Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools

SAMHSA
Substance Abuse and Mental Health Services Administration

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Forward

> "In 2003, the President's New Freedom Commission on Mental Health concluded that America's mental health service delivery system was in shambles. The Commission's final report stated that "for too many Americans with mental illnesses, the mental health services and supports they need remain fragmented, disconnected and often inadequate, frustrating the opportunity for recovery." A number of the recommendations of the President's New Freedom Commission on Mental Health were not implemented or have only been partially realized. Since then, quality of life has not fundamentally changed for adults with serious mental illnesses (SMI) and children and youth with serious emotional disturbances (SED) and their families in the United States."
>
> -The Way Forward (2017)

Students are routinely screened for physical health issues (e.g., vision, hearing). However, emotional or behavioral health issues are generally detected *after* they have already emerged. It is time for that to change.

The *Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools* toolkit is designed to guide schools through the process of developing comprehensive screening procedures, as well as provide readily available resources to facilitate the implementation of effective behavioral health screening in schools.

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Introduction

Fairhaven School District is a mid-sized suburban district. Students in Fairhaven are generally high achieving, but they are not immune to typical challenges faced by many students within their state and across the nation. The superintendent of schools, Dr. May, is concerned with "educating the whole child" and recognizes the importance of addressing educational factors which impact upon students' success in school beyond the traditional curriculum and academic influences. She wants to build upon students' strengths and help them develop social and emotional "life skills," while also identifying students who present "risk factors" associated with adjustment difficulties that may be related to behavioral or psychological problems. Dr. May recognizes that both these factors (social and emotional skills and behavioral health risk factors) influence a student's performance in the classroom. While Fairhaven is like other school districts which have limited fiscal and staff resources, Dr. May has prioritized these issues as part of the District's strategic plan. She has worked with families in the district to make this a priority and has even used student "focus groups" to gain their perspective. However, she is unsure of where to start or how to prepare the development of a comprehensive plan that will help the district accomplish these goals.

Screening is a Component of a Comprehensive Systems Framework

School administrators like Dr. May often recognize the importance of addressing social and emotional needs of students. In fact, a recent internal survey conducted by the School Superintendents Association indicated that "students' behavioral health needs" were the top concern of superintendents across the country (K. Jackson, personal communication, June 25, 2018). Research conducted by The Collaborative for Academic, Social, and Emotional Learning

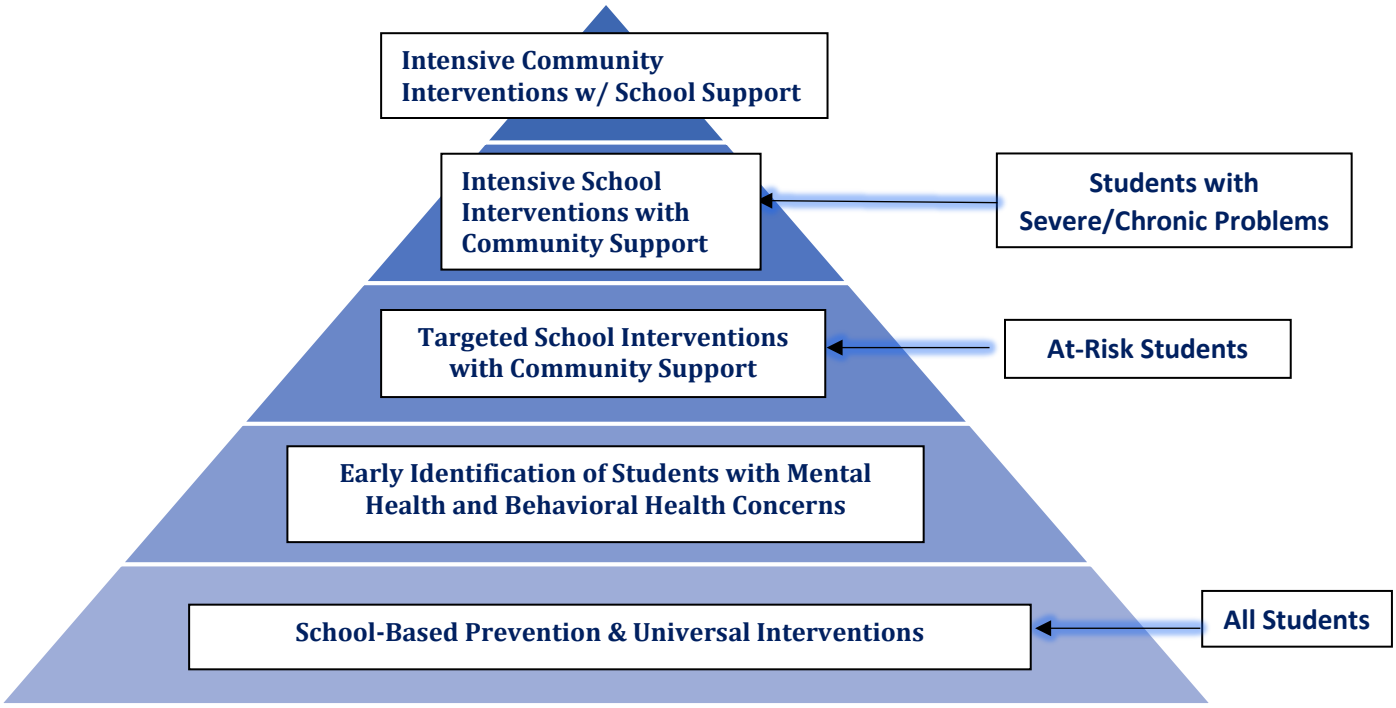
(CASEL) identified "social and emotional factors" as the most powerful influence over students' achievement in school (CASEL, 2003). Students come to school each day with more than their lunch and backpack. They bring life factors that shape their learning and development. These influences range from family issues, health concerns, and culture of origin to behavior, learning profiles, and abilities. Virtually all have the potential to impact the mental health of students. Although historically mental health has been viewed through the lens of mental illness (e.g., depression, anxiety, etc.), society has come to recognize that good mental health is not simply the absence of illness, but also the possession of skills necessary to cope with life's challenges. As education professionals, school staff need to understand the role mental health plays in the school context because it is so central to our students' social, emotional, and academic success.

Research estimates that one in five students will experience a significant mental health problem during their school years. These issues vary in severity, but approximately 70% of those who need treatment will not receive appropriate mental health services (Perou, et al., 2013). Failure to address students' mental health needs is linked to poor academic performance, behavior problems, school violence, dropping out, substance abuse, special education referral, suicide, and criminal activity (Darney, Reinke, Herman, Stormont, & Ialongo, 2013; Hawton, Saunders, & O'Connor, 2012). These issues may seem foreign to elementary school, but mental health concerns can develop as early as infancy, and, like other aspects of child development, the earlier schools address them, the better.

Family is the first source of support for a child's mental health. However, the increased stress and demands of life today make it imperative that schools partner with families to help students thrive. Indeed, schools are excellent places to promote good mental health. Students spend a significant amount of time in school and educators can observe and address their needs. Doing so

effectively requires developing the capacity both to reinforce students' natural mental health strengths and to respond to students suffering from the more acute mental health disorders that are on the rise today. However, school leaders often lack the information needed to implement effective comprehensive school-wide behavioral health services.

Despite the lack of information for these comprehensive services, many school districts have elements of a tiered system of support in place as part of their overall student support programs (e.g., building level support teams, data-based decision making, school-wide bullying prevention and interventions, positive behavioral interventions, counseling services, etc.). These elements can serve as the basis for the development of a comprehensive Multi-Tiered Systems of Support (MTSS) to address behavioral health needs of students. MTSS can serve as the framework to provide universal programs to help all students develop critical social and emotional skills, as well as provide school-wide approaches to teach appropriate behavioral skills and manage problem behaviors. MTSS also includes the provision of "targeted" services for students displaying the emergence of problematic behaviors and emotions, as well as "intensive" services for students with chronic psychological issues or maladaptive behaviors. Effective elements of MTSS include the use of student data to screen for "risk" or the potential development of social, emotional, and behavioral problems. Data are also used to help make decisions on when students may need additional supports beyond the universal interventions provided to all students, to monitor the effectiveness of certain programs, as well as measure the progress of individual students. To collect varying types of data, many schools are incorporating the use of "screening" tools to gain access to information not apparent in typical behavioral data (e.g., office referrals, attendance records, etc.).



The Continuum of School Mental Health Services

Adapted from "Communication Planning and Message Development: Promoting School-Based Mental Health Services" in Communique, Vol. 35, No.1. National Association of School Psychologists, 2006.

The provision of these services does not occur in isolation. Many schools are using an Interconnected Systems Framework (ISF) to integrate the supports and services provided in multiple systems (e.g., positive behavioral supports, school mental health services, community supports, etc.). An ISF strategically aligns the goals and processes of school initiatives. The Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS) in collaboration with other partners produced *Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide Positive Behavior Support* (Barrett, Eber, & Weist, 2013), which describes the "proposed mechanism that can effectively link School Mental Health (SMH) and PBIS in order to leverage the individual strengths of each of these processes and produce enhanced teaching and learning environments through their strategic linkage" (p. V).

This monograph (https://www.pbis.org/common/cms/files/Current%20Topics/Final-Monograph.pdf) is an excellent guide and resources for school districts interested in developing a comprehensive behavioral health support system for students.

Screening in Schools is an Expanding Practice

School-wide universal screening for mental health issues is a practice that has become more prevalent and is now recommended by The National Association of School Psychologists (NASP, 2009), as well as the National Research Council and the Institute of Medicine, who built upon criteria established by the World Health Organization (O'Connell, Boat, & Warner, 2009). Universal screening for behavioral and mental health issues can help with early identification of students who are at-risk or in need of intervention related to these concerns, as research suggests that significantly more students require mental health or behavioral services than currently receive them (NASP, 2009). Universal screening for these concerns, particularly when implemented within a multi-tiered model of behavioral support, may help these students receive earlier services than they otherwise would and may prevent the need for more intensive special education or therapeutic services.

Definition of Screening

While schools engage in various types of "assessment," screening students for possible behavioral health adjustment difficulties is different than other types of testing conducted in school. According to the University of Maryland Center for School Mental Health, "mental health screening is the assessment of students to determine whether they may be at risk for a mental health concern. Screening can be conducted using a systematic tool or process with an

entire population, such as a school's student body, or a group of students, such as a classroom or grade level(s)" (CSMH, 2018). This type of assessment differs from other activities such as psycho-educational evaluations for special education eligibility determination, diagnostic assessment for identifying specific psychiatric disorders (e.g., depression, anxiety, etc.), or risk for violence assessment (e.g., threat assessment). All these assessments have their value in schools, but screening tends to be broad-based in nature by evaluating groups of students and is designed to identify "risk factors" for adjustment difficulties.

Identification Is *Not* Diagnosis

The goal in identifying students with possible mental health or substance use problems is to provide the option for further assessment. Such identification does *not* involve reaching a diagnosis of a condition. Only mental health or medical professionals (as determined by each state's licensing laws) are qualified to make a diagnosis. Neither action signs nor screening tools provide sufficient information to reach a diagnosis.

The purpose of screening includes (CSMH, 2018):

- Identify students at risk for poor outcomes
- Identify students who may need monitoring or intervention (e.g., targeted supports for emerging adjustment problems, intensive supports for chronic behavioral issues)
- Inform decisions about needed services
- Identify personal strengths/wellness as well as risk factors/emotional distress
- Assess effectiveness of universal social/emotional/behavioral curriculum

Research-based Practices in Screening

The use of universal screening instruments to get information about student academic, emotional, behavioral, or social needs is a valuable practice within school-wide multi-tiered systems of support (Bruhn, Woods-Groves, Huddle, 2014; Eklund, Kilgus, von der Embse, Broadmore, &

Tanner, 2017; Oakes, Lane, & Ennis, 2016). Universal screening allows for the early identification of students who may need additional behavior support, including those exhibiting both externalizing and internalizing patterns of problem behavior (Eklund et al., 2017; Kilgus & Eklund, 2016; Oakes et al., 2016). Rather than relying only on teacher nomination or examination of existing school data (e.g., attendance, grades), which are both a reaction to existing problem behavior and more likely to identify students with externalizing problem behavior, systematic universal screening is a proactive practice, decreasing the likelihood that schools will overlook a student in need of support or intervention (Bruhn et al., 2014). Universal screening shifts the focus from a reactive, wait-to-fail model to a proactive system in which needs are identified early and interventions are delivered efficiently to the level of need demonstrated by the student (Dowdy et al., 2015).

Why Intervene Early?

The good news is that that schools can help mitigate the effects of mental illness and allow individuals to live fulfilling, productive lives. Research demonstrates that students with good mental health are more successful in school. Longitudinal studies provide strong evidence that interventions that strengthen students' social, emotional, and decision-making skills also positively affect their academic achievement in terms of higher standardized test scores and better grades (Fleming et al., 2005; Durlack, et al., 2011; Taylor et al., 2017). Half of those who will develop mental health disorders show symptoms by age 14 (Kessler, et al., 2005). Therefore, early identification of risk factors or signs of adjustment difficulties provide an opportunity to intervene before problems develop into more significant and costly impairments. Unfortunately, signs are often ignored and not met with supports for the child. When schools, families, or the community do not act early to support students, consequences such as suicide, incarceration,

homelessness, and school drop-out can be the outcome (Darney, et al., 2013; Hawton, et al., 2012).

Involving Families and Students in Developing a Screening Process

When schools make students' behavioral health a priority and engage in screening as part of their multi-tiered systems of support, it is vital to involve families and students from the initial planning phases. Parents/guardians are partners in the education process and have primary responsibility for the health and well-being of their child. They can serve as strong advocates from the community to support this type of program. Families are key to promoting a youth's healthy development. As with physical health decisions, parents/guardians are the decision makers regarding their child's care for any identified mental health problems. They have valuable information about their child's normal feelings and behavior. Encouraging the involvement of parents/guardians before asking consent to conduct a screening is a valuable approach. The positive involvement of parents/guardians may include engaging them in the process of setting goals for an identification initiative and in the selection of methods for identifying mental health problems.

"WE NEED TO KNOW WHAT IT'S FOR, WHO WILL SEE IT, AND WHAT DIFFERENCE IT WILL MAKE."

Student Voice

Students will be the subjects of the screening process and can provide important feedback to facilitate the effective implementation of screening tools and supportive interventions. Critical to this work will be the process of relationship building between young people and adult partners. Schools need to emphasize the importance of creating space for students to advise and support decision making through the stages of development, implementation, and evaluation of screening

activities. Involving students in decisions that impact on them can benefit their emotional health and wellbeing by helping them to feel part of the school and wider community and to have some control over their lives. At an individual level, benefits include helping students to gain belief in their own capabilities, including building their knowledge and skills to make healthy choices and developing their independence. Collectively, students benefit through having opportunities to influence decisions, to express their views and to develop strong social networks.

Steps to engaging parents/guardians and students will be discussed in later sections of this toolkit.

Ready: Preparing Infrastructure for Screening in Schools

Dr. May recognizes that she needs to engage in preparation to "lay the groundwork" for the Fairhaven Schools to develop a comprehensive behavioral health program, which includes screening of students for mental health and substance use risk factors. While her intentions are good, Dr. May realizes that an effective program will involve various stakeholder groups in the district. She decides that she will start with her annual strategic planning review, where she evaluates the progress on goals and develops new goals based upon the needs of the district. Dr. May always involves other administrators, teachers and other school staff, as well as parents/guardians and students in this process. She determines that this will be a good opportunity to discuss her desire to develop a comprehensive behavioral health program, with mental health screening as part of this program.

Strategic Planning for Comprehensive Behavioral Health Supports

Strategic planning is the process of setting goals, deciding on actions to achieve those goals and mobilizing the resources needed to take those actions. A strategic plan describes how goals will be achieved using all available resources. School districts of all sizes use strategic planning to achieve the broad goals of improving student outcomes and responding to changing demographics while staying within the funding that they are provided or able to secure. Planning for engaging in "screening" should be embedded within the districts' strategic plan. Unfortunately, many school districts engage in the development of this type of plan in an inefficient, ineffective manner. They tend to engage in the "tell, then sell" method by developing a plan, then trying to "sell" it to the community. Instead, many school districts have proactively shifted their strategic planning process to genuinely include and involve parents/guardians and

other constituents. At the school district level, strategic planning requires community engagement and support. Collaborative leaders in education know that without community support and the insight that comes with community engagement their strategic plans are likely to fail. It is important to gain insights and gauge community preferences as early as possible.

"Screening" under IDEA

While similar in concept, universal behavioral health screening presented in this toolkit is different than "screening" under the Individuals with Disabilities Education Act (IDEA).

Universal screening under IDEA is a method by which school personnel determine which students are "at risk" for not meeting grade level standards. Universal screening can be accomplished by reviewing a student's recent performance on state or district tests or by administering an academic screening to all students. The screening of a student by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation is not considered to be an evaluation for eligibility for special education and related services.

IDEA also permits the screening of children under the age of three who have been referred to programs to determine whether they are suspected of having a disability.

School districts that engage early in the planning process have a much greater chance of building a successful and community supported plan. Prioritizing students' mental health, which includes the promotion of emotional wellness and support for emotional challenges, needs to be a critical component of a district's strategic plan.

The Sacramento City Unified School District (SCUSD) developed a document entitled "Strategic Recommendations: Creating Capacity for Mental Health Services for SCUSD Students" (http://www.scusd.edu/sites/main/files/file-attachments/final_report_-_creating_capacity_for_mh.pdf). This document serves as a model for community and

stakeholder engagement and the development of an actionable strategic plan to address the mental and substance use needs of students. The value of having an effective strategic plan is that it guides the allocation of resources and decision making is measured against actions/strategies that will address the goals outlined in the plan. Communication and decisions regarding mental health screening are guided by the plan.

Clarifying Screening Needs

Many schools currently collect data on students. These range from office discipline referrals (ODRs), attendance data, and grades/GPA to health visits to the school nurse and family economic indicators. Analysis of the data can help to identify "risk factors" or students may be demonstrating adjustment difficulties or other challenges. Developing and employing an Early Warning System (EWS) that identifies at-risk students through the analysis of readily available and highly predictive student academic and engagement data is critical. Utilizing data systematically to identify at-risk students as early as possible will allow for the application of more effective prevention and early intervention services. Utilization of various data tools assist schools in identifying at-risk students. The Early Warning System (EWS) High School Tool (http://www.earlywarningsystems.org/resources/early-warning-

Screening for Emotional Wellbeing

Some schools choose to engage in "strength-based" screening or screening for emotional well-being. It is widely recognized that a student's emotional health and well-being influences their cognitive development and learning, as well as their physical and social health and their mental wellbeing in adulthood. Mental well-being is not simply the absence of mental illness but is a broader indicator of social, emotional and physical wellness. There are three key purposes for which schools and colleges might wish to measure mental wellbeing:

- to provide a survey snapshot of student mental wellbeing to inform planning
- to identify individual students who might benefit from early support
- to consider the impact of early support and targeted interventions

system-high-school-tool/) was developed by the National High School Center at the American Institutes for Research to allow users to identify students showing early warning signs of risk for dropping out of high school. The tool calculates research-based early warning indicators that are predictive of whether students graduate or drop out of high school. A middle school version (http://www.earlywarningsystems.org/resources/early-warning-system-middle-grades-tool/) is also available. These tools are in the public domain and are free to use.

It is important for schools to analyze existing data before making the determination to engage in additional screening of students. This prevents a duplication of data, expenditure of additional resources and staff time, as well as unnecessary demands placed upon the student population. However, despite their predictive validity, ODRs do not detect a full range of emotional and behavioral problems. ODRs are more highly correlated with externalizing behavior problems (e.g., disruptive behavior, attention problems) than with other behavioral and mental health problems (e.g., concentration problems, depression, anxiety, adaptive skills; Walker, Cheney, Stage, Blum, & Horner, 2005). The reliance on ODRs to identify at-risk students places the focus primarily on students with externalizing behavior problems, passing over students at risk of internalizing behavior concerns (Walker et al., 2005). Additional data points are often needed to conduct more thorough school-wide identification of students in need.

The decision to engage in additional screening is often based upon the needs of the school. The Behavioral Health Team (see section below on school based teams) can make this determination based upon several factors. To determine the areas in need of screening, multiple methods can be used, including stakeholder interviews, focus groups and/or reviews of existing data sources. The initial data can be used to determine the areas of greatest need, and the subsequent screening data can be used to clarify this need and eventually inform creation of a plan for intervention.

Developing the Screening Process and Procedures

As indicated in the Introduction, "screening" is part of a larger comprehensive behavioral health supports with a Multi-Tiered System of Support (MTSS) Interconnected Systems Framework (ISF). However, the process of "screening" is far more than simply choosing a tool to use and administering the assessment to students. Careful planning and preparation is required. Issues related to the following factors must be addressed;

- Obtaining district, staff and family buy-in
- Allocating resources (fiscal and staffing) to support the screening process
- Defining roles and responsibilities of all staff involved in the screening process
- Addressing ethical and legal/liability considerations (e.g., parental consent and student assent; communication; confidentiality)
- Selection of the right standardized screener(s) for your school/district (contextual fit)
- Training and professional development regarding screening (administration, data analyses, decision-making, intervention selection, and decision-rules)
- Developing/expanding your data systems
- Identifying and coordinating resources necessary to support students in need of additional intervention

The Ohio Positive Behavioral and Interventions Support (PBIS) Network has produced "School-Wide Universal Screening for Behavioral and Mental Health Issues: Implementation Guidance."

This is an excellent guide for school districts which are developing a screening process. This document is available in Appendix I.

School-based Behavioral Health Teams

As schools and districts plan for the incorporation of universal screening as part of their comprehensive behavioral health support plan, it is important for teams to understand how to plan for and make decisions from the data collected through the screening process. If a school team whose purpose is to address student behavior or school climate issues does not already exist, establishing or repurposing a leadership team is the first step in the process of implementing school-wide screening for behavioral and mental health issues. It is recommended that this team consist of leaders who will help plan, implement and evaluate the screening process through collaboration and feedback with other school professionals, parents/guardians, and any other indicated groups. This representative team should meet regularly to ensure that screening efforts are planned for, implemented and monitored effectively.

Different schools may have different names for this team and may already have a team of this nature in place that can subsume screening under its purview. If another team (e.g., Instructional Support Team, Child Study Team, PBIS Team, etc.) adds this process to its agenda, it is important that all members are aware of the importance of implementing this school-wide screening before moving forward. The Center for School Mental Health (CSMH) at the University of Maryland has developed the "School Mental Health Teaming Playbook: Best Practices and Tips from the Field" (2018). The Playbook defines a behavioral health or "mental health team" as "a group of school and community stakeholders that meet regularly and use data-based decision making to support student mental health, including improving school climate,

promoting student and staff well-being, and addressing individual student strengths and needs" (p.2).

Many schools have teams that meet to discuss and strategize about student mental health issues. Schools may have one team devoted to the full continuum of mental health supports or multiple teams that address different parts of the continuum. The CSMH Teaming Playbook (http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Reports/School-Mental-Health-Teaming-Playbook.pdf) is an excellent resource for guiding schools on team development.

Selection of a Screening Tool

Selection of a screening tool should be based upon the areas of identified need of the individual school or district. A wide variety of evidence-based screening instruments have been developed and are available for use in the schools. Many of the tools are available at no cost to the school district. However, while cost is a significant consideration, the primary considerations should be whether the evidence-based instrument provide the appropriate information that the school desires and whether the instrument is a good "contextual fit" for the school. The Ohio PBIS Network (2016) has identified the following considerations to help schools select an appropriate screening tool.

Population

- A screening instrument should always be chosen based on its relevance to the school's demographics and characteristics.
- Screeners must always be age- and developmentally appropriate.
- Ideally, a screener should have been validated or normed on a sample similar to the population being evaluated.

- Many student and contextual factors (e.g., gender, ethnicity, socioeconomic status, home language, parent involvement) have been shown to affect cut scores and overall prediction of risk status.

Feasibility and usability

- It must be practical to universally administer the screener within the desired context, including clear instructions and examples of any difficult concepts.
- The cost of the screener should not outweigh the benefits obtained as a result of the process.
- Involved stakeholders (e.g., students, parents/guardians, teachers and administrators) should consider the screener to be acceptable and useful.

Time

- Consider the amount of time to collect, score, enter, manage and analyze screener data, in addition to administration time.
- Personnel time to train staff in the administration and completing the screening process is an additional consideration that may be more important than the physical cost of materials.

What Is a Screening Tool?

A screening tool is a brief list of questions relating to a students' behavior, thoughts, and feelings. It usually takes only 5–15 minutes to answer. A specific method is used to score the answers to the questions, and the score suggests the degree to which the student may have a problem. As with medical tests, the language used to refer to the results of screening may be confusing. When a score indicates a likely problem, it is called a *positive finding*; when the score indicates that a problem is not likely, it is called a *negative finding*. Like other medical tests, sometimes screening tools might miss problems or suggest a problem when one may not exist.

Psychometric evidence

- Reliability: the degree that the chosen screener results in similar scores each time it is used.
- Validity: the degree that the chosen screener measures what it is supposed to measure.
- Screeners should have valid cut scores, which help reduce false positives and negatives and assure that students are receiving the services they need.
- False positives may be more desirable than false negatives with regard to screening (e.g., it is better to catch too many students than too few).

Several compendiums of evidenced-based screening tools have been compiled by various organizations. See Appendix III for a listing of these compendiums.

A number of jurisdictions have developed useful resources. For example, the Florida Project Aware site developed a number of useful guiding questions for selecting a screening instrument.

Guiding Questions for Social-Emotional Screener Selection (Florida Project AWARE)

Goals and Objectives:

- *What is the purpose of the social-emotional screening process?*
- *What valued outcomes will be achieved?*
- *How will social-emotional screening supplement existing Tier 1/screening data to inform decision making?*
- *How will a social-emotional screener improve student access to a continuum of supports?*

Technical Adequacy[1]:

- *Norms: What type of sample was used to research the screener/develop norms?*
- *Reliability: Does the screener produce consistent results?*
- *Validity: Does the screener assess what it is intended to?*
- *How well does the screener predict future outcomes (problems and strengths)?*
- *Sensitivity/Specificity: Does the screener adequately capture true positives and true negatives?*
- *How many students does the screener misclassify (e.g., students truly at risk but identified as not being at risk [missed], students truly not at risk but identified as being at risk [misidentify])?*

Social Validity and Treatment Utility:

- *Do students and family support the implementation of the screener?*
- *What valued outcome is the screener intended to inform?*
- *What questions about student mental health problems/risks and well-being/protective factors can be addressed with the screener?*
- *Does the screener align with preventive interventions/Tier 1 supports (e.g., inform intervention)?*
- *Does the screener predict future risk (e.g., identify students who may benefit from additional interventions)?*

Usability and Practicality:

- *Does the district/school have the necessary infrastructure to implement the screener?*
- *How much does the screener cost -- per manual, per student, per use?*
- *Manual or web-based administration, scoring, reporting?*
- *Are multiple translations (e.g., English, Spanish) needed/available?*
- *Are there fiscal resources available to purchase and support the screener use over time?*
- *How many items does the screener contain and how long does it take to administer?*
- *Where and how will the data be securely stored -- via Excel sheets, district-based data systems, or separate online databases?*
- *How will data be used for decision-making?*
- *What are the training and coaching needs to support effective implementation of the screening procedure?*

1. *Professionals with training in statistics, quantitative methods, and measurement (e.g., psychologists) can provide valuable guidance on the appropriate screening tool selection and its use for the intended student population and purpose.*

Cultural and Linguistic Considerations

The Substance Abuse Mental Health Services Administration (SAMHSA) has developed guidance on identifying mental health and substance use problems in students. Contained within this guide are the following cultural and linguistic considerations when engaged in a screening process (SAMHSA, 2011).

Are culturally and linguistically diverse populations being served?

Use of tools developed and tested primarily on an English-speaking population from the mainstream culture introduces many important considerations related to the linguistic and cultural appropriateness of the tool and interpretation of results. Schools should be aware that the predictive effectiveness of available tools and their accuracy in screening cross-cultural populations may not have been fully researched. Lack of research on the cultural appropriateness of the tools requires special attention regarding how to make these tools meaningful for people of different cultures and for those who speak diverse languages. Such attention is especially important because of the significant variation across cultural beliefs and practices in what is considered normal development and developmentally appropriate parenting. Variation may be most significant for preschool and younger students.

What degree of literacy and fluency in English do the respondents have?

Some tools have translations, and some have been tested for a range of literacy levels. However, even when translations are available, schools may need to determine if a tool effectively communicates concepts to the specific population being served. Therefore, it is necessary to determine whether the available translation is easily understood by the participating students, parents/guardians, families, and other informants.

What are the cultural beliefs and values of the service population regarding normal development, mental health, and substance use?

Cultural differences in child-raising customs and in what is considered normal development may show up as problems if the screening tool has not been normed for or informed by such variations. The tool may be consistently misunderstood by the population being served, or it may fail to distinguish the students with problems from those who are developing normally. Different cultural groups should be consulted and asked to identify areas where misunderstandings may occur. If necessary, another tool may be selected, or the existing tool may be modified by rewording a question or weighting certain responses differently than prescribed.

Because changes to the screening tool or the interpretation of the results may affect the tool's validity, it is advisable to consult with the tool's developers before making final changes. Tool developers may have worked with other organizations on tool modifications, or they may have recent research results that have not been published. At the very least, the developers can provide insight into how the proposed changes may affect the screening results.

What are the limitations of using a screening tool that has not been fully tested with a particular cultural group?

If a tool's predictive effectiveness has not been fully researched for a school's target population, the school should keep in mind that the findings may not be as reliable or valid as the findings for students from populations on which it has been normed and studied. Even when language is not a concern, the school should select a tool that is seen to be acceptable, useful, and in accordance with a specific community's values and expectations regarding child raising or mental health.

Few screening tools are designed for and tested on a variety of groups that differ culturally and linguistically from the majority of the population. As a result, feedback from members of such groups is needed to help assess whether proposed screening tools will be clearly understood and to identify any screening items that will not be able to predict targeted problems in that culture.

The knowledge and understanding of cultural values acquired during this process must inform the interpretation of screening results. The person administering the screens must be aware that cultural differences in child rearing may result in very different interpretations of a student's behavior. Items that may be misinterpreted or that can carry a different meaning in a specific culture should be given less weight, and the overall score should be considered less accurate. Ideally, a school will work with its cross-cultural staff and representatives from the different cultural groups it serves to identify such issues, select tools that minimize those issues, and help other staff understand the nature of the cultural differences. Training to help staff members who administer the screens to discuss potential cultural issues with the family also would be of value. The following resources are available for a more detailed discussion of culturally and linguistically appropriate screening tools that have been studied.

Communicating with Stakeholders Before Screening

Involvement of stakeholder groups prior to initiating screening is important to maximize the effectiveness of the process. Schools may want to consider communicating with the following groups to provide valuable information, as well as seek feedback and answer questions regarding the screening.

Parents/Guardians and Students

Encouraging the involvement of parents/guardians before asking consent to conduct a screening is a valuable approach. The positive involvement of parents/guardians may include engaging them in the process of setting goals for a screening initiative and in the selection of methods for identifying mental health problems. Explaining the purpose and intended use of screening tools to students, in language they can understand, is also important.

What schools can do:

- Prepare the school and the broader community by providing information about mental health, screening, and treatment. This approach may include educating residents about the mental health problems that exist in the community and the resources that are needed to address those problems.
- Address parental/guardian concerns regarding the impact of "screening" students (e.g., labeling and identifying students, stigma associated with risk factors).
- Involve families and community stakeholders in the planning of an early identification initiative so their concerns are identified and addressed (e.g., conduct focus groups, ensure that the planning team has parent/guardian and student members).
- Make special efforts to solicit the input and involvement of students and their families as well as the input of different cultural groups in the local community to learn about their beliefs and attitudes about mental health.

Screening tools generally focus on indications of problems. However, it is imperative that schools use such tools thoughtfully in a strengths-based context. Partnering with a family advocacy or youth advocacy organization can help in planning and implementing a family-

friendly or youth-friendly approach. Introducing the screening initiative can present an opportunity to provide information about mental health problems and the value and nature of intervention and treatment, which helps frame the discussion in a strengths-based context.

Involving students in decisions that impact them can benefit their emotional health and wellbeing by helping them to feel part of the school and wider community and to have some control over their lives. At an individual level, benefits include helping students to gain belief in their own capabilities, including building their knowledge and skills to make healthy choices and developing their independence. Collectively, students benefit from having opportunities to influence decisions, to express their views and to develop strong social networks.

School Staff

Involving school staff in the development of a screening process and communicating the intent and outcomes will facilitate "buy in" and cooperation. Teachers and other staff members often provide critical input. Sharing information and communicating with staff in the following ways may be helpful:

- Communicate screening process and procedures
- Provide professional development around implementation and data-based decision making
- Share data and information:
    - Graphs presented at staff meetings
    - Progress of students and effectiveness of systems
    - Screening procedures reviewed prior to each implementation
    - Connecting outcome data to interventions for students

Community Organizations/Agencies

Community providers augment the work of school staff and ensure access to the full continuum of programs and services for all students. Partnering with community agencies allow schools to maximize resources and options available to students and families.

Considerations for communicating with community partners include:

- Develop a memorandum of understanding/agreement of clearly defined roles and responsibilities
- Provide professional development around implementation of screening process
- Share data and information regarding outcomes (upon parental consent)
- Communicate legal/ethical guidelines

Ethical and legal considerations

Before implementing any form of systematic screening, it is important to review any relevant federal, state, local and district guidelines that may help determine the legality, ethics, and typical policy of conducting universal screenings in schools. It is important to emphasize that the screening described in this toolkit *does not fulfill the legal requirements under IDEA.* Schools should reference IDEA regulations regarding "child find" requirements and permissible "screening." However, there is general guidance provided on many issues related to behavioral health screening.

FERPA and HIPAA

The relationship between the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, often

creates confusion on the part of school administrators, health care professionals, and others as to how these two laws apply to records maintained on students. When schools engage in mental health screening, knowing which laws apply and how they will impact the use and communication of screening results is critical. The U.S. Department of Health and Human Services and the U.S. Department of Education issued "Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) And the Health Insurance Portability and Accountability Act of 1996 (HIPAA) To Student Health Records" (https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf). This document seeks to answer many questions that school officials and others have had about the intersection of these federal laws.

In addition, SAMHSA funds the Center of Excellence for Protected Health Information which develops and disseminates training, technical assistance, and educational resources for healthcare practitioners, families, individuals, states, and communities on various privacy laws and regulations as they relate to information about mental and substance use disorders. These include the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2. The intersection of these laws and regulations with other privacy laws such as the Family Education Rights and Privacy Act (FERPA) are also addressed.

https://www.caiglobal.org/index.php?option=com_content&view=article&id=1149&Itemid=1953

Protection of Pupil Rights Amendment

Schools also need to consider rights afforded under the Protection of Pupil Rights Amendment (PPRA). PPRA affords parents/guardians of elementary and secondary students certain rights

regarding the conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include, but are not limited to, the right to:

- *Consent* before students are required to submit to a survey that concerns one or more of the following protected areas ("protected information survey") if the survey is funded in whole or in part by a program of the U.S. Department of Education (ED)

    1. Political affiliations or beliefs of the student or student's parent;
    2. ***Mental or psychological problems of the student or student's family;***
    3. Sex behavior or attitudes;
    4. ***Illegal, anti-social, self-incriminating, or demeaning behavior;***
    5. Critical appraisals of others with whom respondents have close family relationships;
    6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
    7. Religious practices, affiliations, or beliefs of the student or student's parent; or
    8. Income, other than as required by law to determine program eligibility.

- *Receive notice and an opportunity to opt a student out of* -

    1. Any other protected information survey, regardless of funding;
    2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis

screenings, or any physical exam or screening permitted or required under State law; and

3. Activities involving collection, disclosure, or use of personal information collected from students for marketing or to sell or otherwise distribute the information to others. (This does not apply to the collection, disclosure, or use of personal information collected from students for the exclusive purpose of developing, evaluating, or providing educational products or services for, or to, students or educational institutions.)

- *Inspect*, upon request and before administration or use -

1. Protected information surveys of students and surveys created by a third party;
2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
3. Instructional material used as part of the educational curriculum.

These rights transfer from the parents/guardians to a student who is 18 years old or an emancipated minor under State law. A template for PPRA notification to parents/guardians is in Appendix I.

Obtaining Informed Parental Consent

A school must have in place clearly written procedures that comply with a state's legal requirements for requesting consent and notifying legal guardians or students of the results of screening activities. These procedures should identify specific circumstances in which the

information will be shared with other service providers. Schools should consider the following factors when implementing key steps of the screening process:

If the legal guardian is to be the informant, getting parental consent is straightforward.

The school needs to:

- Explain that the tool can help identify if the student has a social or emotional challenge;
- Inform the legal guardians that if such a challenge is identified, they will be assisted in following up on the information;
- Explain confidentiality;
- Let parents/guardians know that they and their students are not required to complete the tool or answer any question they find objectionable; and
- Encourage legal guardians to ask questions and express concerns about their student's social and emotional development.

If the legal guardian will not be present when the screening tool is administered, the school needs to obtain written, informed consent from the legal guardian. Passive consent from parents/guardians may be obtained, if there is a provision for the parent and/or student to "opt out" of the screening. The following steps have been found to be helpful in answering legal guardians' questions and addressing their concerns:

- Provide information about the tool, the process, and follow-up assistance;
- Provide a contact name for someone who can answer questions; and
- Make a copy of the screening tool available to the legal guardians.

It is recommended that organizations require *active consent,* which means that a student is not screened unless the legal guardian has signed a consent form and returned it to the school. However, properly executed passive consent procedures are appropriate. The Wisconsin Department of Public Instruction has developed a "question and answer" document (https://dpi.wi.gov/sites/default/files/imce/sped/pdf/rti-consent.pdf) that provides guidance on obtaining consent for screening

Obtaining the Assent of Students

Although most minors cannot provide legal consent, schools should seek informed assent from a student who is asked to complete a screen. *Assent* is the willing agreement to participate in an activity for which the purpose and process has been explained and any alternatives have been discussed. In addition to being the right thing to do, assent is a practical necessity when the informant's willingness to participate openly is critical to obtaining useful results. In many cases, it may be advisable to document a student's informed assent with a signed assent form. A student who has communicated unwillingness to participate can refuse to participate even when his or her legal guardians have given formal consent. Some schools find it useful to develop guiding principles, such as those developed by the Early Identification Workgroup of the Federal/National Partnership (FNP) for Transforming Child and Family Mental Health and Substance Abuse Prevention and Treatment.

Principles Guiding Screening for Early Identification of Mental Health Problems in Children and Adolescents Developed by the Early Identification Workgroup of the Federal/National Partnership (FNP) for Transforming Child and Family Mental Health and Substance Abuse Prevention and Treatment, December 18, 2006.

1. First, do no harm.
2. Obtain informed consent.

- *Screening should be a voluntary process—except in emergency situations, which preclude obtaining consent prior to screening. In these circumstances, consent should be obtained as soon as possible during or after screening.*
- *Informed consent for screening a student should be obtained from parents, guardians, or the entity with legal custody of the student. Informed assent from students should be obtained. Clear, written procedures for requesting consent and notifying parents/guardians and students of the results of early identification activities should be available.*

3. Use a scientifically sound screening process.

- *All screening instruments should be shown to be valid and reliable in identifying students in need of further assessment.*
- *Screening must be developmentally, age, gender, and racially/ethnically/culturally appropriate for the student to the greatest degree possible and use of results should be informed by potential limits to validity as indicated.*
- *Early identification procedures and approaches should respect and take into consideration the norms, languages, and cultures of communities and families.*
- *Any person conducting screening and involved with the screening process should be qualified and appropriately trained.*

4. Safeguard the screening information and ensure its appropriate use.

- *Screening identifies only the possibility of a problem and should never be used to make a diagnosis or to label the student.*
- *Confidentiality must be appropriately ensured and limits to confidentiality must be clearly shared within the scope of obtaining informed consent/assent (e.g., when immediate steps must be taken to protect life in an emergency situation).*

5. Link to assessment and treatment services.

- *If problems are detected, screening must be followed by notifying parents, students, guardians, or the entity with legal custody; explaining the results; and offering referral for an appropriate, in-depth assessment conducted by trained personnel with linkages to appropriate services and supports.*

Options for Funding Behavioral Health Screening

Funding of screening programs are often incorporated within the larger comprehensive behavioral health program within the school. Following are general best practices suggestions for financing school-based behavioral health programs (National Center for School Mental Health, 2018):

- Create **multiple and diverse funding and resources at each tier** to support a full continuum of services
- Maximize leveraging and sharing of funding and resources to attract an array of funding partners
- Increase **reliance on more permanent** versus short-term funding
- Use best practice strategies to **retain staff**
- Use economies of scale to maximize efficiencies
- Utilize third party reimbursement mechanisms (e.g., Medicaid, CHIP, private insurance) to support services
- Utilize **evidence-based practices and programs** (cost effectiveness; return on investment)
- **Evaluate and document outcomes**, including the impact on academic and classroom functioning
- Use outcome findings to inform school district, community partner (e.g. collaborating systems) contributions, and state-level policy impacting funding and resource allocation.

Many schools support behavioral health and screening programs through the general operating funds of the district. However, following are some suggestions for funding alternatives.

1. Medicaid Early and Periodic Screening, Diagnostic, and Treatment

   There is no service category in Medicaid entitled "school based services", however, the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.

   Periodic developmental and behavioral screening during early childhood is essential to identify possible delays in growth and development, when steps to address deficits can be most effective. These screenings are required for children enrolled in Medicaid and are also covered for children enrolled in CHIP. In order to bill Medicaid for EPSDT services, the service must be coverable in the state plan, the child or adolescent must be a Medicaid recipient and the service must be provided by a qualified provider who meets provider screening requirements. For more information about EPSDT, go to https://www.medicaid.gov/medicaid/benefits/epsdt/index.html.

2. Every Student Succeeds Act (ESSA) Title IV Part A: Student Support and Academic Enhancement Grants (SSAEC)

   SSAEC are flexible block grants and are allocated to states using the Title I finding formula. Funds will be allocated to states using the Title I funding formula. States will allocate funds to LEAs using the same formula. Specialized instructional support personnel must be involved in the development of district plans and applications for these funds.

Districts must use at least 20% of these funds on efforts to improve student mental and behavioral health, school climate, or school safety, which could include:

- comprehensive school mental and behavioral health service delivery systems,
- trauma informed policies and practices,
- bullying and harassment prevention,
- social–emotional learning,
- improving school safety and school climate,
- mental health first aid training, and
- professional development activities

3. ESSA Full Service Community Schools

   ESSA authorizes a competitive grant program to support school community partnerships to address the academic, health, mental health, and other needs of the school and community at large. Any district wishing to receive a full-service community schools grant must specify how specialized instructional support personnel will be involved in the partnership and service delivery model.

4. ESSA Project School Emergency Response to Violence (Project SERV)

   Funds are available to strengthen violence prevention activities as part of the activities designed to restore the equilibrium of a learning environment that was disrupted by a violent or traumatic crisis at a school.

5. SAMHSA Project AWARE-SEA Grants

   The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) accepts applications on an annual basis for Project AWARE (Advancing Wellness and Resilience in Education) - State Education Agency

(SEA) grants (AWARE-SEA). The purpose of this program is to build or expand the capacity of State Educational Agencies, in partnership with State Mental Health Agencies (SMHAs) overseeing school-aged students and local education agencies (LEAS), to: (1) increase awareness of mental health issues among school-aged students; (2) provide training for school personnel and other adults who interact with school-aged students to detect and respond to mental health issues; and (3) connect school-aged students, who may have behavioral health issues (including serious emotional disturbance [SED] or serious mental illness [SMI]), and their families to needed services.

The AWARE-SEA program supports the development and implementation of a comprehensive plan of activities, services, and strategies to decrease youth violence and support the healthy development of school-aged students.

***Set*: Screening Implementation Planning**

Dr. May has established the foundations for her comprehensive behavioral health program. Through her involvement with various stakeholder groups, she has prioritized students' mental health supports within the district's strategic plan and has established an initial goal of "screening" specific grade levels to pilot the process. Dr. May has established a Behavioral Health Team (BHT) which facilitates the overall behavioral health supports for the district and will guide the implementation of the screening process. Realizing that it will take time to "scale up" the screening process, the BHT has recommended screening of students for mental health risk factors during the transition years of grade 6 and grade 9. While the team has selected an evidenced-based screening tool, several additional steps need to be established prior to engaging in screening.

Starting Slow and Small

As schools and districts plan for the incorporation of universal screening as part of their multi-tiered system of support, it is important for teams to understand how to plan for and make decisions from the data collected through the screening instrument. For districts and schools considering adding a universal screening process to their system of support, starting "slow" or "small" is often a prudent initial approach. This allows the school to test out procedures and gain valuable feedback. Starting small provides opportunities to make critical changes to the screening process before scaling up the program.

Examples of "starting slow" may include:

- Screening students during important "transition" grade levels (e.g., grade 6 and 9)
- Targeting specific classes across grade levels that already present risk factors

- Teacher referral for student screening
- Pilot screening with select teachers
- Program/Intervention Evaluation

Staff Preparation

Ideally, individuals involved with both the screening process and outcomes should be included in the planning stage. Schools should consider including the building leadership team (principal, assistant principal, etc.), families, education and mental health professionals, primary care providers, representatives of community agencies and any other relevant individuals (Weist et al., 2007). Planning should include who will complete the screening tool (e.g., student, parent/guardian, or teacher) in addition to when and where the screening will occur, and consideration of issues related to consent, confidentiality, and "buy in" from staff, parents/guardians, and students. It is important to consider the plan for sharing the screening information with parents/guardians, as well as connecting the student to further assessment and/or treatment.

Utilizing Existing Opportunities to Screen

Schools engage in "screening" of students at different points in the school year. Consider using one of the following opportunities to infuse behavioral health screening.

- Physical/vision/dental screening
- Academic screening
- School climate survey
- Youth Risk Behavior survey

It is important for staff to access training to increase their knowledge of emotional wellbeing and indicators of emotional adjustment problems to help them identify mental health difficulties in their students. This includes being able to refer them to relevant support, either within the school or services in the community. This type of professional development is universally important. However, in the context of behavioral health screening, it is vital for staff to recognize and understand the signs and symptoms of *both* internalizing and externalizing emotional problems.

As part of the behavioral health screening process, the behavioral health team (e.g., the school-based team leading the screening process) needs to establish a data interpretation process, training of school implementation teams on this process, as well as building capacity, expertise, and fluency in the use of data to inform decision making (see Data-based Decision Making section in the "Go" chapter).

Resource Mapping

For districts and schools considering adding a universal screening process to their system of support, Missouri School-wide Positive Behavior Support has a planning tool available for teams to use as a guide (MO SW-PBS Tier II, 2017).

As part of the process of assessing the school's ability to respond to the screening data with the adequate level of support, schools can estimate their projected capacity for intervention by

Total Student Enrollment _____		**Our Numbers**		**Our Numbers**
	80%			
	10%		**15%**	
	1%		**5%**	

At _____(School Name)_____, the student population is _____ students. Based on the expected percentages in tiered intervention, _____ students, or 80%, will use expected behaviors when the school implements Tier I Universal practices with fidelity. Approximately _____ – _____ students, or 10-15%, may need additional support, or Tier II Intervention, to reliably perform expected behaviors. Finally, it is possible that _____ –_____ students, or 1-5%, may need the most intensive level of support, a Tier III Behavior Intervention Plan, over the course of the school year.

(MO SW-PBS Tier II/Tier III workbook, 2017)

completing a simple projection table (MO SW-PBS, 2017). The goal is to have effective universal supports in place to sufficiently support approximately 80% of the students and provide the environment to support the success of students who require targeted or intensive support as they learn and practice new skills.

It is important to have a complete understanding of available school and community resources. Mapping services and resources that are available in the school and in the surrounding community to address the mental health needs of students and families is part of the screening process. A key goal of resource mapping is to ensure that all staff is aware of what resources are available within the school and community. There is a need for clear systems of who can make referrals, how referrals will be made, and a plan to follow-up to determine the success of the referral. Resource mapping identifies school and community assets, providing more specific details about the resources/services that are available within the school, neighborhoods, larger community, and State. When resource mapping is done well, there is a systematic process that can match available resources with student and family needs (Lever, et. al., 2014).

The University of Maryland Center for School Mental Health has published the "Resource Mapping in Schools and School Districts: A Resource Guide" (http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Resources/Briefs/Resource-Mapping-in-Schools-and-School-Districts10.14.14_2.pdf). This provides excellent guidance on engaging in a resource mapping process for schools.

Referral Pathways

Schools frequently use school-employed mental health professionals (e.g., school psychologists, social workers) or partner with mental health and substance abuse providers to ensure that

identified students have access to assessment and treatment. Sometimes these mental health partners are integrated in the school setting through school-based mental health clinics or are in the community setting. Organizations that serve students may be reluctant to screen for students with mental health or substance use problems if they believe that appropriate assessment and treatment are not available. When organizations anticipate an access-to-care problem, they should explore the willingness of the local mental health and substance abuse treatment community to support a planned identification initiative. Treatment providers are likely to experience busy times of the year; as a result, providers may be more willing and able to accommodate referrals from a screening program if the program is scheduled for a less busy time of year.

The *School Mental Health Referral Pathways (SMHRP) Toolkit* (https://knowledge.samhsa.gov/resources/school-mental-health-referral-pathways-toolkit) was funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to help state and local education agencies and their partners develop effective systems to refer youth to mental health service providers and related supports. The SMHRP Toolkit provides best-practice guidance and practical tools and strategies to improve coordination and collaboration, both within schools and between schools and other youth-serving agencies. The SMHRP Toolkit supports the cultivation of systems that improve the well-being of young people by providing targeted mental health supports at the earliest sign that a need is present. The SMHRP Toolkit delves deeply into the topic of *referral pathways*, which are defined as the series of actions or steps taken after identifying a student with a potential mental and/or substance use issue. Referral pathways vary from community to community based on cultural and linguistic considerations and the resources available, including the public and private

organizations providing services to school-aged students. School and community-based mental and substance use providers must understand their local community to ensure the seamless provision of supports to students and their families. While referral pathways may involve different partners, depending on the community, all effective referral pathways share similar characteristics:

- They define the roles and responsibilities of all partners in a system.
- They have clearly articulated procedures for managing referrals within and between partners.
- They share information efficiently across partners.
- They monitor the effectiveness of the evidence-based interventions provided by all partners within a system.
- They make intervention decisions collaboratively based on what is best for young people and their families.

The SMHRP Toolkit provides sample memorandums of understanding (MOUs) between school districts and community providers.

The School-based Mental Health Model adopted by the Arkansas Department of Education (http://www.arkansased.gov/public/userfiles/Learning_Services/School_Health_Services/SBMH_Manual_June2012.pdf) is based on a strong foundation of collaboration and cooperation between mental health providers and school districts. Partners share information readily and easily, having established mechanisms to support this prior to implementation of the program through an interagency agreement and/or business associate agreement.

Potential clinical partners include:

1. *Private practitioners*

Health professionals who are willing to support the early identification process and accept referrals to assess students with positive screens.

2. *Local community mental health centers*

In many states, community mental health centers receive state, county, and Medicaid funds to serve children, adolescents, and adults with mental health problems. Some centers also may participate as providers for private health care plans. These centers may be able to accept referrals and generally have some funding to serve students without insurance coverage. They also may be able to refer organizations to the major providers serving private health plans.

3. *Public substance abuse clinics*

Publicly supported substance abuse clinics often serve Medicaid-eligible and uninsured people. Although services for teens may be limited, they do exist. A list of clinics in a state may be found by contacting the state's substance abuse and Medicaid agencies.

4. *Local community health centers*

Community health centers provide primary health care for individuals on Medicaid or for those who are uninsured. Increasingly, such centers also provide mental health services or have partnerships with providers who serve their primary care clients. The Health Resources and Services Administration (HRSA) provides a "Find a Health Center" Web site (http://findahealthcenter.hrsa.gov/) to locate community health centers in specific areas. SAMHSA has developed the Behavioral Health Treatment Services Locator (https://www.findtreatment.samhsa.gov/), a confidential and anonymous source of information

for persons seeking treatment facilities in the United States or U.S. Territories for mental and substance use disorders.

5. *Hospitals*

Hospitals are often willing to collaborate on plans to improve health in their local communities. If hospitals offer psychiatric outpatient services or have affiliated mental health programs, they are likely to participate in the provider networks of many health plans and can be a source of care for students who are members of those health plans. Some hospitals also may accept Medicaid or have funds to provide free care for uninsured students.

6. Non-clinical partners

It is important for schools to consider other potential partners beyond clinical referrals. Students and families will often need and consider "non-clinical" supports before accepting therapeutic interventions.

Additional Non-Clinical Community Partners and Supports

Peer support

Families and students may prefer peer-based services, either as a primary source of treatment, or in addition to engaging in more formal behavioral health treatment services. Consequently, family and student support groups play a valuable role in helping families negotiate service systems, educate themselves about their child's condition, or cope with the demands of a child with special needs. Schools should seek to partner with or offer referrals to family and student support organizations operating within their state.

Faith communities

Communities of faith can be important partners by providing prevention activities and support to their members and the broader community. Many families and students are more likely to seek assistance and support from Faith leaders than from clinical providers.

***Go*: Engaging in Screening**

The Fairhaven School District Behavioral Health Team has prepared the school staff in grades 6 and 9 for the screening process. They are using an online screening tool, so student data will be immediately collected, scored, and stored for reference. The teachers have been provided a script to read to students to ensure uniformity of instructions and implementation. Parents/guardians and students have received numerous communications regarding the purpose, nature, and use of the screening. Fairhaven has stressed to the parents/guardians that the screening is not intended to "diagnose" students, but simply identify risk factors that may interfere with their ability to learn in school and thrive in life. Alternative activities have been established for students whose parents/guardians "opted out" of the screening. The Behavioral Health Team is scheduled to review the screening results to vet the list of "at risk" students, as well as identify students who need immediate follow-up due to their responses to critical items on the screening. Both in school and community resources have been identified through their resource mapping. They are set to GO!

Best Practices in Screening Procedures

Prior to administering the screening, staff education about the instrument and how it is implemented leads to more reliable results. While this will vary based upon instrument and context, it is suggested the following be provided to staff: a rationale for the process (the why); an overview of the instrument, including operationally defining each of the questions asked (the what); and how the results from the process will be used (the how).

Following are best practice considerations for implementation of screening tools:

- Every school should identify a site-based professional responsible for leading the screening process, who will be available and accessible to address any potential issues that may arise (Weist et al., 2007).
- If using technology to administer or compile screening information, it is wise to identify a district technology specialist available to help with technology issues (Lane, 2015).

- Alternative activities should be provided for any students who are not participating in the screening process (Weist et al., 2007).
- A "back to school" event for parents/guardians may be a natural time to address any questions or have them complete the screening (Eklund & Kilgus, 2015).
- Privacy of respondents when answering is of utmost importance and may have an impact on informant responses and validity (Fan et al., 2006).
- Providing proctors (e.g., teachers, research assistants, and school staff) with a specific script to read can help standardize the administration across classrooms and create increased efficiency and ease of use (Dever et al., 2012).
- Staff members proctoring the screening tool should be observant throughout the process and prepared to intervene and refer to an appropriate staff member if a student displays any unintended emotional response (e.g., agitation, crying, anxiety, etc.) (Weist et al., 2007). Be aware that there is a potential for an item to trigger a negative response if it is associated with prior trauma. Mental health support staff should be available for any student who may be experiencing a negative reaction to the screening process.

The Student Voice

When schools engage in screening, there are several factors to consider from the "student's perspective." It is important to introduce the measures to students properly so that they understand why they are being asked to complete it and feel comfortable to answer the questions openly and honestly. Students indicate that the following considerations are important.

1. The emotional experience of completing screening measures

It is often thought that screening measures that contain positively worded items have less emotional impact on students. While this may make the experience of completing the measure easier for students who are not experiencing difficulties, this may not be the case for students who are experiencing difficulties. Answering positively worded items negatively can be distressing or upsetting. For example, answering 'no' to questions such as "I have an adult who cares for me," "I feel loved," or "I feel safe" can be difficult for students. Sometimes negatively framed question can let a young person know they are not the only person with difficult feelings.

2. Where will the measures be completed?

   It is important to consider where students will be sitting when they are completing the measures to ensure this will allow them to complete the measures privately. For example, if students are sitting next to each other in a classroom, they may worry that others will see their answers, and this will affect how honestly they complete the measure. Students also report that it is important to make sure that they are not positioned in ways that makes it seem like an exam or a test.

3. Students who need support to complete the measure

   It is important to think about students who need support from an adult to complete the measure, to enable them to answer openly and honestly. It is important to consider whether the student can choose who supports them. Guidance for support staff to ensure they understand confidentiality, know how to encourage the student to be honest and not say things to please you. Let them know it's ok to be honest.

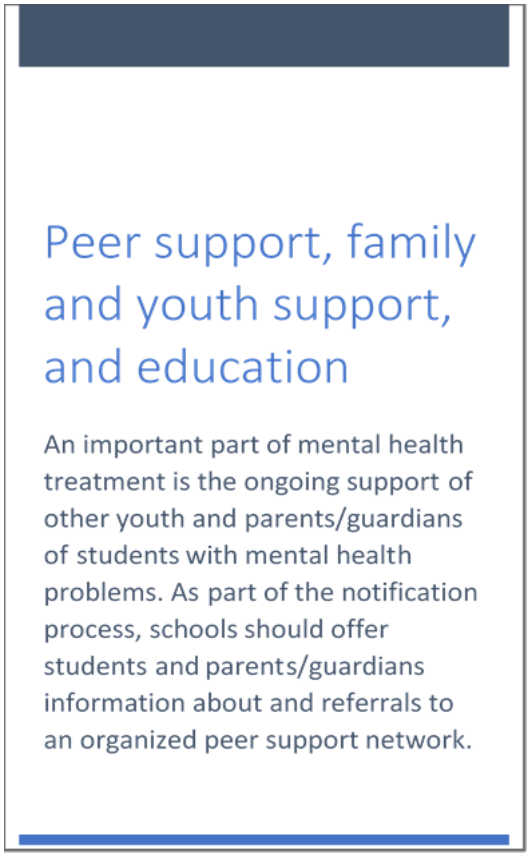
4. Develop a script for introducing the measures and information for students

Students tell us that introducing the measures well is vital to make sure they understand what they are being asked to do, why they are being asked to do it, and to make them feel able to complete the measure honestly. Staff will have varying levels of understanding about mental health, so consider developing a script or set of slides to ensure this is consistent. It may also be useful to give this to students in an information sheet, so that they can ask questions or know who to contact if they need support after completing the measure.

5. Explain circumstances in which parents/guardians will be contacted based upon screening results

Communicating Results to Students and Parents/Guardians

Communicating concerns about warning signs or positive screening results to parents/guardians is imperative. Because parents/guardians must consent to assessment and treatment of their child, and decide how to follow up, they should be contacted promptly by telephone or in person by the individuals trained to discuss students' mental health. Only the warning signs and an explanation of what the screen can determine should be discussed. Neither a diagnosis nor a specific condition should be identified. In addition to informing the parents/guardians at this time, a school should offer resources for assessment as well as assistance in making needed arrangements. The school should



provide details on follow-up assessment conducted by school personnel or by partner agencies in the school or community.

Communicating with parents/guardians who speak languages other than English or who are part of a different cultural group requires special skills. These skills may include speaking the family's language, using the services of an interpreter, and conveying information accurately using language and terminology that is understood. A school should have procedures in place for

Communicating with Families: Tips for School Professionals
(Project AWARE Ohio Brief No.5: August 2015)

1. *Share concerns and test results with parents/guardians in person.*
2. *Provide observations and concrete examples. Avoid generalizations and labels.*
3. *Refrain from making judgments or assumptions about the parents/guardians' decisions regarding treatment or services.*
4. *Don't assume you know how the parent/guardian will react. Remember that denial and anger may exist; relief and validation may also exist.*
5. *Provide current and accessible information about the student's risk factors identified through screening.*
6. *Provide information about local resources for the student and information about parent training and support groups.*
7. *Recognize the parents/guardians' feelings without displaying pity, shame or blame.*
8. *Be willing to participate in problem solving and brainstorming.*
9. *Be open to ongoing communication and support.*

Communicating Positive Screen Results to Adolescents

1. *Meet with the student individually in a private setting.*
2. *Reiterate the nature and intention of the screening tool.*
3. *Discuss range of results of screening (no risk, moderate risk, high risk) and potential reasons why students may fall in one category.*
4. *Explain the student's individual screen results in an open, honest, and direct manner.*
5. *Reaffirm that screening is NOT a diagnosis of mental illness, but an indication of potential signs or risk factors.*
6. *Explain follow-up procedures for further assessment and supports.*

prioritizing the notification of parents/guardians whose child's warning signs or screens indicate the existence of a high-risk or urgent situation. They should be called promptly to find out whether they were able to schedule a timely appointment, whether they have any concerns about getting care, and whether they need another referral. Families often encounter difficulties in accessing mental health services. Schools should check back with families and help them address any challenges they may have encountered or connect them with school-based services.

Data-based Decision Making

After universal screening, behavioral health teams are in possession of a comprehensive list identifying the relative risk status of students in their population. If the school has chosen to use an evidenced-based screening tool, "cut scores" or threshold points for level of risk will be identified by the instrument. Screening results and potential actions will include:

- Positive for risk – need further assessment
- Some risk - monitor
- Negative for risk – nothing or multiple screening

However, it is important to engage in a few steps prior to taking any actions with students.

The first step in the intervention process is to review the validity of the list of students identified by the screening to be at each level of potential risk. Vet the list with classroom teachers, student assistance teams, leadership teams, a school psychologist, or school counselor and check for any students whose screening results are surprises to school personnel. This can be an opportunity to discuss why students may appear "under the radar" and who may be candidates for immediate prevention programming versus a monitoring approach where teachers are notified of the potential risk and are monitored by the Behavioral Health Team but are not asked to do anything

formal. There may be students for whom teachers feel are listed as "at risk" inaccurately. Teachers may self-disclose that their ratings were skewed because of something in the classroom or a personal conflict with the student. If students are self-rating, there may also have some surprising results that warrant discussion. However, this feedback from teachers should not substitute for a full exploration of factors potentially impacting upon students.

Checking the validity of screening results also provides information about the degree to which teachers may perceive many students in an extreme way. In instances like these, it may be that intervention is needed for the teacher and student or that additional support is needed for a teacher's classroom management skills, behavior management strategies, or perspectives on appropriate grade- and age-level expectations.

After a list of screening results is vetted by a small group of professionals, those students determined to meet the criteria for being "at-risk" need further assessment to determine the need for supports and intervention. *It is important to note that students with indicators for extreme risk (e.g., threats to harm self or others, violence potential) need immediate assessment and intervention.* Engaging in "threat assessment" or violence potential is a different process than the screening for risk factors associated with adjustment problems in students. This type of assessment needs to be implemented by trained professionals. Other students who present some risk may be placed on a "monitor" list, which allows for a tracking of these students to watch for changes in their risk potential. Students who present no risk do not need any immediate follow up. However, all students should be included in any subsequent universal screenings.

STUDENTS WITH INDICATORS FOR EXTREME RISK NEED IMMEDIATE ASSESSMENT AND INTERVENTION

For those students with indicators for risk, Vannest (2011) has developed Targeted Intervention Planning (TIP). TIP is an efficient process for quickly bringing prevention and intervention services to students after universal screening. TIP involves problem identification, intervention selection, teacher training, fidelity of implementation, and progress monitoring.

Problem identification

The first step post screening is problem identification. Once a student is determined to be "at risk," further assessment is conducted to determine the level of risk and intensity of intervention needed. Some schools may contract with community providers to conduct follow-up assessment and treatment after a positive screen. However, schools can also conduct school-based follow-up assessment. Administration of broad-based behavioral assessments (e.g., BASC-2, Conners CBRS) is one method to follow up on a positive risk screening. It is important to get additional parental consent for this behavioral assessment. The results from a behavioral rating scale allow schools to target and triage behavior and emotional problems for prevention and intervention. Other options for further assessment of students with identified risk include parent/student interviews to assess severity of risk factors and observations in the classroom.

Sample Notification to Parents/Guardians (Vannest, 2012)

Dear Parent or Guardian,

Our school district cares about the academic progress, health, and well-being of each of our students. After our hearing, vision, behavior, and academic risk screenings this fall, results indicate your student may be at risk in the area of:
____ Behavior and emotion
____ Hearing
____ Vision
____ Academics

To ensure that all students perform well in school, the school requests permission for
____Teacher rating of student behavior or performance (see attached consent form)
____ (List other options here)

If you have any questions or concerns about this information, please contact us at
_____

Intervention selection

After identifying one or more problem area(s) to target, interventions best matched to address those problems are selected. Interventions and supports are based upon the available resources in the school and/or community (see Resource Mapping discussed in section 3-Ready: Implementation Planning). Interventions are based upon the needs of the student, level of severity, and availability and location of services. Dr. Olga Acosta Price (personal communication, June 25, 2018), Director of the George Washington University Center for Health and Health Care in Schools, indicates that no school system can handle ALL students' mental health needs on its own and the need to think about partnerships to accomplish this work. Typical responses by schools to students identified as "at-risk" include referral for services to school-employed mental health professionals, partner mental health agencies co-located in the school, or community professionals. These may include brief, time limited interventions or longer-term therapy. However, it is also important to consider "non-clinical" type interventions based upon the type of risk and needs of the students. "Non-clinical" interventions can include mentoring either in school or in the community, connection to school or community activities (e.g., sports, clubs, social activities, peer supports), and financial and/or legal services.

Directories of Evidenced-based Practices

- ***Promising Practices Network.*** *http://www.promisingpractices.net/programs.asp*
- ***CASEL: Collaborative for Academic, Social and Emotional Learning (SEL programs).*** *http://www.casel.org/programs/index.php*
- ***CSPV: Prevention Research Center for the Promotion of Human Development at Penn State, the Center for the Study and Prevention of Violence.*** *http://prevention.psu.edu/*
- ***USDOE: The United States Department of Education's Exemplary and Promising Safe, Disciplined, and Drug-Free Schools Programs 2001 (USDOE) (US).*** *http://www.ed.gov/admins/lead/safety/exemplary01/exemplary01.pdf*
- ***CSMHA: Center for School Mental Health at the University of Maryland School of Medicine (Recognized Evidence-based Programs Implemented by Expanded School Mental Health Programs).*** *http://www.schoolmentalhealth.org/Resources/Clin/QAIRsrc/Summary%20of%20Recognized%20Evidence%20Based%20Programs6.14.08.doc*
- ***Blueprints for Violence Prevention: Center for the Study and Prevention of Violence, University of Colorado at Boulder.*** *http://www.colorado.edu/cspv/blueprints/matrix.html*
- ***OJJDP: Office of Juvenile Justice and Delinquency Prevention, US Department of Justice.*** *http://ojjdp.ncjrs.gov/programs/mpg.html*
- ***Find Youth Info: Evidence-based Program Directory.*** *http://www.FindYouthInfo.gov/ProgramSearch.aspx*
- ***The California Evidence-based Clearinghouse.*** *http://www.cebc4cw.org/search/select*

Teacher Training

Teachers and other staff are often important components of interventions selected to support students at risk. However, implementation of interventions without appropriate preparation of those who may be responsible for assisting with the support can lead to poor outcomes. Vannest (2012) recommends "use of step-by-step directions with brief teacher training to build capacity." Teachers are more likely to support intervention use when outcomes are positive. Positive outcomes occur most frequently when there is a close match between problem and treatment. Therefore, using data to match interventions to problems and using evidenced-based

interventions are important. Building capacity to use prevention and intervention strategies occurs over time, with support, leadership, and coaching.

Fidelity of Implementation

Implementation fidelity or "treatment integrity" refers to the degree to which an intervention or program is delivered as intended. Whether an intervention to an at-risk student is provided within the school or in the community, some type of fidelity check should be built into the process. This can be accomplished by using evidenced-based programs which generally incorporate fidelity checks into the program. However, all school staff members need to be properly trained to ensure that the intervention is being implemented as intended. Schools can also build in fidelity checks (e.g., implementation checklists, peer ratings of implementation, administrative observation). Creating forms where adult peers can provide praise and feedback is a nice way to make this a positive rather than a punitive experience. Also, when teachers see other teachers executing plans and implementing strategies that are incorporated into academic instruction, they are more likely to learn new practices, feel like the strategies are relevant, and maintain adoption. Studies show that teachers distrust research and the longer they are in the field, the less likely they are to rely on professional literature (Cook, Landrum, Tankersley, & Kauffman, 2003). Peer modeling and support is important to ensure staff "buy-in."

Progress monitoring

When students at risk have been identified, problems targeted, interventions selected, teachers trained, and fidelity checked, then student response can be monitored. It is helpful to have baseline data regarding student responses for the sake of comparison to screening later in the school year. Progress monitoring is the frequent repeated measurement of a specific and clearly

defined behavior or construct (Parker, Vannest, Davis, & Clemens, 2010). Progress monitoring is an essential component both for evaluation of student needs and response to individualized interventions. Schools may want to consider utilizing a screening tool that can be used for the initial screening of risk assessment, *as well as a progress monitoring tool.* For example, the Boston Public Schools Comprehensive Behavior Health Model program (http://cbhmboston.com/) uses the Behavior Intervention Monitoring Assessment System (BIMAS-2) as an initial screener, and progress monitoring tool.

Selection of Interventions within a Multi-Tiered Systems of Support (MTSS) Framework

As discussed previously, screening is part of a school's comprehensive behavioral health support framework. Interventions and supports occur in a "tiered" manner based upon the needs of students. MTSS involves the provision of preventive services to all students, targeted services for students who display emerging problems, and intensive services for chronic or severe adjustment issues. Screening of students is used to identify students at-risk for the development of behavioral and/or emotional problems. Therefore, screening is generally part of a school's Tier 2 services. It is a method to identify students who may need more intensive supports beyond those provided to all students.

Screening results should guide the selection of the intervention. Tier 2 supports may be appropriate for students who demonstrate risk factors that are emerging or indicate the potential development of problems. Tier 3 interventions should be implemented for students who are experiencing extreme risk factors or answer affirmatively on critical items (e.g., self-harm, violence potential). However, schools may also use screening results to evaluate the effectiveness of their Tier 1 universal supports. If screening results indicate the number of students in need of Tier 2 or Tier 3 services beyond the expected ranges (Tier 2, approximately

15% of students; Tier 3, approximately 5% of students), this may be an indication of problems at Tier 1. It is inefficient and unlikely to be sustainable for schools to serve 30-40% or more of their students in Tier 2 and 3 interventions (Kilgus & Eklund, 2016). Schools can use information from a screening instrument in the planning and provision of robust universal supports. The school may use the information to incorporate social-emotional learning more prominently in their school-wide efforts, engage in ongoing professional learning about positive mental health and development, and focus their efforts more specifically to the areas of need indicated by the data.

Review: Monitoring and Follow-up with Students

Fairhaven Schools have completed their initial screening of all students in grade 6 and grade 9. Students who were identified as "at-risk" through the screening tool were vetted by the Behavioral Health Team and those that needed further assessment or intervention have been referred for the appropriate support. However, that does not end the screening process. The Behavioral Health Team (BHT) has established a procedure to monitor the students referred for additional supports, as well as students who presented some risk, but did not need immediate interventions. The BHT has also established a screening calendar to engage in progress monitoring of students identified as at-risk and additional screening dates later in the school year.

Progress Monitoring of At-Risk Students

After students have been screened and appropriate interventions have been implemented, it is important to engage in an ongoing evaluation process to determine the efficacy of the supports and processes with regard to student outcomes. Developing a data base of students identified as being at-risk, who either are receiving further assessment and intervention or who have been designated to monitor, is an important tracking component. This data base can serve as a central location to enter student data for easy monitoring. Schools that utilize Early Warning Systems, as described in the "Ready" section of this toolkit, can develop a section for this student screening data.

Progress monitoring is an essential component of any school program that has a screening process in place. One of the important goals is not just to provide additional support, but to provide support that makes a difference. The greater the support needs of a student, the greater

the risk for long-range problems. Therefore, increased attention to assessing the extent to which support is being provided with fidelity and is effective is important. This information is then used to maintain, modify or terminate support. Consistent with best practices for any intervention, student progress should be measured to examine whether the intervention is effective for that student. Progress monitoring of student outcomes should be based on a discrete and operationally defined behavior or construct (Vannest, 2012). For behavior supports, progress monitoring of office discipline referrals, student grades, attendance, daily progress points, or individualized measures, may occur daily, weekly or monthly (May et al., 2012). If the data collected indicate that student behavior is improving, and the identified need is being met, then the process has served its purpose and the services and assessment should continue. Sometimes the selected service or implementation does not adequately address the need and changes are required.

When the intervention is not having the desired effect, schools should evaluate the following areas:

- Did the original assessment identify the problem correctly?

  While screening is designed to identify the presence of risk factors, the integrity and effectiveness of the follow up assessment is critical. If this assessment does not appropriately identify the needs of the student and individual problems to address, then the prescribed intervention(s) may prove ineffective.
- Is the intervention being delivered with fidelity?

  Evidenced-based interventions are only as good as the manner in which they are implemented. Implementation fidelity checks are an important part of the process. For students receiving intervention from community providers, it is important for schools to seek consent from parents/guardians to communicate to assess progress in treatment.

- Does the student need more intensive intervention? Failure to respond to intervention may be an indicator of the need to increase the level and intensity of intervention provided. This should only be done after appropriate problem identification has occurred, implementation fidelity is ensured, and sufficient time has been given for the initial intervention to be effective.

Options for Screening Frequency

Frequency will vary by screening instrument and school's context and purpose for screening. Screening instruments will provide guidance with how that tool should be utilized. If no specific guidance is provided, schools often engage in the screening process at least two times throughout the school year. The first administration take place approximately six weeks into the school year. Some schools choose to complete a second administration approximately four weeks after the start of second semester. Practical application dictates that schools find a balance between intensity/demands on staff and stakeholders to gather the data and the overall usability of the results. It is important that each administration results in schools/districts meaningfully utilizing the data that is collected and fits within the overall student monitoring system (e.g., early warning system).

Feedback on the Screening Process

Effective screening programs in schools will evaluate the screening process to determine what worked well and potential areas for improvement or change.

- Fidelity data collected during the screening administration process should be evaluated to examine potential patterns of low fidelity, which may require future changes to the universal screening process.
- Any follow-up should involve work with implementers to address any issues and help reinforce the importance of implementing the screener as the school leadership team designed.
- Feedback from anyone involved with the screening process (teachers, aides, students, administrators, etc.) should be considered and reviewed by the Behavioral Health Team to improve the process in the future.

Sample Data Entry Schedule

	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
Student Demographics	X	X	X			X				
Report Card			X			X		X		X
Screening Data		X						X		
Discipline Referrals			X			X		X		X
Attendance Data			X			X				X

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Appendices

Appendix I: Exemplars and Templates

Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide Positive Behavior Support

https://www.pbis.org/common/cms/files/Current%20Topics/Final-Monograph.pdf

Early and Periodic Screening, Diagnostic, and Treatment

https://www.medicaid.gov/medicaid/benefits/epsdt/index.html

Missouri Schoolwide Positive Behavior Support Tier 2 Team Workbook

http://pbismissouri.org/tier-2-workbook-resources/

Model Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA)

https://www2.ed.gov/policy/gen/guid/fpco/ppra/modelnotification.html

Ohio PBIS Network "School-Wide Universal Screening for Behavioral and Mental Health Issues: Implementation Guidance."

http://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

School Mental Health Referral Pathways (SMHRP) Toolkit

https://knowledge.samhsa.gov/resources/school-mental-health-referral-pathways-toolkit

School-based Mental Health Model adopted by the Arkansas Department of Education

http://www.arkansased.gov/public/userfiles/Learning_Services/School_Health_Services/SBMH_Manual_June2012.pdf

Strategic Recommendations: Creating Capacity for Mental Health Services for SCUSD Students

http://www.scusd.edu/sites/main/files/file-attachments/final_report_-_creating_capacity_for_mh.pdf

The Early Warning System (EWS) High School Tool

http://www.earlywarningsystems.org/resources/early-warning-system-high-school-tool/

The Early Warning System (EWS) Middle School Tool

http://www.earlywarningsystems.org/resources/early-warning-system-middle-grades-tool/

University of Maryland Center for School Mental Health (CSMH) "School Mental Health Teaming Playbook: Best Practices and Tips from the Field"

http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Reports/School-Mental-Health-Teaming-Playbook.pdf

University of Maryland Center for School Mental Health (CSMH) "SCHOOL MENTAL HEALTH SCREENING PLAYBOOK"

http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Reports/School-Mental-Health-Screening-Playbook.pdf

University of Maryland Center for School Mental Health "Resource Mapping in Schools and School Districts: A Resource Guide"

http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Resources/Briefs/Resource-Mapping-in-Schools-and-School-Districts10.14.14_2.pdf

The U.S. Department of Health and Human Services and the U.S. Department of Education "Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) And the Health Insurance Portability and Accountability Act of 1996 (HIPAA) To Student Health Records"

https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf

Appendix II: Promising Practices from States and School Districts

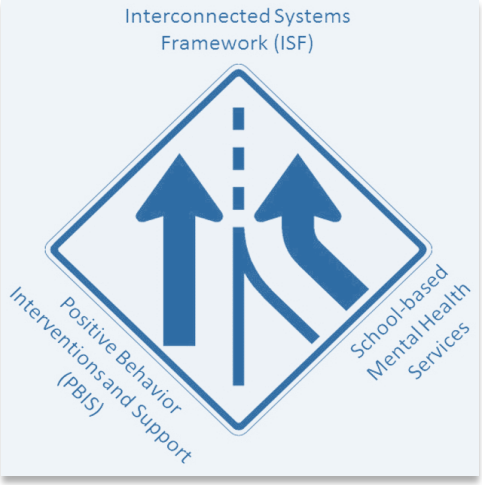
Following are examples of school districts or state level initiatives related to behavioral health screening of students.

Pulaski County Schools

Pulaski County, Kentucky

Building a Model for Student Success via an Integrated Systems Framework and Universal Screening

Research and support is emerging regarding the blending of school-based mental health care and school-wide Positive Behavioral Interventions and Supports (PBIS) to improve student outcomes. This blending of systems has become referred to as the Interconnected Systems Framework (ISF). ISF is an implementation framework that creates and guides the linkage between education and mental health systems to leverage and maximize the benefits of both systems of care for students.



Pulaski County Schools have been a leader in Kentucky with integrating educational and mental health systems and have recently added a core foundational activity of universal screening for behavioral health needs. Universal screening expands the information available on a child beyond the existing academic, attendance and discipline data and includes social and emotional needs that may be getting in the way of student success.

Screening data on all students can provide an indication of an individual student's performance and progress compared to the peer group's performance and progress. These data form the basis for an initial examination of individual and group patterns on specific academic, social, and behavior skills. Universal screening is the least intrusive level of assessment completed within Pulaski County Schools' Response to Intervention (RTI) system and helps educators and parents identify students early who might be "at-risk" for developing learning, behavior and/or social-emotional challenges.

Beginning in the 2017-18 school year, Pulaski County Schools introduced the Student Risk Screening Scale (SRSS-IE). This particular screener was chosen due to its ease of administration, low level of intrusiveness and solid research base.

Key Milestones in the Creation of an Interconnected System

The timeline below documents key dates and activities related to the enhancement of Pulaski Public Schools' approach to identifying and addressing the social and emotional needs of their students.

KEY MILESTONES IN THE CREATION OF AN INTERCONNECTED SYSTEM

Early Efforts

2001

First MOUs with community mental health agencies for school-based services

2006

Early Implementation of PBIS

Project AWARE Kentucky receives 5-year Federal Grant

2015

Receipt of Federal dollars (AWARE) to train Mental Health First Aiders and augment school-based mental health services

2016

District staff attended ISF Awareness Training and reviewed research of ISF (AUG-OCT)

District introduced mental health providers to ISF and solicited mental health representative for District ISF Team (NOV)

Meetings with key school personnel to introduce ISF and pilot project (NOV)

2017

Identified 3 schools to be pilot sites for ISF (JAN)

Held initial meeting of District ISF Implementation Team (FEB)

Pilot sites complete implementation history (MAR)

Oriented mental health providers to ISF and to school practices/culture (SUMMER)

Expanded ISF school-based implementation teams to include mental health professional (SUMMER)

Began process for automating universal screening data (SUMMER)

Expanded training capacity with ISF TOT training (NOV)

2018

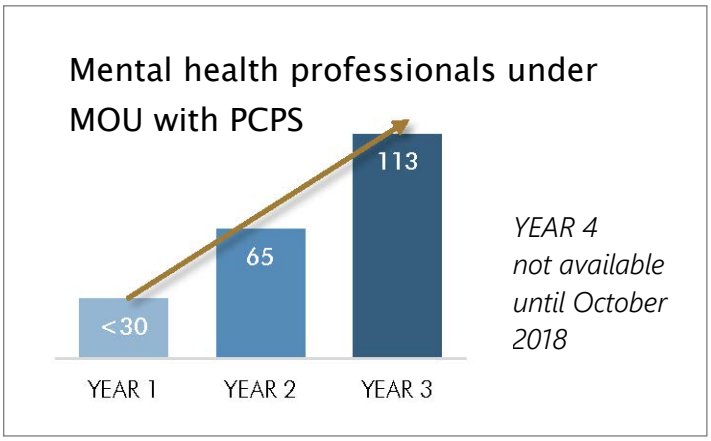
Implemented UNIVERSAL BEHAVIORAL SCREENING (SRSS-IE) in pilot schools (SPRING)

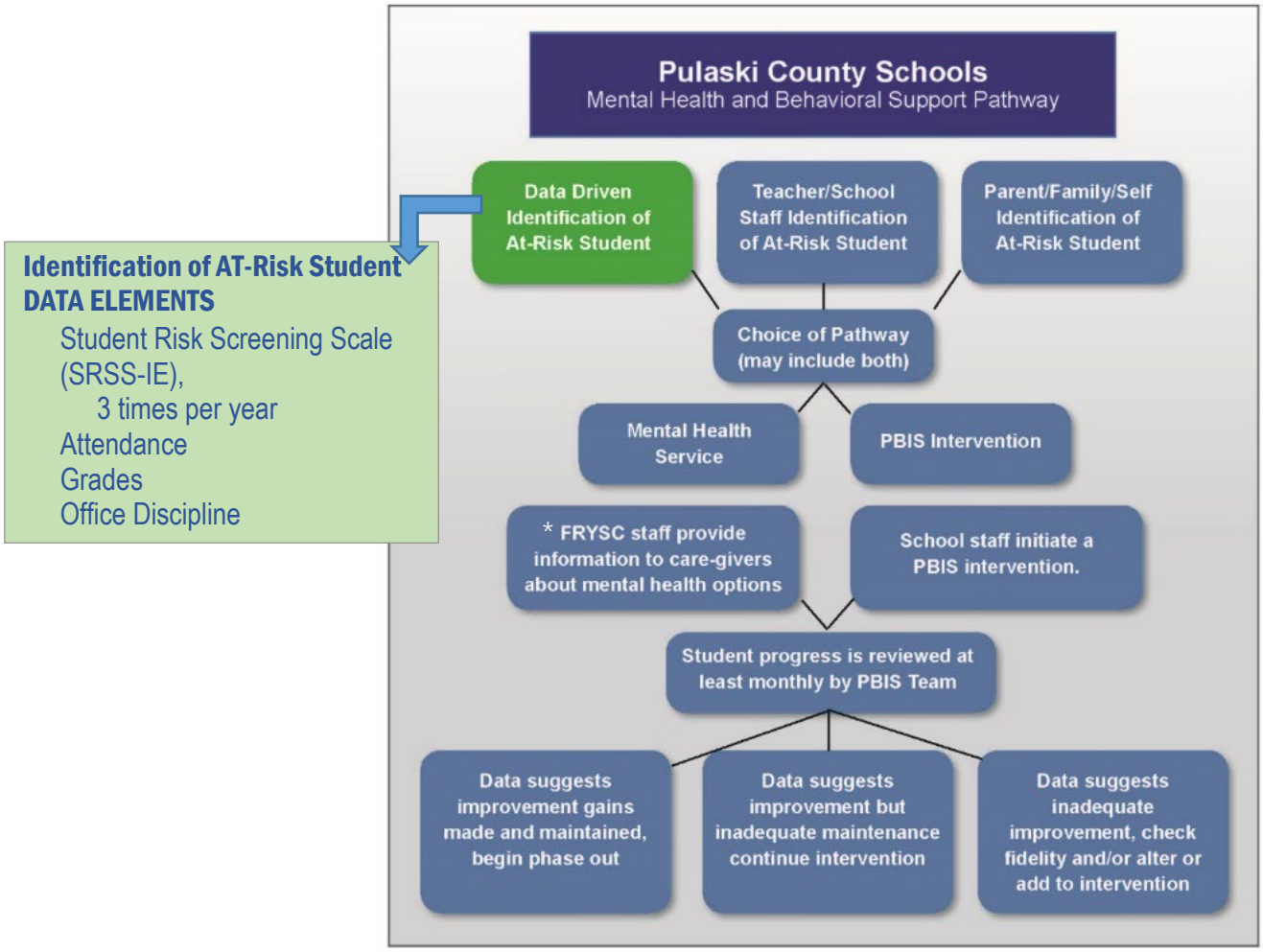
Updated District Action Plan to include district-wide roll-out of ISF and Universal Screening (SUMMER)

Trained community mental health professionals: *Ethics and Best Practices in School-based Mental Health* (SUMMER)

Expanded Use of Mental Health Professionals to Address Need

The chart below documents the enhanced focus on mental health in recent years with an increase in the number of community-employed, school-based mental health clinicians available to Pulaski County students.

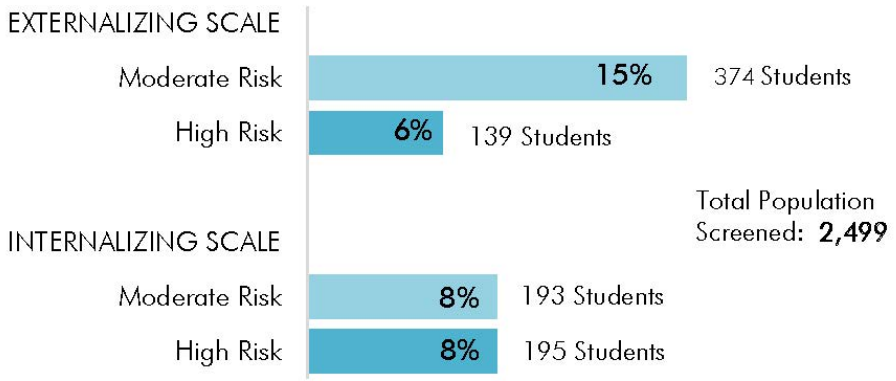




* Family Resource and Youth Services Centers

With the addition of a process for screening all students for risks associated with their social and emotional health, Pulaski County has another key source of information in determining a student's need and deciding on a strategy for addressing the need. Prior to implementing the process system wide, the SRSS-IE was piloted in an elementary school, a middle school and a high school.

As seen in the data below from the 3 pilot schools, the Student Risk Screening Scale (SRSS-IE) measures both internalizing behaviors and externalizing behaviors. While the students with externalizing behaviors may have been identified through the office discipline data set, the SRSS-IE enhances the likelihood of identifying students who might otherwise go unidentified such as a student whose response to trauma is to withdraw rather than act out. **Data in chart below highlight the value of a scale that screens for both.**



Summary of Key Enhancements when PBIS becomes an Integrated Systems Framework

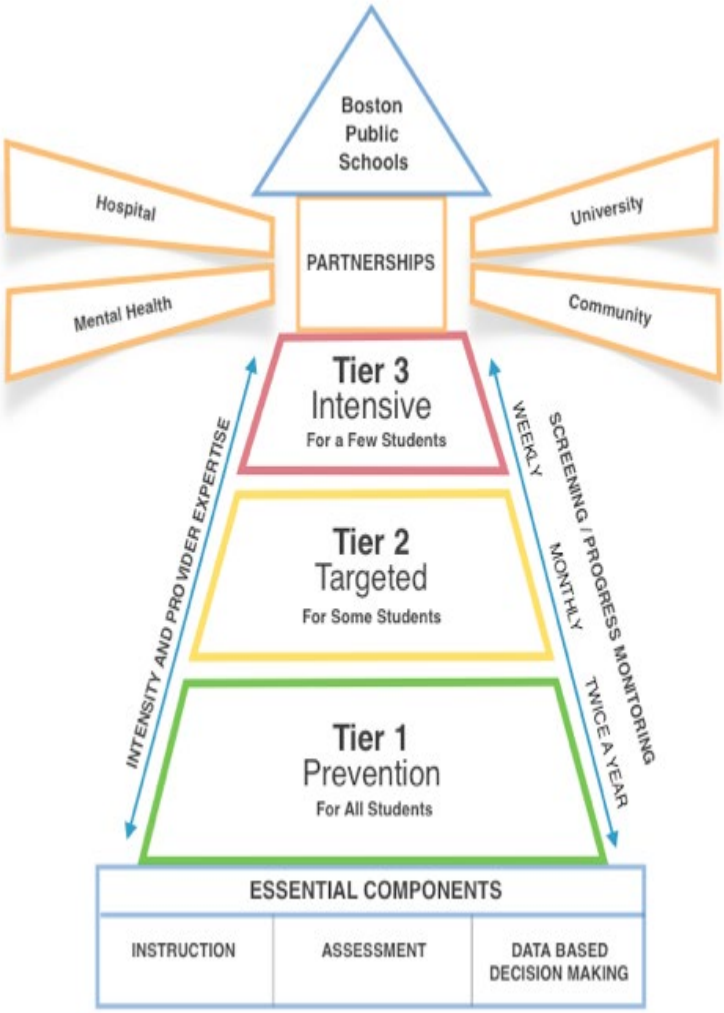
1. Screening for social, emotional, and behavioral concerns; both internalizing and externalizing; allows students to be identified early and linked to the appropriate intervention
2. Community partners, including parents and community mental health professionals, can provide an expanded view of how students live and how they respond to their environment (school, community, home).
3. Community partners who are familiar with operations of the school can enhance the school-based team in ways that promote healthy social and emotional function for ALL students. Clinicians move from being a separate and singular response to identified social and emotional needs to being social emotional leaders within the school building.
4. Cross training with community employed and school employed mental health staff yields interventions that are more consistently and competently delivered.

For more information:
Lori Price: lori.price@pulaski.kyschools.us
Dusty Phelps: dusty.phelps@pulaski.kyschools.us
http://www.pulaski.net/for_staff/exceptional_children/rt_i__response_to_intervention/rti_for_behavior__pbis__and_mental_health_supports

Welcome to the Boston Public Schools Comprehensive Behavioral Health Model!

Picture a school in which children, families, faculty and community partners feel welcome and valued. Every child experiences a pro-social curriculum as part of her classroom and school experience. Teachers periodically review each of their students' behavioral health strengths and needs. Students in need of additional support are provided appropriate services in a timely fashion. Teams of teachers and administrators review student behavioral health data and progress on a regular basis. Community partners, families, and school personnel meet periodically and are in consistent communication about children that are receiving additional support.

CBHM Lighthouse Model



COMPREHENSIVE BEHAVIORAL HEALTH MODEL
Multi-Tiered System of Supports for BPS

Every Child Deserves a Safe and Supportive School

CBHM promotes positive school climate and social and academic success for all students. CBHM is a comprehensive model that integrates tiered supports and services within a school according to student needs and recognizes family and community partnerships as an integral part of a school's success.

CBHM is currently in 40 Boston Public Schools. CBHM launched during the 2012-13 school year in 10 BPS schools. Each year, another 10 schools join the model. Currently, 40 schools have joined CBHM with more added every year! Each participating school has begun to implement a tiered model of interventions and support, including a universal social emotional learning curriculum and the CBHM screening tool, which helps schools better understand and respond to each student's behavioral health needs.

CBHM is Growing! Each school year a new cohort of 10–15 BPS schools will be added in order to expand CBHM supports across the district.

Screening Tool

Creating safe and supportive learning environments that optimize academic outcomes for all students includes identifying and responding to student needs with interventions and services. The most effective way to identify these needs is through universal screening using a data-based approach. As part of CBHM, universal screenings are conducted using the Behavior Intervention and Monitoring Assessment System (BIMAS).

The BIMAS is a brief, repeatable measure of social, emotional and behavioral functioning in children and adolescents ages 5-18. The BIMAS includes 34 items that are used for universal screening and response to intervention. It was developed based on years of research and a scientific model that identified items that are sensitive to change.

As part of CBHM, BIMAS serves three main objectives:

- Universal Screening: the small number of items on the BIMAS allows for classroom teachers to rate her/his students quickly and effectively. The BIMAS can detect students in need of further assessment and identify their respective areas of need.
- Student Monitoring: Students that are identified as being in need of additional supports and services can have the effectiveness of their interventions monitored trough the BIMAS system to provide feedback about the progress of the individual students or groups in intervention programs.

- Program Evaluation: The methods of data collection and analysis allow for reviews of changes in a group of students receiving supports and interventions. This can help determine the most effective interventions.

For more information about the Boston Public Schools CBHM program, http://cbhmboston.com/.

SCHOOL-BASED MENTAL HEALTH MANUAL

Arkansas Department of Education

The Arkansas Department of Education has fostered the development of approved best practice school-based mental health programs within Arkansas public school districts. These programs are grounded in and based on the following principles:

- An emphasis on early identification
- Full integration with the community and it's resources
- Placing students and their families at the center of service decisions
- Providing services that are culturally competent
- A focus on promoting school attendance and academic success
- Services and supports validated by research and evidence-based practices
- The use of technology, including telecommunications

Access to a full array of mental health services is promoted at the school site within these approved programs, always at no cost to students and their families. Best practice school-based mental health services are characterized by the following:

- Student Supports
- Depending on the needs of students, an array of ―pullout interventions, including evaluation, crisis services, diagnosis, individual, group, family therapy, case management and day treatment
- Comprehensive intake, referral, and case management processes
- A collaborative partnership between school district and mental health provider staff
- Access to school-based mental health services without regard to student or family Medicaid enrollment status and without cost to students and their families
- Appropriate linkages with community, regional, state and national resources
- Participation in Title XIX, Medicaid, either through provider enrollment or purchased service contracts
- Maximum utilization of alternative funding streams, including third party payers, public targeted and competitive grants, and private foundation funds.

Once approved, school-based mental health programs have access to these resources through the Arkansas Department of Education:

- Auspices of working as an ―ADE Approved SBMH Program‖
- Technical Assistance, as needed
- Formalized best practices sharing among approved programs
- Current and topical evidenced-based research focused on Arkansas school-based mental health data

- Specialized training targeting Arkansas school-based mental health service delivery issues and practice

For more information regarding the SCHOOL-BASED MENTAL HEALTH MANUAL Arkansas Department of Education, http://www.arkansased.gov/public/userfiles/Learning_Services/School_Health_Services/SBMH_Manual_June2012.pdf.

Florida AWARE Model: The purpose of the Florida AWARE program is to build state capacity to support districts in promoting mental wellness and ensuring that Florida youth who experience mental health problems have timely access to effective and coordinated supports and services. The program focus is on long-term systems change for integrating school and community-based mental health supports within a multi-tiered service delivery framework based on a shared youth, family, school, and community vision. At the state level, partners from multiple youth serving systems and organizations serve on a State Management Team that provides oversight and leadership. At the local level, three Florida AWARE districts (Duval, Pinellas, and Polk) are developing and implementing a multi-tiered system of mental health supports that will serve as a model for future scale up. Florida AWARE builds on the Florida Department of Education's successful implementation of multi-tiered models that focus on creating sustainable long-term change based on prevention and implementation science.

Technical Assistance for LEAs: University of South Florida (USF) Florida AWARE project staff provide the three Florida AWARE districts with ongoing technical assistance and coaching support to build capacity for a comprehensive and sustainable multi-tiered system of supports for complete mental health. For the specific focus on Universal Social Emotional Screening within a MTSS, initial technical assistance provided to all three AWARE LEAs by USF AWARE staff focused on two objectives for participating district teams:

- Increased knowledge and understanding of the value and function of universal screening within a comprehensive multi-tiered system of social and emotional supports.
- Develop plans and procedures for implementing a universal social and emotional screening system for informing evidence-based interventions, progress monitoring, and evaluation.

Each district team received tools and ongoing technical assistance for initial selection and implementation of an evidenced based, universal, social-emotional screening measure aligned with district goals for improving student mental health outcomes. District goals were based on information obtained by a comprehensive needs and resource assessment and guided by the district's vision for development of their implementation framework. District teams facilitated the process of developing a system for implementing universal, social-emotional screening, which involved working closely with the district legal representatives to address local, state and federal policies. Strategies for securing and obtaining buy-in from key stakeholders, including leadership, varied greatly amongst these three large districts. Duval and Pinellas County chose to stagger their implementation by starting with one grade level per pilot school with the addition of a grade level each year of implementation. After three years of screening implementation, Duval has continuously built to a current level of full screening at two middle pilot schools and three grades at four elementary pilot schools. Polk County initially started with implementation focus on one pilot school with progression planned each year for adding pilot schools for full screening and after three years of implementation is currently screening three elementary schools. Pinellas is reexamining procedures to address barrier to implementation and is considering selection of another universal, social-emotional screener as the measure the district

had attempted to implement had high social validity but lacked alignment with program goals for identification of students for early intervention that are at-risk for mental health problems.

Ongoing and Future Technical Assistance: Duval and Polk are currently focused on building increased screening practices within their pilot schools and increasing capacity of district and school teams to use social-emotional screening data with other outcomes measures, such as Early Warning Indicators, for ongoing problem solving and tiered decision making. Duval County is also starting to focus on districtwide scale up of the screening procedure they have developed. For both of these districts, building capacity for effective and integrated databased decision-making is an area of continuous improvement and future technical assistance for district and school teams. Pinellas is currently reestablishing district buy in to overcome challenges of changes in school leadership, lack of teacher buy in, low response rates during the pilot implementation, and reevaluating instrument selection.

Lessons Learned/Reinforced For Success: A shared vision should drive development of a comprehensive framework to meet the mental health needs of all students. This includes leadership teams involving key stakeholders when making decisions about selection and planning for implementation of social-emotional screening measures and careful consideration for not only the validity of screening measures, but also contextual, cultural, ethical and legal implications. Leadership teams should invest heavily in the planning and initial implementation process to ensure that adoption of a universal social-emotional screening system results in meaningful data that informs implementation and, ultimately, improves student outcomes, and, in turn, increases buy-in for scale up. District and school-based leadership support and ongoing technical assistance to schools developing their universal screening system is crucial to success. Especially when there is clear plan for scaling up, starting small can be highly beneficial for working out consensus on procedures such as consent, training and supports, and technology challenges. Collaborating early with district legal counsel and IT has been a vital to successful implementation. Developing a professional learning community with other districts implementing universal social-emotional screening and seeking out ongoing technical assistance have been critical to adoption. Universal social-emotional screening is a process that involves commitment to continuous improvement as evidenced by all three Florida AWARE districts.

For additional information, access to our resources, please contact Natalie Romer (romer@usf.edu) or Catherine Raulerson (craulerson@usf.edu).

The ***Project About School Safety*** is a randomized controlled trial funded by the National Institute of Justice (Award No. 2015-CK-BX-0018; 2016-2019, PI, M.Weist; Co-PI, J.Splett) to test the effects of the Interconnected Systems Framework (ISF) on school safety in elementary schools.

The ISF is a process and system for blending Positive Behavioral Interventions and Supports (PBIS) and school mental health (SMH) to improve the depth and quality of interventions delivered within a multi-tiered system of support (Barrett, Eber, & Weist, 2013). This process includes integrating PBIS and SMH around three components of ISF, including teaming, data-based decision making, and evidence-based practices. School-based teams for PBIS and multi-tiered intervention service delivery are expanded to include mental health professionals and mental health topics (e.g., school-wide social, emotional, and behavioral expectations; evidence-based Tier 2 interventions for behavioral and mental health concerns). Universal mental health screening is conducted to expand school teams' data-based decision making. In addition, the array of interventions delivered is expanded to meet the behavioral and mental health needs of all students. Combined, the universal mental health screening and intervention array enable school teams to identify and address early intervention and prevention opportunities for all behavioral and mental health needs (Splett et al., 2018; Weist et al., 2018). Preliminary findings of the NIJ-funded study are positive, documenting impact on improved team functioning, increased identification and intervention services for students in need, particularly youth of color, and improved students' teacher-rated social, emotional, and behavioral (SEB) functioning.

Universal mental health screening was one component that schools randomized to the ISF condition implemented during the *Project About School Safety*. Eight schools in two southeastern school districts implemented the ISF. Schools implementing the ISF implemented universal mental health screening via a team-led process with training and technical assistance to support data-based decision making inclusive of the newly collected screening data.

Team-Based Implementation

Universal mental health screening was adopted and implemented in schools implementing ISF via a multi-layered team approach. At the district level, a team of leaders from the school district and community mental health agency worked together to guide implementation of the ISF and universal mental health screening. The district-community leadership team provided decision-making and guidance regarding the universal screening instrument selected, informed consent procedures, implementation procedures and timelines, and professional development and technical assistance offerings. With regards to informed consent, both school districts used waiver of written consent or opt out procedures that aligned with procedures they use for academic screening and intervention in their Response to Intervention model. Letters informing parents of academic screening and intervention that were sent home at the beginning of the school year were expanded to be inclusive of universal mental health screening and intervention and copies provided to each school for distribution.

At the school level, existing leadership and intervention teams were expanded to include school and community-based mental health professionals, consider universal mental health screening data at all levels of service delivery, and access an enhanced array of interventions inclusive of behavioral and mental health intervention practices. The school teams were led by building administrators including principals, assistant principals, and/or student service managers with responsibilities assigned to team leaders and members for agenda setting, meeting facilitation, data review, note-taking, and time keeper. Teams were trained to use efficient teaming operating procedures (e.g., defined roles and responsibilities, clear meeting purpose and agenda, action plans reviewed and updated at beginning and end of meetings; Splett et al., 2017) such that members' satisfaction and engagement with team meetings would improve leading to improved decision making and accountability between team meetings. Teams were also trained to evaluate their team functioning, set action plans to improve, and evaluate progress regularly such that the teaming process in which universal mental health screening was implemented was prioritized and followed with fidelity. Preliminary findings indicate team functioning improved in ISF sites and was significantly better than in schools randomized to control conditions not implementing ISF.

Data-Based Decision Making

Once the universal screening data were collected, school teams followed guidance and training provided by the project and district-community leadership team to (1) integrate results with other existing school records data, including early warning indicators (e.g., attendance, discipline, course grades), test scores and other measures of academic performance, (2) reviewing data at multiple levels (e.g., school-wide, grade level, classrooms, gender and race/ethnicity), (3) planning Tier 2 and 3 interventions following pre-determined data decision rules and intervention protocol, and (4) monitor need for intervention in comparison to intervention receipt at multiple levels (e.g., school-wide, grade-level, gender and race/ethnicity, and problem type) to ensure students in need are getting intervention. More specifically, instructions were developed and training provided such that school team leaders could integrate universal screening data with other existing school records into one sortable spreadsheet. Instructions were also developed and training provided to help school leaders and data review team members complete data review procedures prior to team meetings, share results with team members, and facilitate data-based decision-making discussions. Data decision rules and intervention implementation protocols were developed by the district community leadership teams including data-based entry/exit criteria, implementation procedures, fidelity monitoring, and progress monitoring for each intervention available in the district's expanded array of services. District leaders trained school teams and mental health professionals in using this protocol to identify students in need of Tier 2 or 3 interventions, plan and implement the intervention, and monitor implementation and student progress. Finally, progress of the team in using universal mental health screening data to allocate intervention services was monitored by comparing need identified by the screener with intervention receipt at multiple levels (e.g., school-wide, grade-level, gender and race/ethnicity, and problem type). Team leaders and data review members were trained to track these data and

review findings in their team meetings 2-3 months after screening data were collected. When needs were not being addressed at acceptable rates, teams engaged in data-based action planning to examine why students in need were not receiving interventions at acceptable rates and implement procedures to improve. Using these strategies, preliminary findings suggest the proportion of students in need who received interventions in schools implementing ISF exceeded the proportion achieved in schools randomized to control conditions and improved between each subsequent year of study implementation.

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Weist, M.D., Eber, L., Horner, R., Splett, J., Putnam, R., Barrett, S., Perales, K., Fairchild, A.J., and Hoover, S. (2018). Improving multi-tiered systems of support for students with "internalizing" emotional/behavioral problems. *Journal of Positive Behavior Interventions, 20(3),*172-184.

Appendix III: Research-based Screening Tool Compendiums

CSMH Comparative Review of Free Measures for School Mental Health

http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Resources/Briefs/CSMH-Comparative-Review-of-Free-Measures-for-School-Mental-Health.pdf

Ohio Project Aware Mental Health, Social, Emotional, and Behavioral Screening and Evaluation Compendium (2nd Ed)

http://education.ohio.gov/getattachment/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources/Project-AWARE-Ohio/Project-AWARE-Ohio-Statewide-Resources/Compendium-Version-2.pdf.aspx

SAMHSA Identifying Mental Health and Substance Use Problems of Children and Adolescents: A Guide for Child-Serving Organizations

https://store.samhsa.gov/shin/content/SMA12-4700/SMA12-4700.pdf

Appendix IV: Technical Assistance and Mentoring Network

Susan Barrett
Director, Mid-Atlantic PBIS Network
Implementer Partner
Center on PBIS
www.pbis.org
443-377-2407
sbarrett@midatlanticpbis.org

Christina Borbely, PhD
Center for Applied Research Solutions
cborbely@cars-rp.org
707-929-4728

Mary Zortman Cohen, Ph.D.
Boston Public Schools
District MTSS Coach
mcohen@bostonpublicschools.org
781-975-0090

Katie Eklund, Ph.D.
Assistant Professor, School Psychology Program
Co-Director, Madison Education Partnership
University of Wisconsin-Madison
1025 W. Johnson Street
Madison, WI 53706
katie.eklund@wisc.edu
(608) 265-8091

Elizabeth "Betsy" Kindall, Ed.D.
School Based Mental Health Services Coordinator
Arkansas Department of Education
OUR Educational Cooperative
PO Box 610
Valley Springs, AR 72682
Office: 870.302.3094
Cell: 501.580.6827

Nancy A. Lever, PhD
Associate Professor
Co-Director - Center for School Mental Health
Executive Director - University of Maryland School Mental Health Program

nlever@som.umaryland.edu
443-506-6326

Olga Acosta Price, Ph.D.
Director, Center for Health and Health Care in Schools
Associate Professor, Milken Institute School of Public Health
The George Washington University
oaprice@gwu.edu
http://www.healthinschools.org

Joni Williams Splett, Ph.D.
Assistant Professor
School Psychology Program
University of Florida
splett@coe.ufl.edu
(352) 273-4252

Kathryn Tillett, MSSW, CSW
Kentucky AWARE Project Director
Kentucky Department of Education
300 Sower Blvd, 5th Floor
Frankfort, KY 40601
(502) 564-4970
kathryn.tillett@education.ky.gov

SAMHSA

Substance Abuse and Mental Health
Services Administration

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