

# UNIVERSAL SCREENING GUIDANCE

## Mental Health, Social, Emotional, and Behavioral Health

Updated 12.17.2021

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\*This document is intended to support district and school leadership teams in developing robust and effective Universal Screening practices for social, emotional, and behavioral health and wellness within a multitiered system of support. For the reader's convenience, this document contains examples of potentially useful products and resources. The inclusion of such information does not constitute an endorsement by the Rhode Island Department of Education, nor a preference/support for these examples as compared with others that might be available.



## INTRODUCTION

Rhode Island, along with the rest of the world, experienced the effects of the SARS COVID-19 Pandemic. School closures in March 2020 required a swift shift to virtual learning and students, parents, educators, administrators, and community partners adapted to the changes in varying ways. The resulting work through the SY 20-21 was laudable, however the need to assess the impact on school communities of the change was evident. The Rhode Island Department of Education (RIDE) convened the Learning Equity and Accelerated Pathways (LEAP) Task Force, including state and national leaders across a variety of education topics to explore how the State, school districts and schools can utilize Elementary and Secondary School Emergency Relief (ESSER) 2 and ESSER 3 funds to address the loss of instructional time by accelerating learning, and the impacts associated with the pandemic experience on the mental health of students and school community. The RIDE School Health Team also convenes the School Health Advisory Council (SHAC) to provide guidance and connections around several grant efforts related to school climate transformation and mental and behavioral health. The below-mentioned LEAP goals and recommendations were shared with the SHAC, and this document is a direct result of that conversation.

The RIDE released the [Learning, Equity and Accelerated Pathways \(LEAP\) Task Force Report](#) in April 2021 to guide planning in School Years 21-22, 22-23 and 23-24. The goals of the Task Force included:

1. Assess the impact of COVID-19 upon the schools and the communities.
2. Analyze Rhode Island-specific academic and non-academic data.
3. Identify areas of focus and engage with national experts in each of those areas.
4. Provide field guidance and align stimulus funding to instructional priorities driven by the data.

One of the LEAP's recommendations includes **universal screening for academic and behavioral health needs**, and specifies the following:

- a. Plan and allocate resources with a clear and focused priority for support and staffing related to every urban student, multilingual learner, and differently abled student in Rhode Island.
- b. Root all solutions in high-quality instructional materials, professional learning for educators, and positive, productive relationships with students.
- c. Center all actions from an orientation of cultural responsiveness and antiracism that promotes SEL and wellness.
- d. Focus on building and sustaining adult capacity to work in teams to support students holistically through a Multi-Tiered System of Supports (MTSS) lens.

**PURPOSE:** The purpose of this document is to support Rhode Island Superintendents and District and School-Based Leadership Teams in the following ways:

- a. Share guidance and best practices for implementing Social, Emotional and Behavioral Universal Screening practices within a MTSS.
- b. Engage RI LEAs in collecting and managing key indicators and student outcome data for mental, social, emotional, and behavioral health and measuring its impact on student learning and wellness.
- c. Enable successful implementation of the LEAP recommendations.
- d. Ensure ALL RI students are connected to positive, inclusive school environments and appropriate levels of care as needed.

### Connections to Other RIDE Resources

This Universal Screening Guidance is designed to be a valuable resource for Rhode Island school districts. It is intended to support district and school leadership teams, including administrators, educators (support staff, classroom teachers, etc.) and families, in developing robust and effective Universal Screening practices that support the mental, social, emotional, and behavioral (SEB) health and wellness of students and the school community within a MTSS.

To achieve this, this guide also hopes to connect users to the vast array of guidance and resources that the RIDE has developed and will continue to develop as the work evolves. When logical, direct references are made, including hyperlinks, to additional resources that can help educators, families, and community members better understand and implement Universal SEB Screening.



## KEY CONSIDERATIONS

Screening for the well-being of students can be a broader indicator of social, emotional, mental, and physical wellness. A social, emotional, and behavioral (SEB) universal screener should provide a snapshot of the population or subpopulation screened as well as support teams in identifying individual students who may benefit from early intervention. Early intervention then allows identified students the ability to develop skills in navigating challenging situations, mitigating mental health challenges and/or effectively support students in understanding and managing early signs of mental illness. In order to ensure successful collaboration and outcomes, we must first establish a shared understanding and definitions of the key concepts being discussed:

### Mental Health

According to the U.S. Department of Health & Human Services and the Centers for Disease Control and Prevention (CDC), “**Mental health** includes our **emotional, psychological, and social** wellbeing. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood” (CDC, 2021). In schools, we prioritize three critical and inter-related components of Mental Health to promote overall well-being across universal, targeted, and individualized practices and supports. These include: social (how we relate to others), emotional (how we feel), and behavioral (how we act) (Chafouleas, 2020).

Figure 1: adapted from Chafouleas, S., 2020



The National Association of School Psychologists (NASP) adds that, “**Mental Health is not simply the absence of Mental Illness** but also encompasses social, emotional, and behavioral health and the ability to cope with life’s challenges” (NASP, 2021). **1 in 5 children and adolescents** experience challenges in their ability to cope with **life challenges** causing mental distress and problems (NASP, 2021).

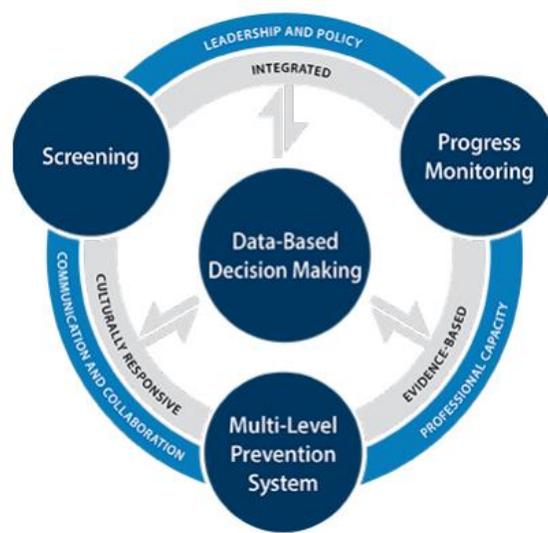
Life challenges during school years include:

- Stress & anxiety from schoolwork and/or learning disabilities
- Navigating friendships, bullying, changes in family
- Risk taking behaviors, depression, alcohol, and substance use.

*“Left unmet, mental health problems are linked to costly negative outcomes such as academic and behavior problems, dropping out, and delinquency” (NASP, 2015).*

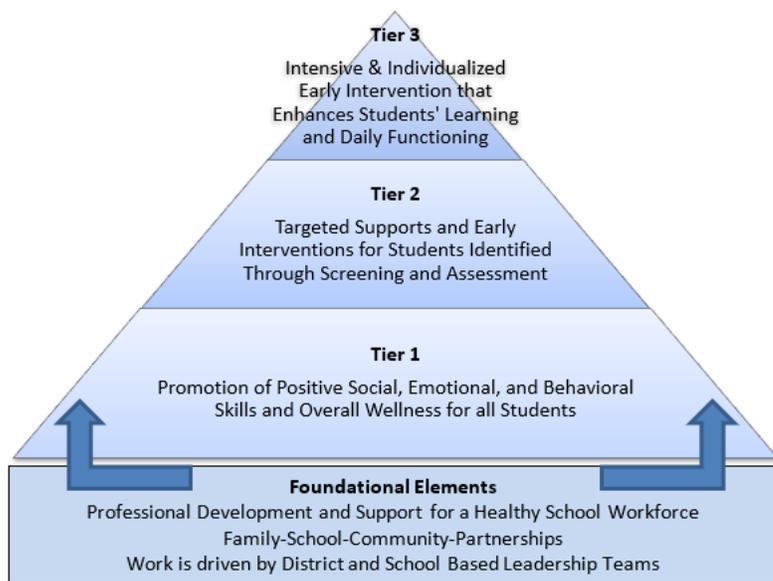
## Multi-Tiered System of Supports (MTSS)

School-based mental health supports are structured around maintaining **learning** and are most effective when coordinated through a Multi-tiered System of Supports (MTSS) that provides access to a continuum of supports for **ALL** students. According to the Rhode Island Department of Education and [BRIDGE-RI](#), “a **multi-tiered system of supports, or MTSS for short, is a framework for school improvement. This framework ensures that all students are supported for meeting academic, behavioral, and social-emotional outcomes. All students means ALL students, including multilingual learners and students with disabilities.**” The utility of this framework for all students is evident when there is an understanding of each of the tiers and the layered continuum of supports. The essential components from the Center on Multi-Tiered System of Support (MTSS Center, 2021) at AIR are highlighted in **Figure 2**, and will be reviewed in more detail throughout this document.



**Figure 2:** MTSS Center, 2021 at AIR

Adopting a MTSS framework ensures that all students have equitable access to strong effective core instruction using high quality curriculum and differentiated instructional practices at Tier 1. [RIDE’s Curriculum Frameworks](#) can help guide teams in their selection of high-quality curricula for all students and can be found by visiting RIDE’s website page on [Curriculum Frameworks](#). It is **EQUALLY** important to remember that social, emotional, mental, and behavioral skills can be taught just like academic skills. This includes consideration of universal (Tier 1) school-wide and classroom positive behavioral expectations and strategies that support welcoming and positive school cultures and climate and promote connection. As well as, integrating and embedding SEL within existing academic instructional practices and providing direct and explicit instruction of social, emotional, and behavioral skills. For more information on the RI SEL Standards and resources for incorporating SEL into a MTSS and current teaching practices please visit RIDE’s website page on [Social & Emotional Learning \(ride.ri.gov\)](#).



**Figure 3:** adapted from [www.schoolmentalhealth.org/AdvancingCSMHS](http://www.schoolmentalhealth.org/AdvancingCSMHS)

**Tier 1** practices and foundational elements ensure that policies, programs, instruction, and strategies provide a predictable and safe learning environment for **ALL** students.

**Tier 2** includes a standard protocol for the addition of evidence-based intervention for students who are identified as not meeting benchmarks and/or showing a need for targeted support.

**Tier 3** includes individualized and intensive evidence-based interventions provided by school based mental health support professionals and/or mental health professionals in the community.

Please visit [BRIDGE-RI](#), the home for professional learning on all things MTSS, and RIDE’s website page on [Multi-Tiered System of Supports \(MTSS\)](#) for more information.



## What is Universal Screening?

Universal screening is an assessment administered to the total population of students and generally screens/identifies key skills that are indicators of students' broader skill set. Screening is typically quick and easy to administer and easy to score. Assessments used for screening purposes produce student outcome data that can inform decisions on school-wide and classroom practices, strategies and program structures, and groups of students in need of targeted interventions. Universal screening can be followed by targeted assessments to determine if additional targeted, individualized, or specialized intervention is necessary.

For the purposes of this guidance document, Universal Screening provides a broad evaluation of the key indicators of students' overall health and well-being, including the developmental progress of social, emotional, mental, and behavioral skills and abilities. Overall, Universal Screening is an **evidenced-based, proactive method** for monitoring universal supports, identifying the presence of protective and resilience factors and indicators of well-being, and for identifying and better serving students at risk of developing mental and behavioral health challenges and those exhibiting early signs of mental illness (Romer, et.al, 2020).

**“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” (SAMHSA, 2019).**

Further information on universal screening and assessment practices related to academic programming can be found on 46-67 of [RIDE's ELA/Literacy Curriculum Framework](#).

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**What it is NOT**--A Universal Screener is not an in-depth analysis of the standards or individual strengths and needs. It is not a targeted assessment that is used to evaluate individual abilities and symptoms and is not a diagnostic assessment used to make eligibility decisions for special education or to diagnose mental health challenges and/or illnesses. Additionally, a Universal Screener is not the same as an SEL Competency Assessment. Further information can be found in **FIGURE 4**.

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Universal screening helps district and school-based teams identify protective and risk factors and measure the impact that internalizing and externalizing thoughts, feelings and behaviors are having on successful learning outcomes for students. When combined with other data sets, universal screening can help develop system-wide approaches to promoting the overall learning and health of all students. Also, through analyzing additional datasets teams can inform selection of appropriate screeners and assessments and prevent duplication of data. RIDE and RI LEAs have the following existing screening and assessment data sets available for consideration:

- [SurveyWorks](#)
- [Youth Risk Behavior Survey](#)
- [RI Kids Count Data Book, Data Briefs, Community Profiles](#)
- [Civil Rights Data](#)
- [RIDEs Early Warning System](#)
- [Positive School Climate & Discipline](#)
- [Child Outreach Screenings](#)
- [School Health Screenings](#)
- Universal Academic Screening & Assessments
- [RI Comprehensive Assessment System \(RICAS\)](#)
- WIDA Screening for MLLs
- [Attendance/Chronic Absence](#)



**Figure 4:** Adapted from *Understanding the Differences: Social and Emotional Learning (SEL) Competence Assessment and Social, Emotional, and Behavioral (SEB) Screening and Assessment* (SSPW, 2021).

	<b>UNIVERSAL SCREENING:</b> Social, Emotional, Behavioral & Mental Health	<b>TARGETED ASSESSMENT:</b> Social, Emotional, Behavioral & Mental Health	<b>SEL COMPETENCY ASSESSMENT:</b> Social & Emotional Learning
<b>DEFINITION</b>	An evidenced-based, <b>PROACTIVE METHOD</b> for monitoring UNIVERSAL supports and identifying the presence of protective and resilience factors and indicators of well-being; as well as for identifying and better serving students at risk of developing mental and behavioral health challenges and those exhibiting early signs of mental illness. <sup>18</sup>	The gathering and integration of data by professionals to evaluate a person’s abilities, behavior, mental and emotional state, and other characteristics, for the purposes of answering a referral question and/or guiding assessment, intervention, referral, and treatment recommendations. <sup>1</sup>	The evaluation of the nature, quality, or ability of students’ <b>SOCIAL-EMOTIONAL LEARNING (SEL) COMPETENCIES</b> used to identify a level of strength and to guide instructional practices with a continuous improvement lens <sup>9,3</sup>
<b>PURPOSE “WHY”</b>	<ul style="list-style-type: none"> <li>• Generate new and useful information to promote well-being and prevent or mitigate mental health challenges.<sup>12</sup></li> <li>• Assess overall effectiveness of universal social, emotional, and behavioral practices and supports.</li> <li>• Inform decisions about needed practices and services and improving access to mental health supports.</li> <li>• Show strengths and concerns specific to certain subsets of a school’s population, such as a single grade or age group.</li> <li>• Identify individual strengths, indicators of wellness, risk factors, and signs of emotional distress.</li> <li>• Enhance students’ sense of empowerment</li> <li>• Reduce stigma when asking about mental health within school setting.</li> </ul>	<ul style="list-style-type: none"> <li>• Assess and determine individual levels of well-being, protective factors, risk factors, and impact and symptoms associated with trauma and/or mental health challenges of students referred for targeted and/or individualized assessment and support.</li> <li>• Guide and improve clinical, team-based, decision making, referral process and treatment outcomes.</li> <li>• Support eligibility for special education (e.g., learning disability, emotional disability).</li> <li>• Assess levels of risk for acute conditions such as suicide risk.</li> <li>• Aid diagnosis of a mental health disorder, neurological disorder, specific disease, and/or possible drug abuse by trained professionals.</li> </ul>	<p><b>Formative Assessment:</b> To measure how SEL implementation is impacting instruction and whether any adjustments need to be made.<sup>3</sup></p> <p><b>Summative Assessment:</b> To undertake higher-level examination of the effectiveness of districtwide or schoolwide SEL implementation and/or classroom-based programs. <sup>3</sup></p> <p><b>Advance Equity:</b> To help reveal disparities in the degree to which students’ needs are being supported by schools and districts. <sup>3</sup></p> <p><b>Deepen Understanding:</b> Comprehend how SEL competencies manifest in students over time.<sup>9</sup></p>
<b>WHAT IT IS NOT</b>	<ul style="list-style-type: none"> <li>• NOT a school climate survey or SEL competency assessment.</li> <li>• NOT a clinical evaluation or diagnostic tool.</li> </ul>	<ul style="list-style-type: none"> <li>• NOT a universal screener.</li> <li>• NOT a stand-alone clinical evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>• NOT a tool to report student deficits</li> <li>• Not a diagnostic tool</li> <li>• NOT a tool for determining special education eligibility</li> </ul>
<b>WHAT YOU DO WITH THE INFORMATION</b>	<p><b>School Leadership Teams and Grade-Level Teams use results to:</b></p> <ul style="list-style-type: none"> <li>• Modify UNIVERSAL (Tier 1) supports when 80% of students are not meeting benchmarks and whenever a high % of scores across the student population fall in the at-risk range.</li> <li>• Consider additional TARGETED assessments and sources of data to further understand identified areas of concerns across specific groups and/or individual students.</li> <li>• Consider additional UNIVERSAL and/or TARGETED practices and services in collaboration with students &amp; families.</li> </ul>	<p><b>Student Support Teams, that include school-based mental health professionals, use results to:</b></p> <ul style="list-style-type: none"> <li>• Identify, develop, and implement appropriate, TARGETED interventions and goals for referred students.</li> <li>• Develop INDIVIDUALIZED support plans, including prevention, crisis response and safety planning (when needed) that ensures the immediate and long-term safety and well-being of referred students. <sup>10</sup></li> <li>• Collaborate with a mental-behavioral health providers, specialists, and/or primary care (medical) doctors when necessary.</li> <li>• Obtain necessary information sharing authorizations, consent, and assent.</li> </ul>	<p><b>School Leadership Teams and Grade-Level Teams use results to:</b></p> <ul style="list-style-type: none"> <li>• Inform adult practices.</li> <li>• Identify professional development needs.</li> <li>• Identify what to intentionally instruct.</li> <li>• Assess fidelity of the instructional practices.</li> </ul>

## Why Screen?

Universal Screening produces critical [Student Outcome Data](#) that helps assess and monitor key indicators of student success, health and well-being and guides an effective Multi-Tiered System of Supports (MTSS). Through developing and sustaining universal screening practices, district and school-based teams have access to student outcome data that guides the following practices and systems:

- Continuous improvement of prevention and early intervention practices and systems.
  - Identifying and addressing equity gaps.
  - Identifying strengths and concerns specific to grade levels, classrooms, or other subsets of the school's population.
  - Continuously informing adult practices and instruction that meets the needs of ALL students.
  - Guiding continuous improvement and effectiveness of Universal-Tier 1 supports for ALL students such as school-wide and classroom instructional practices and interventions.
  - Establishing practices and systems that prioritize students who need individualized services.
  - Continuously making economically sound decisions and improving access to supports.
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# BEST PRACTICES

## Lead with a TEAM

District and School-based Leadership Teams drive this work and should include mental and behavioral health as priorities for continuous school improvement. Teams that do so are defined by the [National Center for School Mental Health \(NCSMH, 2020\)](#) 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.”**

The success of a comprehensive MTSS relies on district and school teams and their ability to identify, evaluate, and respond to the strengths and needs of their school community. Historically, teams have relied on reactive approaches to identify areas of risk at the school-level and grade-level. Reactive approaches are also typically used to identify students who are at at-risk or are actively demonstrating concerns that are impacting their own learning and/or that of others (i.e., low-performing academics, office discipline referrals, suspensions, teacher referral, etc.).

Successful and effective implementation relies on the District and School-Based Leadership Teams’ ability to apply best practices across essential procedural, ethical and legal practices for universal screening. As such, district and school leaders may need to re-evaluate their existing teams and teaming structures. In doing so, they should ensure the purpose of district and school leadership teams include implementation of a sustainable MTSS that includes universal screening practices and delivery of equitable strategies and services across a continuum of academic, social, emotional, behavioral, and mental health supports. School leaders are further advised to align existing school climate and MTSS teams to inform the current capacity of their systems to support the overall learning, health, and well-being of ALL students--which is inclusive of social, emotional, mental, and behavioral health.

### Essential Members of Multi-Disciplinary Leadership Teams:

- ✓ District/School Administrator
- ✓ School Psychologist
- ✓ School Social Worker
- ✓ School Counselor
- ✓ School Nurse Teacher
- ✓ General & Special Education Teachers
- ✓ Coaches
- ✓ Representatives from Finance, HR, Professional Development (*District*)
- ✓ Facilities/Operations Staff
- ✓ Community Health & Mental and Behavioral Health Service Providers
- ✓ Youth/Students
- ✓ Parents/Caregivers & Parent Teacher Associations
- ✓ Community Leaders



### Best Practices of District & School-Based Teams:

- ✓ Leadership Teams define & prioritize all aspects of learning and health within a MTSS.
- ✓ Establish a purpose, intentional goals & strategies for each team, avoid duplication, promote efficiency.
- ✓ Develop consistent and clear meeting structures (*i.e., calendar, agenda & meeting minute template, technology, set location, etc.*)
- ✓ Clarify roles & responsibilities of all team members-while ensuring essential members are at the table.
- ✓ Utilize data-based decision making & continuous improvement process.
- ✓ Address all levels of support (Tiers) using a preventative & strengths-based approach.
- ✓ Establish effective practices for collaboration & communication & promote data sharing- across teams.
- ✓ Develop clear processes for moving across Tiers & referral processes for school and community services.



## Tool Selection

Leadership Teams must first determine their target population, what areas of strength and need, and the key performance indicators they are screening for; and then use this information to guide their purpose for implementing Universal Screening. This involves District and School-based Leadership Teams **reviewing multiple forms of data**, including:

- a. Available datasets mentioned above such as SurveyWorks, Youth Risk Behavior Survey (YRBS), KidsCount, Child Outreach Screening data, Health Screenings, etc.
- b. Focus groups and feedback from various stakeholders such as families, youth, general and special education teachers, school-based mental health professionals, community partners, etc.
- c. Student-centered data such as attendance, School Nurse Teacher reports, discipline rates, etc.

**Once the purpose of universal screening has been established, an appropriate tool can be selected. There are multiple considerations in narrowing down a list of useful and valid universal screening tools. As the team reviews the following, consider the idea that accessibility of data and establishing efficient and effective decision making may outweigh potential financial costs associated with screening tools and technical assistance.**

### CONSIDERATIONS WHEN SELECTING A SCREENING TOOL

- ✓ **PSYCHOMETRIC EVIDENCE:** Is the tool reliable and valid? Is it evidence based? How was the tool normed and what populations were included in the norming sample?
- ✓ **POPULATION:** Screening tools should be age appropriate and chosen based on their relevance to the school's demographics and characteristics.
- ✓ **FEASIBILITY AND USABILITY CONSIDERATIONS**
  - Format & time allocation for administration & scoring (i.e., paper and pencil vs electronic data platform)
  - Who is completing the tool? (i.e., Teachers, Parents, Students).
  - Degree of interruption to teaching and learning (e.g., loss of instructional time, responsibilities of teacher, etc.)
- ✓ **COST CONSIDERATIONS:**
  - What is included in the cost of the tool?
  - Is professional development and/or ongoing technical assistance provided by the developer of the screening tool?
  - Is it attached to a web-based platform and/or data-management system?
- ✓ **TIME:** Consider the amount of time and ease it will take to collect, score, enter, manage, access, review, analyze, and communicate the data and results; as well as the time it may take to train and coach staff on implementation of screening practices and administration.

### Guiding Questions for Teams

- Is the tool valid and reliable?
- Does it screen for what you want to know?
- What decisions can be made with the data?
- Is it free or can it be purchased for a reasonable cost?
- How long does it take to administer?
- How is it administered (digital vs paper and pencil)?
- What training is provided for staff?

#### Data Infrastructure

- Where will the data live?
- Who has access to it? Can they access it easily?



## Establish Protocol for Implementation

Universal screening is an essential practice that provides the foundation for a sustainable continuum of mental and behavioral health supports within a comprehensive Multi-Tiered System of Support (MTSS) framework. As such, it is more than simply choosing a tool to use and administering it to students.

[Careful planning and preparation](#) are required.

The Center for Positive Behavioral Interventions and Supports has identified [key logistical considerations](#) involved in developing and implementing sustainable screening practices (PBIS, 2019)

- ✓ Establish [clear procedures and protocols](#) for school-based teams and educators to access information necessary to support procedural fidelity.
- ✓ Consider [allocation of resources](#) to support effective implementation including staff time and fiscal needs.
- ✓ Provide [professional development](#) that empowers staff to lead implementation efforts and promote effective screening practices within their building.
  - Training to standardize administration across classrooms and raters (e.g., scripts).
  - Training to ensure consistent, scoring, interpretation, and use of screening data.
  - Training that increases mental health literacy and appropriate and efficient referral pathways.
- ✓ [Select a screening window](#), identify dates to administer additional screening over the year, and dates on the district's annual assessment calendar.
  - Determine protocols for when to screen and how often. Waiting 4-6 weeks before conducting screenings at the beginning of the school year allows for youth and teachers to adjust to the new classroom setting.
  - Once a yearly schedule is determined, timing during the school day needs to be considered.
- ✓ Develop [procedures for collection of screening data](#) including [how and where the data will be secured and accessed](#).
  - Assess current data systems and determine whether they need to be expanded or modified. Is an additional data management system and/or platform included in the cost of the selected screening tool?
- ✓ Engage in [Resource Mapping](#) to inventory current services and capacity for needed services and service providers across all levels of support and develop [Referral Pathways](#).
- ✓ Establish collaborative [Community Partnerships](#) and put in place any necessary [Memorandums of Agreement/Understanding \(MOA/U\)](#).

**TIP**--LEAs should strongly consider rolling out screening efforts gradually to ensure the effectiveness of all processes before scaling up. Conducting a pilot administration and gradual roll out in one school, one grade, or one classroom allows for:

- The gathering of feedback and troubleshooting on a smaller scale.
- Identifying and coordinating resources necessary to support students in need of additional intervention.
- Developing processes to follow up with results that allows for triaging students and further assessing the need for Tier 2 & 3 services and supports.
- Alleviating capacity concerns.



## Communication Plan

As part of the implementation process for universal screening, it is important for District & School-based Leadership Teams to develop, or add to existing, policy around clear processes and practices for communicating screening purposes, procedures and results to students, families, and school staff. To support effective communication practices, continuous improvement cycles can be built into team calendars and agendas at specific times throughout the year. The involvement of all stakeholder groups such as students and families, faculty and staff, school-based mental health professionals and community agencies and organizations is also a critical component. Overall, communication around universal screening practices should promote common, open dialogue around mental health to help reduce stigma and provide a sense of empowerment for students, families, and staff.

### When developing Policy & Procedures best practice is to communicate the following prior to implementation:

- The purpose of Universal Screening.
- The key performance indicators being assessed.
- What Universal Screening data does and does not indicate--it does NOT yield a clinical diagnosis.
- How Universal Screening data will be utilized to guide additional supports and/or assessment and how this will be communicated.
- Clear roles of students, families, and appropriate staff members and community providers across the screening process.
- Trained school-based mental health professional's (School Psychologists, School Social Workers) response and communication with families and appropriate staff members when results indicate warning signs and risk factors for individual students.
- School-based Crisis Team's response to students identified as being in crisis and/or immediate harm to self/others.

#### STUDENTS AND FAMILIES:

- ✓ Provide opportunities for student and family voice & experience across the screening process--from tool selection to how the data will be used to make decisions about them.
- ✓ Develop screening protocols that are accessible to students and families and ensure their understanding of questions and proper responses to items.
- ✓ Remain strengths-based and focused on resilience and protective factors while addressing concerns regarding "labeling" and stigma.
- ✓ Take into consideration [FERPA](#) & [PPRA](#) when reviewing parental consent and student assent. Best practice is to involve students and families in all aspects of decision-making.

#### FACULTY AND STAFF:

- ✓ Provide professional development and regular communication updates on implementation.
- ✓ Share school-wide data, screening practices and effectiveness, and data-driven decisions during staff meetings, grade-level meetings, PTO meetings and/or School Improvement Team (SIT) meetings.



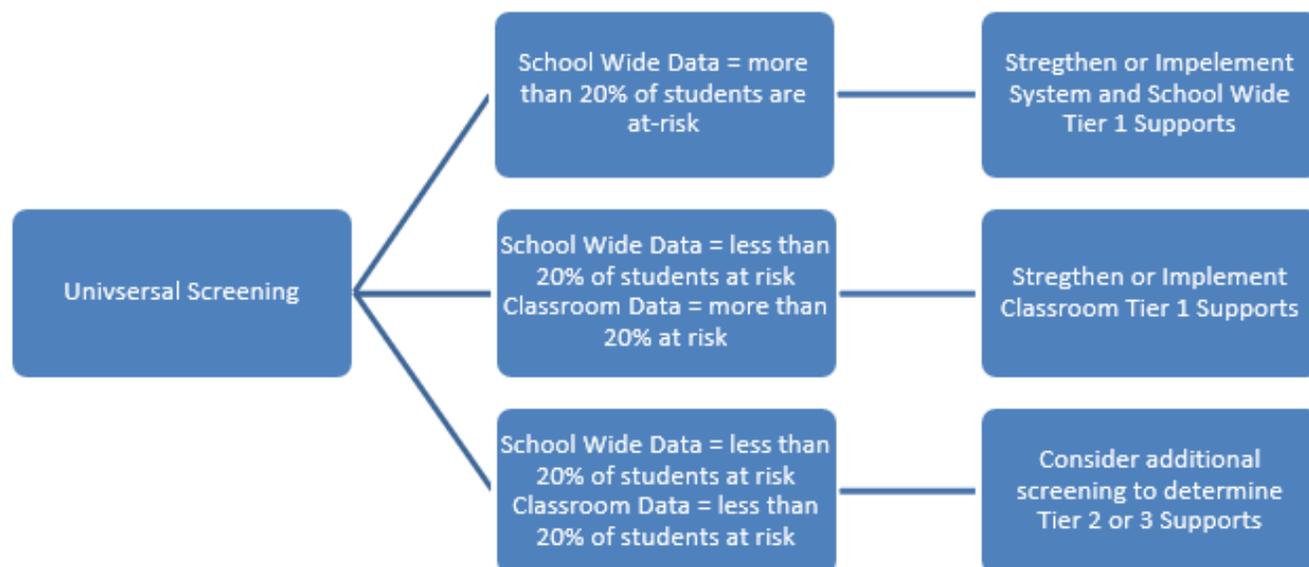
## Data-Based Decision Making & Evaluation

Universal Screening data can support teams in “decision making at all levels of an education system, from the district-level to the student-level” (Bailey, et.al., 2020) and guide equitable outcomes and allocation of resources, time, and funding.



**FIGURE 5** below provides a simple overview of how universal screening data can be used by District and School-based Teams during the problem-solving process and guide needs identification and decision-making across the different levels of support (Tiers). Universal screening data should first be used to evaluate effectiveness of core instruction, universal practices, and interventions and then to identify students that may benefit from targeted (Tier 2) or individualized (Tier 3) assessments and/or services.

**Figure 5:** Kilgus, von der Embse, & Eklund, 2016

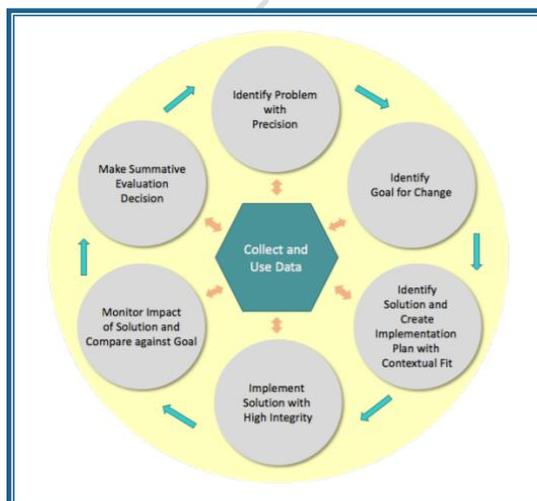


Of note, risk verification should be considered when reviewing student-level data. Screening tools are not without faults and may cause over or under-identification of students at-risk. The MTSS Center **“recommends that at least two data sources are used to confirm students’ risk status”** (Center on RTI, 2014). Multiple sources of data to review and consider may include: health records and screening, nurse reports, early intervention, school history, attendance, MLL screening data, teacher interviews, historical results on screening and assessments, and short-term progress monitoring (when available).

Data-based decision-making systems and practices within a MTSS support early identification of physical & developmental health concerns which then enables early identification of students’ learning, social, emotional, behavioral, and mental health strengths and needs. To ensure successful and efficient student outcomes, health screenings should be completed for ALL students, and any resulting concerns should be followed up on and/or supported prior to further assessment and referrals for additional support and services.

**The RI Rules and Regulations for School Health Programs (216-RICR-20-10-4) require schools and districts to ensure and/or conduct a number of health screenings for students at certain grade levels. There are health examination requirements across vision, hearing, lead, speech/language, scoliosis, and dental health. Overall, health requirements and resulting screening data in conjunction with results of Universal Screening and above-mentioned data sets can inform appropriate supports and direct services for youth and families as well as broader recommendations that guide continuous school improvement.**

As part of the team-based decision-making process, the purpose of screening and use of the resulting data should always be taken into consideration by team members. For instance, understanding that universal screening data will help the team determine the *presence* of a problem, but not necessarily the *nature* of that problem. This is where data-based decision-making protocols come in to guide the problem-solving process, root cause analyses and development of action steps. Several protocols have been developed to help District and School-based Teams maintain consistent data-based decision-making practices and processes within a MTSS. Some include the [ATLAS Data Protocol](#) (NCS, 2004) and [Team Initiated Problem Solving \(TIPS\)](#) (Preston, et. al., 2015) as seen in **Figure 6**.



**Figure 6:** Team-Initiated Problem-Solving (TIPS) Model (Preston, et. al., 2015)

### Guiding Questions for Teams to Consider

According to the [SMH Collaborative](#), important questions to ask when monitoring and evaluating the implementation of systems and practices that have been put into place include (SMHC, 2020):

- Are all students with indicated concerns receiving appropriate interventions that match their identified needs?
- Are interventions and services available that appropriately support the needs identified?
- How much time is lapsing between screening and students’ receiving intervention?
- Are student outcomes improving?

**Universal Screening promotes the use of data to enhance appropriate and effective practices that support the mental health of students and the school community. To ensure sustainability and long-term success of school improvement efforts, continuous monitoring, evaluation, and improvement of implementation is critical.** In all, monitoring and evaluating the implementation of screening systems and practices needs to be conducted to ensure fidelity of assessment, administration, and data entry procedures, and to inform continuous school improvement ([NITT-TA, 2021](#)).

## SCREENING TOOLS

The following table provides a sample set of Universal Screening tools with direct references and hyperlinks attached to the title of each tool--This is not meant to be an exhaustive list. It is important to remember the contextual appropriateness and guiding questions provided in the [Tool Selection](#) section of this guidance document.

NAME OF TOOL	PURPOSE	AGE	TIME	ADMINISTRATION	COST
<a href="#">Ages and Stages Questionnaires®: Social-Emotional, Second Edition (ASQ® : SE-2)</a>	Highly reliable tool focused on screening areas of children's social and emotional development, pinpointing behaviors of concern, and identifying needs for further assessment or ongoing monitoring.	1-72 months (0-6 years)  PreK-K	10-15 minutes per student  1-3 minutes to score	Parent/Caregiver Form	*Part of the RI Child Outreach Screening  *\$295 for Starter Kit (includes 9 reproducible copies of questionnaires and scoring sheets)
<a href="#">Social, Academic, &amp; Emotional Behavior Risk Screener (SAEBRS)</a>	Brief tool for screening all students and identify those at risk for challenging social, academic and emotional behaviors up to 5 times a year. Helps educators determine appropriate supports and which problem behaviors should be prioritized through intervention and/or school-wide programming. Not intended for progress monitoring.	K-12	1-3 minutes per student	<a href="#">Teacher Form</a> *Teachers rate the frequency with which students display behaviors across 19-items in the previous month  <a href="#">Student Self-Report</a> (grades 2-12) *Students rate how often they have displayed behaviors across 20-items in the previous month.	*Paper/Pencil Forms are Free  * <a href="#">There is a cost per student to access the Fastbridge platform for web-based administration &amp; scoring</a>
<a href="#">Student Risk Screening Scale – Internalizing &amp; Externalizing (SRSS-IE)</a>	Universal screening tool to identify students who need additional levels of support to manage mental and behavioral health challenges. Conducted to better inform classroom instruction and increased engagement, select appropriate supports for students, and assess how well school systems and practices are meeting all students' social and behavioral needs.	K-12	10-15 minutes for a class of 25 students	<a href="#">Teacher-Classwide Screening Form</a> *Teachers rate the frequency with which students in their classroom display behaviors across 12 items based on their current knowledge and observations. Scores are then calculated into Low, Moderate or High-Risk categories.	* <a href="#">The adapted version of the SRSS can be accessed for Free</a>  * <a href="#">Free District-Level Preparation Protocol</a>  * <a href="#">Free Site-Level Preparation Protocol</a>



<p><a href="#">Behavior Intervention Monitoring Assessment System (BIMAS)</a></p>	<p>Universal screening for Behavior Concerns (Conduct, Negative Affect, Cognitive/Attention), Adaptive Skills (Social Skills, Academic Functioning) and Social- Emotional functioning and wellness. Can also be used for progress monitoring of interventions, outcome assessment, and program evaluation. Utilizes a web-based platform and online data-management system to assist teams in evidence-based decision making within a MTSS framework.</p>	<p>5-18 years  K-12</p>	<p>5-10 minutes per student</p>	<p>Teacher Form (K-12) *Teachers rate the frequency with which their students display behaviors across 34 items  Parent Form (K-12)  Self-Report (ages 12-18 years)</p>	<p>Fee Charged by Developer  *One-Time Account Set-up Fee: \$90  *Annual Site Maintenance Fee: \$100  *25 Annual Student Licenses: \$100</p>
<p><a href="#">Social Skills Improvement System (SSIS): Performance Screening Guide</a></p>	<p>Universal-classwide screening to help efficiently identify the level of student performance across 4 areas: prosocial behaviors, motivation to learn, math skills, and reading skills.  *This is part of the SSIS-SEL comprehensive, evidence-based, social, and emotional learning system &amp; family of assessments</p>	<p>3-18 years  PreK-12</p>	<p>10-20 minutes for entire class</p>	<p>Teacher-Classwide Performance Screening Form</p>	<p>*Individual classwide screening forms: \$23-\$58.00  *Can be purchased as part of the <a href="#">complete comprehensive assessment system kit and scoring program</a>: \$349-\$575</p>
<p align="center"><b>FOR A LIST OF ADDITIONAL SCREENING TOOLS TRY THESE RESOURCES:</b>  <a href="#">Mental Health, Social-Emotional, and Behavioral Screening and Evaluation Compendium (2nd Ed)</a>  <a href="#">RAND Education Assessment Finder</a>  <a href="#">SEL Solutions at American Institutes for Research Tools Index</a></p>					

## Additional Information

To provide a reference for understanding the different assessment measures described in [Figure 4](#), The table below lists a few examples of **SEL Competency Assessments** currently being implemented in some Rhode Island School Districts and Programs.

NAME OF TOOL	PURPOSE	AGE	TIME	ADMINISTRATION	COST
<a href="#">Social and Emotional Competency Assessment (SECA)</a>	Measure 8 domains of social and emotional competence, guide SEL instructional practices, and inform selection and development of integrated programs and supports aligned to SEL Standards.	Students in grades 5-12	40-item Long-Form 17-item Short-Form *Global social & emotional competence	Self-Report *Students are asked to rate how difficult or easy different skills are for them to do	Free
<a href="#">Devereux Student Strengths Assessment (DESSA)</a>	Assess 8 social & emotional competencies, help educators plan instruction, document students' strengths and areas of need, inform progress monitoring, and evaluate program outcomes.	K-8	72-item Long Form 5-10 minutes per student DESSA-mini 1 minute per student	Parent/Caregiver, Teacher, School Staff, and Child-Serving Agency Staff-including After-School, Social Services, and Mental Health Program Staff	Fee charged by Developer



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## Additional Resources

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These resources can also be found as part of the Universal Screening Toolbox at RIDE's [School Mental Wellness Resource](#) page.

### Implementation Guidance & Toolkits

- [Guide to Designing the Screening Process | Center on Multi-Tiered Systems of Support](#)
- [CEI Created Universal Screening Toolkit](#)
- [Best Practices in Universal Social, Emotional, and Behavioral Screening: An Implementation Guide - Version 2.0](#)
- [Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools](#)

### Checklists & Needs Assessments

- [Colorado Framework for School Behavioral Health Services Universal Screening Toolkit](#)
- [Center on Multi-Tiered System of Supports: Guide to Designing the Screening Process](#)
- [Strategic Abandonment Tool](#)
- [Ohio Screening Guidance Needs Assessment](#)
- [School Mental Health Collaborative Implementation Checklist and Planning Guide](#)
- [School Mental Health Quality Guide: Needs Assessment & Resource Mapping](#)

### Teaming Essential Components

- [Team Roles and Functions Worksheet](#)
- [Team Alignment Tool](#)
- [School Mental Health Quality Guide: Teaming](#)

### FAQ and Demystifying Universal Screening Resources

- [Project Cal-Well](#): Universal Social, Emotional, and Behavioral Screening for Monitoring and Early Intervention Brief. Contains information including Five Characteristics of Quality Screeners, additional Screening Tools, FAQs, and Demystifying Universal Screening.
- [School Mental Health Collaborative FAQs](#)