defined purpose and procedures is foundational and aligns with best practices in assessment. Schools fully implementing universal screening have a continuum of SEB intervention and assessment determined by student need and available resources. Developing a protocol for data use that matches intensity of student, classroom, and school need to intervention prior to screening is essential.

SAMPLE STATE LEVEL GUIDANCE ON UNIVERSAL SCREENING

State guidance on universal SEB screening appears to be evolving. Although many states provide guidance on screening broadly within the context of a MTSS, most still do not provide guidance specific to SEB screening and few have specific mandates[88]. Even in the absence of mandates, however, State Departments can play a critical role in disseminating information to key stakeholders and providing resources and professional development to support implementation of SEB screening[89].

The description that follows is an example description of state level guidance on the use of SEB screening. [STATE] supports a multi-tiered system of support framework to address the academic, social-emotional, and behavioral needs of all students[90]. Universal screening and progress monitoring are foundational components of [STATE]'s Multi-tiered System of Supports, which is a framework that uses data-based problem-solving to integrate academic and behavioral instruction and intervention[91]. Universal screening serves two primary purposes: 1) assess the effectiveness of universal academic, social-emotional and behavioral instruction, programs and supports, and, 2) identify students who are at risk for academic, behavioral, social, and mental health problems in order to receive early intervention services. The Mental Health Assistance Allocation[92] requires each school district to submit a multi-tiered system of support plan for delivering evidence-based mental health care assessment, diagnosis, intervention, treatment, and recovery services to students with, or at high risk for, one or more mental health or co-occurring substance abuse diagnoses. The plan must include strategies to improve the early identification of social, emotional, or behavioral problems, improve the provision of early intervention services, assist students in dealing with trauma and violence, and must include policies and procedures for ensuring that mental health screenings and assessments are conducted in a timely fashion.

Mental health screening is a sensitive topic and parents should be aware of the universal screening policies and procedures in their child's school, as well as the types of screenings that are routinely conducted. Parental consent requirements for mental health screening vary depending on the respondent and funding source. Parental consent is not required when the respondent is a teacher. The Protection of Pupil Rights Amendment (PPRA) and Every Student Succeeds Act (ESSA) both require that parents be notified of and provided an opportunity to review and opt out of student surveys of protected information. For surveys that are administered by an LEA, PPRA requires that the LEA "directly" notify parents and provide an opportunity to opt their children out of participation ("passive" consent). When developing policies and procedures relating to universal behavioral and mental health screening and parental consent, districts and schools are encouraged to consult with their General Counsel as well as the ethical guidelines of student services professions.

Summary of Ethical and Legal Considerations

As with any assessment process, there are numerous ethical and legal considerations for school teams to consider throughout implementation. This section only summarizes some of the common concerns that school teams often raise when considering implementation of universal SEB screening. In addition to federal policies and regulations, readers should consult with school district statutes as well as State regulatory guidance. As noted previously, ongoing consultation with legal experts, adherence to the ethical guidelines of mental health professionals, and ethical decision-making are critically important to protecting the welfare and rights of students and families, and, above all else to do no harm.

V. CONCLUSION

This guide was developed to inform school and district teams, stakeholders, and states supporting implementation of universal SEB screening as a component of a comprehensive multi-tiered support system. There are several areas related to universal SEB screening that span research, policy and practice that we believe warrant additional research, development, and evaluation. These include:

1. Approaches to actively engage parents and students as partners informing the implementation of a comprehensive SEB support system, including SEB screening.
2. Increased understanding of how universal SEB screening measures and approaches can be improved to promote equity across diverse student populations.
3. Understanding how focusing on different constructs of universal SEB screening impacts intervention targets and how to most optimally screen for indicators of SEB well-being and risk for SEB problems.
4. Identification of optimal informants and frequency of universal SEB screening during the school year.
5. Approaches to establishing school readiness to implement SEB screening that is impactful, defensible, and valued by all stakeholders.
6. Professional development and ongoing technical assistance to increase the accuracy and consistency of ratings.
7. Guidelines for school teams engaging in data-based decision making using SEB screening data in combination with other data sources.
8. Policies that promote best practices in SEB screening and protect student and family rights.

Universal SEB screening practices are increasingly being adopted by schools prioritizing the SEB well-being of their students and school community. We look forward to updating the information in this guide as research, policy, and practice continue to inform recommendations implementation of SEB screening.

APPENDIX A

Universal Social, Emotional, and Behavioral Screening Resources

1. **School Mental Health Screening Playbook: Best Practices and Tips from the Field**
   a. http://www.project-covitality.info/research/nsmhc-schoolmentalhealthscr.pdf
2. **CI3T Website – Systematic Screening**
   a. http://www.project-covitality.info/research/nsmhc-schoolmentalhealthscr.pdf
3. **School-Wide Universal Screening for Behavioral and Mental Health Issues: Implementation Guidance**
   a. https://education.ohio.gov/getattachment/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources/Project-AWARE-Ohio/Project-AWARE-Ohio-Statewide-Resources/Screening-Guidance-Document-Final.pdf.aspx
4. **Example of district specific information for parents regarding their SEB screening:**
   a. https://www.lbusd.org/page.cfm?p=1095
5. **Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools**
   a. https://www.samhsa.gov/sites/default/files/ready_set_go_review_mh_screening_in_schools_508.pdf
6. **NAMI Mental Health Screening Stance**
   a. https://www.nami.org/Learn-More/Mental-Health-Public-Policy/Mental-Health-Screening
7. **NASP Universal Screening Articles and Handouts**
   a. https://www.nasponline.org/x37269.xml
8. **CASEL**
   a.https://www.casel.org/wp-content/uploads/2016/06/stategies-assessment-SEL-EDC.pdf
9. **AIR**
   a.https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/selair-readytoassess-think.pdf
   b. https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/selair-readytoassess-act.pdf
10. **RAND – Measuring SEL**
    a. https://ocde.us/EducationalServices/LearningSupports/HealthyMinds/Documents/SEL/SEL%20Assess%20and%20Screen/Choosing-and-Using-SEL-Competency-Assessments_What-Schools-and-Districts-Need-to-Know.pdf

APPENDIX B

Implementation Checklist and Planning Guide

The intent of this checklist is to help teams facilitate, monitor and problem solve the implementation process, and is not designed to be comprehensive in nature. Readers are strongly encouraged to review the content throughout this implementation guide to inform specific processes as well as consulting with legal/ethical guidelines, state and district policies and statutes, and independent reviews of technical adequacy of screening instruments (e.g., National Center for Intensive Intervention). In addition, teams should determine that data are valid and reliable for at least 90% of the target (universal) population, and collected two to three times per year, using a psychometrically defensible SEB screener, and the data is utilized to inform decisions that impact how educators improve SEB interventions and practices. Full implementation of a SEB screening system involves screening two to three times per year.

Screening Item for Consideration	Not in Place	Partially in Place	In Place	Action Steps
EXPLORATION				
Identify a need for universal screening for SEB that includes goals and objectives				
Establish a shared understanding of the goal and purpose of universal screening				
Determine buy-in from key stakeholders, including parents, teachers, and school leaders				
READINESS				
There is a school team including members with SEB expertise				
Team has reviewed available SEB interventions to be matched to screening				
Data-based problem solving process is in place, including decision rules				
ADOPTION				
Select screening instrument • Technical adequacy • Usability and feasibility • Contextual appropriateness • Cost (time & financial) • Scoring software or protocols				
Identify scoring procedures and technology needs. Instrument to be completed online (automatic scoring) or paper (identify person to compile data)				
Determine timing and frequency of screening				
Establish consent and/or opt-out procedures				
Determine choice of informant (teacher, parent, student self-report)				
Develop plan to train staff to complete screener, how to use data				
Schedule time to communicate results and begin problem solving process				

DATA COLLECTION AND STORAGE				
Establish plan for data privacy (online/digital or storage of physical protocols)				
Determine who has access to screening data				
Develop criteria for determining the quality of data and identification of any data for removal (e.g., inconsistent response patterns)				
INSTALLATION				
Establish plan to use screening results to evaluate and monitor the effectiveness of Tier I or Universal supports				
Establish plan for using screening results with other data (e.g., teacher referrals, discipline referrals) to identify students who need interventions • What data to use • When to use data • How to use data				
Establish procedures for communicating concerns to families				
Create regular review schedule to connect screening data to intervention, and monitor trends across the year(s)				

APPENDIX C.1

The following are only examples that have been modified for the purpose of deidentification and use as an example. These forms should not be directly adopted for use; they are intended to be examples and may not address the ethical and legal considerations for every district or school.

Sample Consent for Opt Out

Dear Family Members,

In our continuing efforts to support the well-being of all our students, we will be administering a universal assessment of social, emotional & behavioral health. The assessment consists of a brief rating scale that is going to be completed by the homeroom or classroom teachers. In addition, students over age 12 may complete a self-rating. Together, this information helps us to understand the needs of all our students and to make effective plans at the whole school, class, and individual level. We are always working to support the needs of our school community, including school-wide programs such as positive behavioral interventions and supports and our social-emotional learning curriculum. It is important that your child feel that academic learning is their focus at school and that the adults they work with each day are doing all they can to create a safe and supportive environment.

If you would like more information about the universal assessment and the other supports we have at our school please call [INSERT NAMES HERE]. There is also the option we present to all families for their child to not participate in the screener. If you choose for your child to not participate in the screener, complete and return the form at the bottom of the page.

Thank you,

NAME

ADMINISTRATOR

I understand that my child's school will be administering a universal assessment of behavioral health to all students. I wish to opt out of this assessment. I understand that by signing this form, my student will not be included in the school-wide assessments.

_____	_____	_____
Name of Parent / Guardian:	Parent / Guardian Signature:	Date:

APPENDIX C.2

The following are only examples that have been modified for the purpose of deidentification and use as an example. These forms should not be directly adopted for use; they are intended to be examples and may not address the ethical and legal considerations for every district or school.

Sample Consent for Opt Out

Date: XXXX

Dear Parents and Guardians:

[DISTRICT NAME] County Public Schools are committed to improving the culture and climate of our schools, and supporting the whole child. One way we are addressing the whole child is by looking at student strengths and areas of concern for social, emotional, and behavioral well-being.

As mandated by the Marjory Stoneman Douglas High School Public Safety Act – your child will participate in universal screening [INSERT SCREENING TOOL HERE] to identify student needs, provide prevention and/or positive supports and intervention. The survey will be administered in the Fall (October/November) to help support students. Teachers will complete a brief survey that will help find children who may be at risk to develop academic or other school-related concerns. This survey will also help promote social emotional well-being for all students.

If you would prefer that your child not participate in the universal screening, please complete and sign the portion below, and return this form to the school by DATE.

If you have any questions please contact our Director of School Behavioral Health, NAME, at EMAIL@EMAIL.COM or at 867-5309. An informational flyer is available in the school front office, further explaining universal screening.

Sincerely,

School Principal

I have read the above statement and request that my child OPT-OUT of the universal screening.

Child's Name (print) _____

Parent/Guardian's Signature_____

Date of Signature_____

APPENDIX D

Frequently Asked Questions about Universal Social, Emotional, and Behavioral Screening

The following are commonly asked questions about social, emotional, and behavioral (SEB) screening, which is sometimes referred to as universal or school-wide social-emotional, mental/behavioral health, or social emotional learning (SEL) screening. This document provides responses based on ethical and legal guidelines and requirements, SEB screening research, and expert consensus. Please note these are general responses to commonly asked questions. When schools implement SEB screening, information that addresses the questions below as it applies to the specific school's context and screening procedures should be clearly communicated to parents, students, and stakeholders.

What is universal SEB screening?

How students engage socially and emotionally with their peers, educators, and their school impacts learning and long-term success in life. Schools are teaching and creating contexts that promote social and emotional skills and wellness for all students. Across all content areas, educators use assessments to determine the strengths and weaknesses of their students so they can plan how to best teach and support their students. Just as students participate in screenings for vision, physical health, reading, and other academic areas, SEB screening provides an indicator of whether a student's SEB health is on track or if there might be a problem. Screening is a proactive approach in that it provides important information to ensure help is provided before little problems become big ones. Universal screening data is typically collected two to three times per year and involves either teachers, parents, and/or students rating a short list of items, which typically takes a few minutes to complete.

- ***Universal SEB screening provides educators with an indicator of how well all students are doing and if some students are in need of additional SEB supports and services. Universal screening data are intended to inform decisions about how educators can better support the SEB wellness of the students they are charged with teaching. Educators collaborate closely with and inform parents throughout the SEB screening process.***

In a typical school at any given point in time, approximately one in five students has SEB needs; that is, they are experiencing challenges that interfere with their daily SEB functioning. Most students with SEB needs are facing common stressors and social-emotional problems that can be improved when supports are provided in a timely manner. Regardless of an individual student's need, all students (and educators) benefit from warm, caring learning environments and knowledge of SEB skills that support their wellbeing. Schools committed to SEB development gather universal screening data to assess the SEB skills, strengths, and challenges of their students and use the information to help determine how staff can best support students.

Who is in charge of universal SEB screening?

Universal screening is part of a larger effort to promote the SEB wellbeing of students and their learning community. A school team usually oversees the SEB screening process and is responsible for establishing procedures and routines for SEB screening data collection, interpretation, and use. This team typically includes administrators, teachers, support staff with mental health and behavioral expertise, and, ideally, family and youth leadership. This school team will also consult with other content experts when needed or their legal or Information Technology departments.

What does a universal SEB screener measure?

There are many different SEB screeners available for schools to use. Some screeners measure SEB strengths, some measure SEB problems, and some measure both strengths and problems. It is important to note that universal SEB screening data provides only a general estimate of a student's functioning. SEB screeners are developed to cast a wide net to detect all students that could possibly be in need of additional support. Screeners are NOT intended to make diagnoses or determine each student's highly specific needs. The most widely supported SEB screeners focus on social, emotional, and behavioral indicators that are reliable (consistent), valid (accurate and applicable), and associated with SEB wellness and academic success. Gathering meaningful SEB screening data requires schools to: 1) prioritize equitable SEB outcomes, 2) partner with youth and families, 3) select a screener that fits their purpose and context, and 4) adhere

to the ethical guidelines and legal requirements and policies, and 5) ensure they have the resources (money, staff, time, etc.) to use the screener as intended.

How do parents and students know if a school is using a quality SEB screener?

Professional standards are available to guide the creation and evaluation of measures such as a universal SEB screener. With the increased focus on SEB wellness, it is important for schools to communicate to families what the SEB screener is measuring, how data will be used, and if the screener has been validated (i.e., meets research and evidence standards).

Does every student have to participate in SEB screening?

At the very least, schools provide parents with a detailed notification and opportunity to "opt out" of SEB screening. Under some circumstances, SEB screening or assessments require parents to sign a document to give the school permission for their child to take part in the screening.

Who has access to universal SEB screening data?

Similar to other data collected from all students in a school, SEB screening data are aggregated (combined) to identify patterns and evaluate how the student population as a whole is doing. These data should be summarized for educators, students, and families. The Family Educational Rights and Privacy Act protects individual student data. Schools work closely with their Information Technology department to ensure data are secure and only those educators with permission can access individual student data. Schools should also clearly communicate how data will be stored, who will have access, and if under any circumstances SEB screening data might be linked to a student's permanent records.

How are universal SEB screening results communicated?

How student scores on SEB screenings are communicated to parents varies depending on screening process and purpose. However, like all data used by schools to screen and monitor the progress of students in different areas, parents should be notified of the results, provided guidance on how to interpret the results, and have access to a contact should they have follow-up questions or concerns. For example, results showing school-wide data may be communicated to all parents and students or parents and/or students may receive information about their individual results when a school team is recommending follow-up steps.

What will happen if a student is identified as being at-risk?

Prior to collecting SEB screening data, schools identify the purpose of SEB screening and develop procedures for how data will be used and communicated. Procedures for identifying students who may access additional supports because the SEB screener indicates they are at-risk, may include setting a threshold for how many students can be supported given available resources, focusing on SEB supports for all students, and/or a systematic process for determining who will receive additional supports and the referral process for such supports. Parent notification and, depending on the follow-up recommendations, parent consent may be needed for further individualized assessment and services. Parents may be invited to attend a meeting focused on their child's needs. If a student is identified as being at-risk for SEB problems, the school will notify the parent and communicate follow-up procedures to verify if there is a SEB need and what additional help might be provided should the parent agree. The school should facilitate ongoing communication with all parents and students as well as establish procedures for increased collaboration when there is a student concern.

Are there other ways to access SEB services?

Sometimes a student's score on a SEB screener is in the average range, yet other sources of data (such as reports from a different person such as a parent or teacher) suggest a SEB problem exists. Schools typically have a referral process in place and will work with parents or students to ensure access to SEB supports and services.

Are there any policies that schools need to follow when using SEB screening?

Schools implementing universal SEB screening should be familiar with relevant ethical and legal guidelines and policies. School teams should also have representation of mental health professionals that are expected to (a) adhere to their professional ethical guidelines, (b) actively seek input from family and youth as they develop and implement their SEB screening procedures, and (c) consult with their Information Technology and legal departments to ensure the security and adherence to applicable federal and state laws and policies.

APPENDIX E

Guiding Questions for Developing A Protocol for Using SEB Screening Data

First, the answers to several overarching questions should guide a school team's development of a protocol for using universal SEB screening data to inform decisions, including:

- Why are we implementing universal SEB screening?
- What questions are we trying to answer?
- How have we defined our student "universe" (e.g., all students)? If not all students, what is our rationale for focusing on only a subset of students.
- What does our universal SEB screener measure? What types of scores (i.e., total and subscales) and classifications (e.g., not at-risk and at-risk) does our SEB screener provide?
- How often during the school year are we gathering universal screening data?
- How far are we in implementing a full continuum of comprehensive SEB supports (i.e., what interventions are being implemented at which tiers and are they being implemented with fidelity and effectiveness)?

The following questions are intended for school teams to consider as they develop a protocol for using SEB screening data to inform decisions:

- How will we share SEB screening data with parents, students, and other stakeholders and when?
- How will we use SEB screening data to monitor change over time (e.g., fall to spring)?
- How will we analyze SEB screening data at different levels (school, grade, classroom, student)?
- How will we analyze data for data for different subgroups (e.g., gender, ethnicity, IEP status, etc.)?
- How will we use data to match students to intervention?
    - Based on our capacity to provide additional supports?
    - Based on risk classification?
    - Based on risk classification and other risk indicators (e.g., attendance, test scores, discipline referrals)?
- How will we develop our decision rules to match students to intervention?
    - How will we confirm the need for additional intervention?
    - What other data sources (e.g., office referrals, attendance, etc.) will we consider?
    - How will we determine which intervention to match students?
    - When and how will we collect additional data?
- How will we evaluate our SEB screening system as a whole?
    - Are all students identified as having SEB need, receiving intervention matched to their needs? What percentage of these students are responding to intervention?
    - Are outcomes for students accessing intervention improving?
    - Are interventions available to meet the needs of all identified students?
    - How much time is lapsing between SEB screening and students receiving intervention?

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