Sara Whitcomb, Ph.D.

University of Massachusetts Amherst

Administering and Using Social-Emotional Screening Data with Equity in Mind

BIRCh Project

UMASS BOSTON

Boston Children's Hospital
Where the world comes for answers

UMass Amherst

Thank you!

Kelsey L. Gordon, M.Ed.
Paige Pannozzo, B.A.
UMass Amherst

Whitney Walker, Ph.D.
Boston Public Schools

Kathryn Doherty Kurtz, Ph.D.
Melissa Pearrow, Ph.D.
Stacy Bender, Ph.D.
Brian Daniels, Ph.D.
University of Massachusetts Boston

The mission of the Behavioral Health Integrated Resources for Children (BIRCh) Project is to provide professional development and resources for schools and strengthen the coordination of behavioral health supports provided by school and community agencies.

www.umb.edu/birch

Thank you!

ELSEVIER

Check for updates

A roadmap to equitable school mental health screening

Stephanie Moore [a,*], Anna C.J. Long [b], Samantha Coyle [c], Jennifer M. Cooper [d], Ashley M. Mayworm [e], Samira Amirazizi [f], Kelly L. Edyburn [g], Paige Pannozzo [h], Danbi Choe [b], Faith G. Miller [i], Katie Eklund [j], Jill Bohnenkamp [k], Sara Whitcomb [h], Tara C. Raines [l], Erin Dowdy [f]

BIRCh Project

Learning Objectives

➔ Participants will understand screening with an equity lens

➔ Participants will be able to define how universal social, emotional, and behavioral screening fits within a **MTSS framework**.

➔ Participants will be able to describe two processes teams can utilize to **guide their use of SEB screening data**.

➔ Participants will identify a concrete list of action steps for **beginning their planning, adjusting, or continuing** their universal SEB screening efforts based on their school/district's current screening practices.

BIRCh Project

Schedule

Introduction to Screening: Screening With An Equity Lens

Prerequisites to Social, Emotional, and Behavioral Screening

Screening Approaches

Selecting a Universal Screener

Social, Emotional, and Behavioral Screening Administration

Management of Social, Emotional, and Behavioral Screening Data

Using Social, Emotional, and Behavioral Screening Data

BIRCh Project

BIRCh Project

Scan the QR code above to access BIRCh online training!

UMASS BOSTON

Boston Children's Hospital
Where the world comes for answers

UMass Amherst

BIRCh Project

Freely Available Online Trainings

Universal Social, Emotional, and Behavioral Screening Modules: Available Now!

MODULE 1:
INTRODUCTION TO SCREENING

MODULE 2:
PREREQUISITES TO SOCIAL, EMOTIONAL, AND BEHAVIORAL SCREENING

MODULE 3:
SCREENING APPROACHES

MODULE 4:
SELECTING A UNIVERSAL SCREENER

MODULE 5:
SOCIAL, EMOTIONAL, AND BEHAVIORAL SCREENING ADMINISTRATION

MODULE 6:
MANAGEMENT OF SOCIAL, EMOTIONAL, AND BEHAVIORAL SCREENING DATA

MODULE 7:
USING SOCIAL, EMOTIONAL, AND BEHAVIORAL SCREENING DATA

TRAININGS ARE AVAILABLE ON THE BIRCH WEBSITE

www.umb.edu/birch/online_learning

CLICK HERE

FOLLOW US ON SOCIAL MEDIA!
Twitter: @BIRCh_project

Facebook: BIRCh : Behavioral Health Integrated Resources for Children Project

Boston Children's Hospital
Where the world comes for answers

BIRCh Project · UMASS BOSTON · UMass Amherst

What is mental/behavioral health?

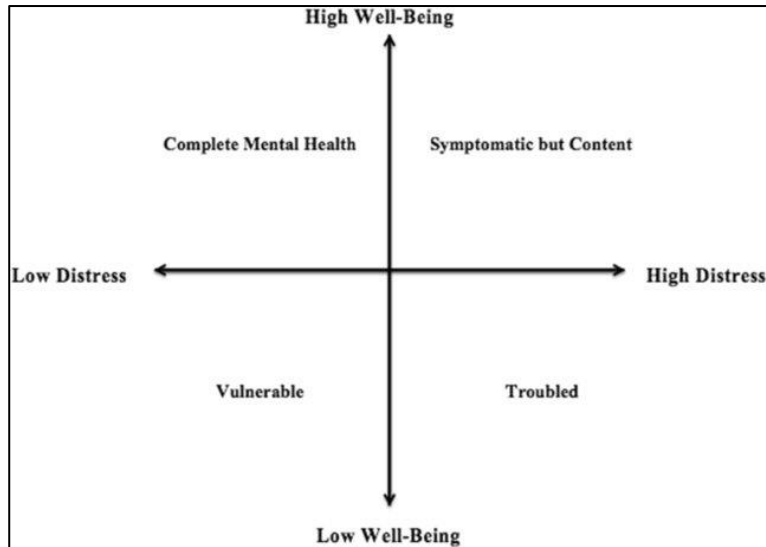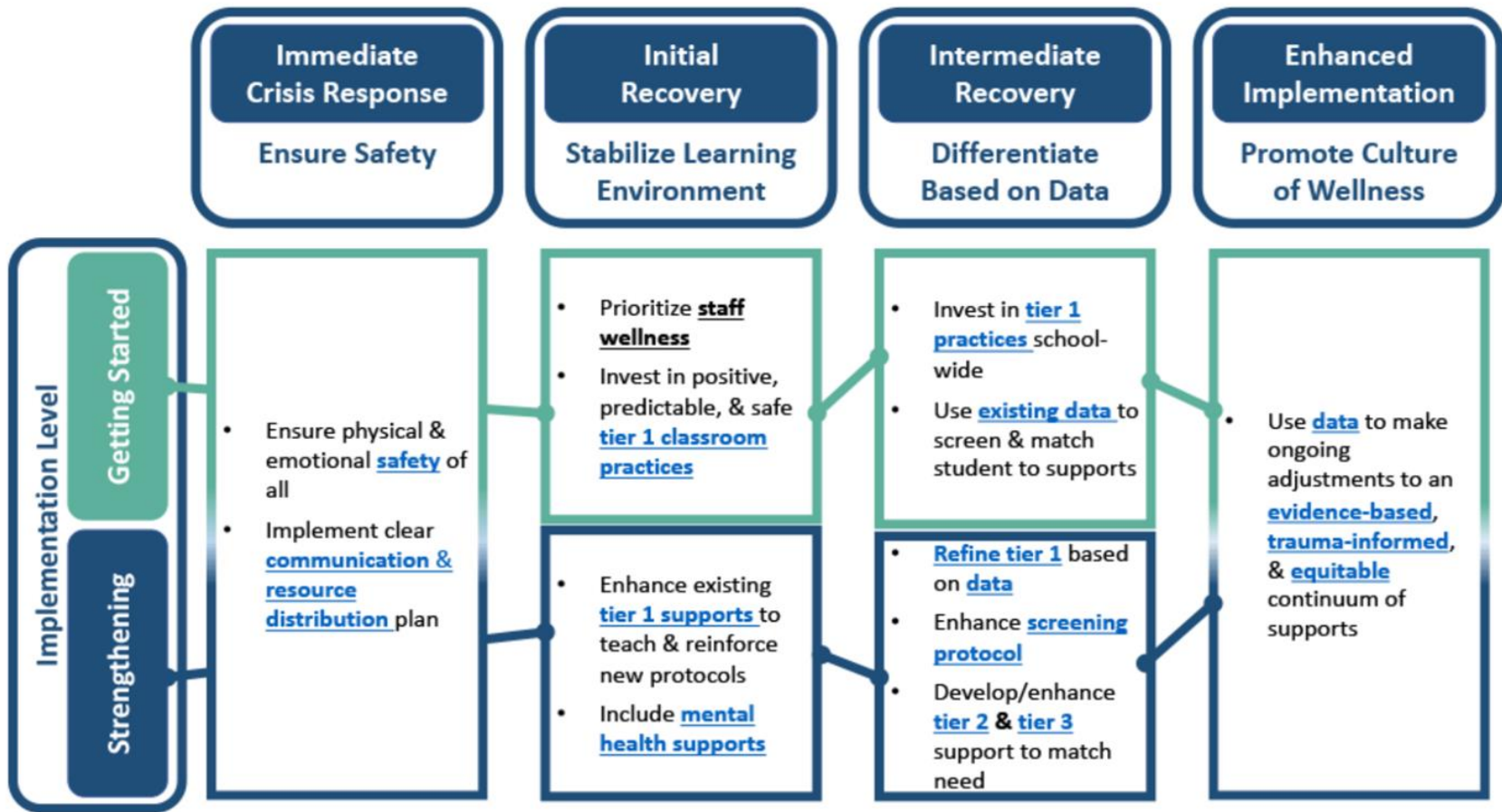|	High Well-Being	
Complete Mental Health		Symptomatic but Content
Low Distress		High Distress
Vulnerable		Troubled
	Low Well-Being	

"*Good mental health is important for everyone*. Mental health is as important as physical health to our quality of life. Mental health is not simply the absence of mental illness, but also means having the skills necessary to cope with life's challenges. If ignored, mental health problems can interfere with children's learning, development, relationships, and physical health"
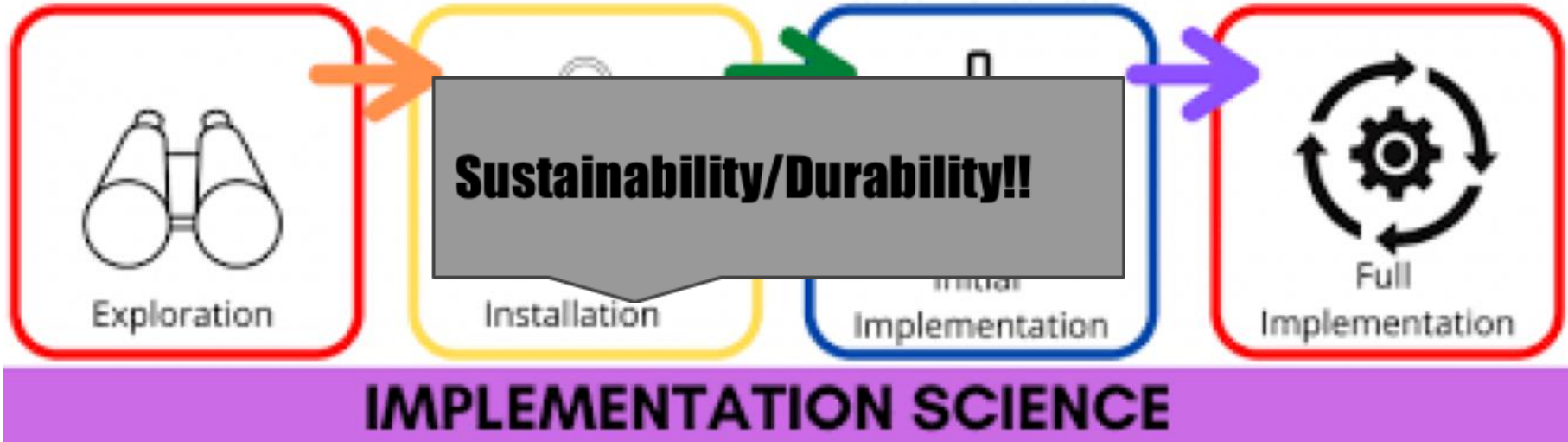
-National Association of School Psychologists

	Immediate Crisis Response	Initial Recovery	Intermediate Recovery	Enhanced Implementation
	Ensure Safety	Stabilize Learning Environment	Differentiate Based on Data	Promote Culture of Wellness

Implementation Level

Getting Started

- Ensure physical & emotional **safety** of all
- Implement clear **communication & resource distribution** plan

- Prioritize **staff wellness**
- Invest in positive, predictable, & safe **tier 1 classroom practices**

- Invest in **tier 1 practices** school-wide
- Use **existing data** to screen & match student to supports

Strengthening

- Enhance existing **tier 1 supports** to teach & reinforce new protocols
- Include **mental health supports**

- **Refine tier 1** based on **data**
- Enhance **screening protocol**
- Develop/enhance **tier 2** & **tier 3** support to match need

- Use **data** to make ongoing adjustments to an **evidence-based**, **trauma-informed**, & **equitable** continuum of supports

https://www.pbis.org/current/returning-to-school-during-and-after-crisis

Implementation Science

Consider where your school or district is in the process of universal social, emotional, and behavioral screening.

Content: *Overview of Screening With an Equity Lens*

Why do Universal Screening?

- Behavioral and mental health needs of children have been characterized as a **'silent epidemic'** (Anderson & Cardoza, 2016).

- Universal screening can assist with **early identification** of students who need additional supports and allows schools to better **guide intervention planning** (Weist et al., 2007).

- As opposed to strategies that primarily recognize acting out behaviors, robust universal screening systematically identifies students at risk for a **range** of **mental health problems** and decreases the risk of **overlooking internalizing concerns** (Cook et al., 2010; Davis et al., 2011; Dever et al., 2012).

Grounding Screening in Equity

- Universal screening is **not common** and current methods can **perpetuate problematic practices** (Romer & McIntosh, 2005; Bruhn et al., 2014)
- Problematic practices include **teacher referral** or **discipline data**
- Empirical evidence suggests this is problematic due to **inconsistency** between teachers (Kalberg et al., 2010)
- Discipline data has the tendency to **over-identify students of color** (Bradshaw et al., 2010; Carter et al., 2014)
- Reduces opportunities for **learning** (Scott & Barrett, 2004)
- Increases the risk for **truancy** and subsequent school failure (Gregory et al., 2010; Skiba et al., 2011; Skiba et al., 2002)

Key Equity Principles

- Students experiences should not be predictable based on race, cultural background, social class
- Equity efforts require disruption–recognizing and analyzing data which exposes inequities–taking action
- Authentic, collaborative relationships are needed for creating safe, affirming environments

What is universal SEB screening?

Where do I find out out more?

Shout out to the amazing work being done in this area!
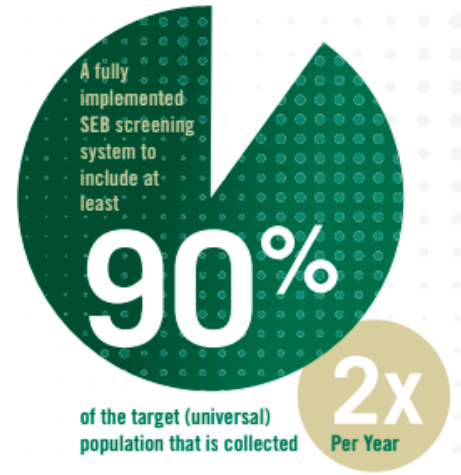
School Mental Health Collaborative
[Best practices in universal screening for social, emotional, and behavioral outcomes: An implementation guide.](#)

National Center for School Mental Health
https://www.schoolmentalhealth.org/Resources/Mental-Health-Screening/
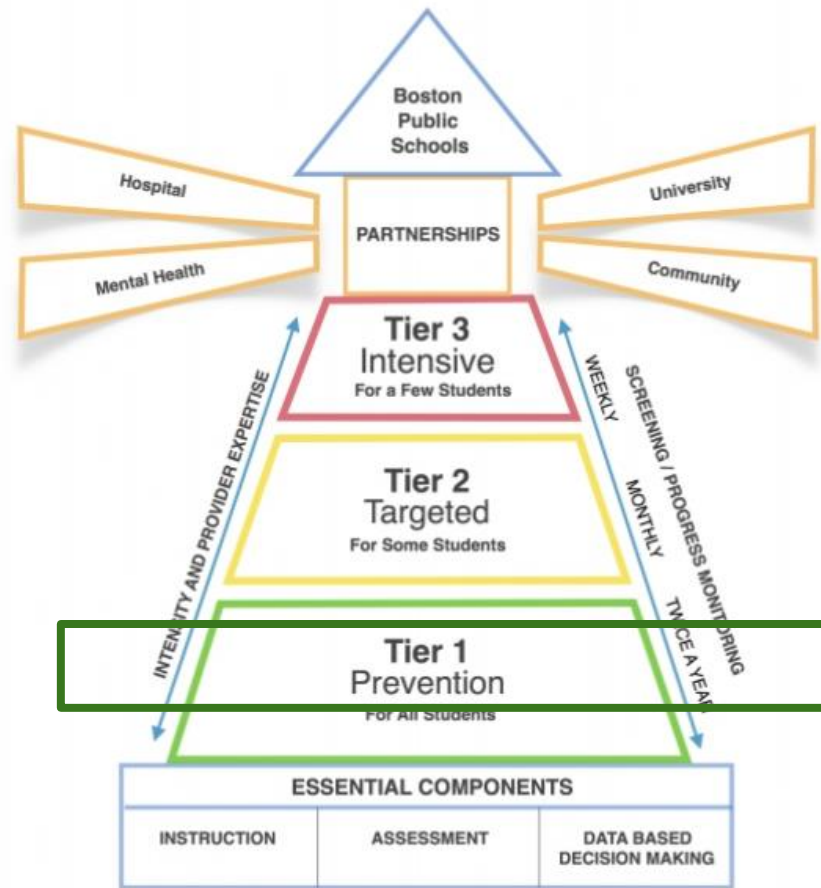
What are the reasons for screening within your school/district? What conversations are bubbling up? (e.g. increased internalizing concerns, disproportionate discipline practices, increased SPED referral rates, shortages of behavioral health staff)

Boston Public School's Comprehensive Behavioral Health Model

https://cbhmboston.com/

Relying on discipline data or teacher referral for support exacerbates opportunity gaps

What universal screening is used for:

- Examine school wide trends
- Evaluate new programming or initiatives
- Provide indicators of students who may benefit from additional instruction or support
- Progress monitor

Case Study: School Level

Relying on discipline data or teacher referral for support exacerbates opportunity gaps

What universal screening is used for:

- Examine school wide trends
- Identify school-wide, classroom-wide, and student-specific strengths and needs
- Plan for universal and targeted supports
- Provide indicators of students who may benefit from additional instruction or support
- Progress monitor school-wide and student-level outcomes

Main Takeaways Through an Equity Lens

Universal SEB screening within a multi-tiered framework

Stakeholder input to increase relevance and foster buy-in

Screening as a temperature check to better understand the system and student needs

Examine current practices for identifying needs of the community and students; examine current student outcomes by group

Content: *Prerequisites to Universal SEB Screening*

Teaming

- Consider Purpose of team:
  - Shape district or school guidelines and standards for school mental health
  - Communicate and coordinate between the team and serve as liaison
  - Provide training, coaching, and implementation support
  - Align mental health services with best practices
  - Maximize limited mental health resources to address needs of students
- Consider composition of team
- Consider meeting structure

SCHOOL MENTAL HEALTH TEAM ALIGNMENT TOOL

School or district mental health teams are encouraged to complete this template to map all teams that currently address factors related to student mental health and well-being as well as overall school culture and climate. Teams should appoint one member to lead the completion of this alignment tool by reaching out to one member of each identified team. Each person who completes a portion of the tool should be asked whether all teams are represented, as there may not be one person who would know about all pertinent teams to map.

Team Name	Membership		Tier			Purpose (include activities and intended outcome)	Meeting Frequency (Days/times)	Overlap w/ other teams?
	Name	Position	1	2	3			
Example: School Climate Team	M.Smith C. Davis T. Turnell A. Barry N. Sanchez Z. Harrell	9th English School Psych AP Parent Student District data rep	x			Collect, analyze and report on school climate surveys once a year and develop and implement school-wide initiatives to improve climate	1x/week Mar – May, 1 summer planning retreat, then as needed	No

BIRCh Project

CSMH
Center for School Mental Health

Identifying Screening Objectives

- It is important to identify objectives and goals *prior* to engaging in screening

- Use data on student outcomes to assist in identifying objectives

- Link objectives to broader vision of multi-tiered systems of support and mission of the school and/or district

Executive workgroup (EWG)

- Implementation
- Communication
- Research
- Family engagement
- Partners

- Internal coaches
  - School psychologists
  - Social workers
- District-wide coach
- Research coordinator

Case Study: School Level

Screening Team

- Middle School Administrator
- School Counselor
- School Teachers (Advisors)
- University-level graduate consultants
- University-level faculty consultants
- Students
- Caregivers

Stakeholder Feedback

- School-university team planning meetings
- Bidirectional communication between caregivers & screening team

Screening Objectives

- General well-being & student anxiety
- Connection to school

Main Takeaways Through an Equity Lens

Representative team to guide and coordinate screening

Stakeholder collaboration to increase appropriateness/relevance of screening approach and process for the community

One of your screening objectives should always be related to assessing school-wide Tier 1/universal practices, considering how to adapt adult practices

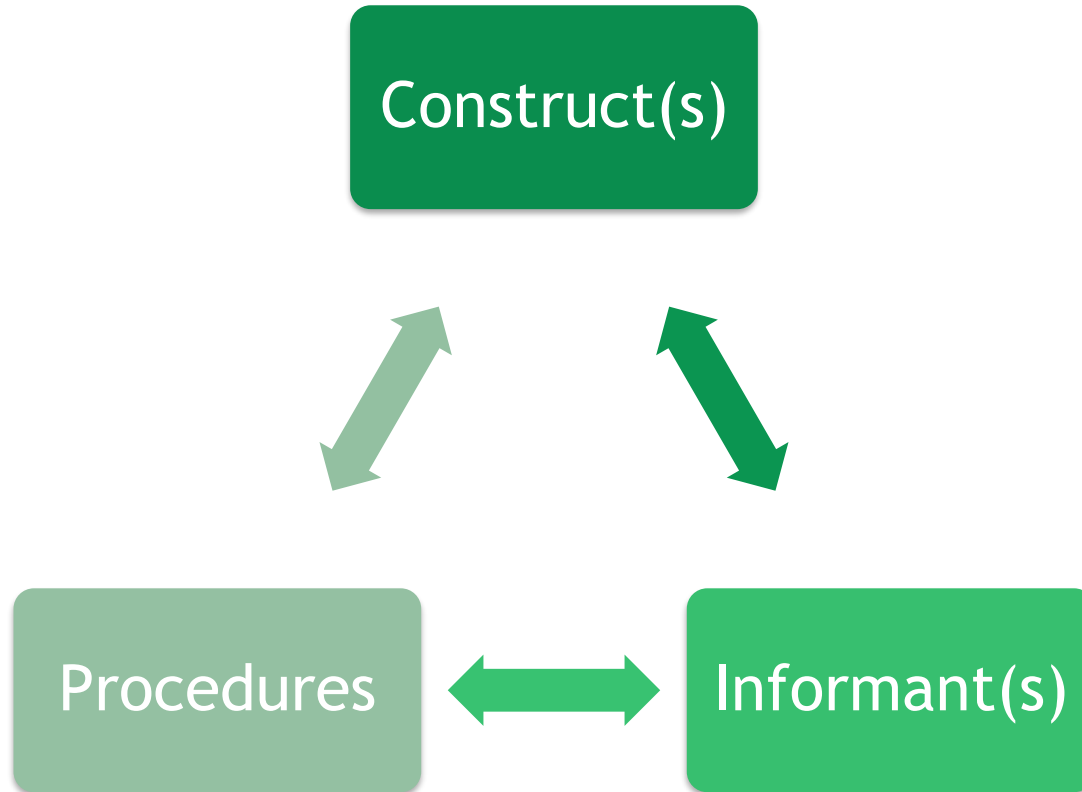Identify screening objectives using student outcome data by group, needs identified by stakeholders

When you think about prerequisites for effective screening practices, does your district/school have a representative team that could coordinate screening? Who is/might be on that team? What is the current function of that team?

Content: *Screening Approaches*

Important considerations

Important Considerations: Constructs

Mental Health								School-Based Success	
SEB Problems				SEB Well-Being and Competencies				Behaviors Relevant to Learning	
Internalizing		Externalizing		Life Satisfaction		Strong Social Relationships		Social Skills	Behavioral Problems
Trauma, environmental stressors	Thinking errors, withdrawal, negative affect	Unsafe settings, inconsistent routines, low expectations	Rule violations, substance use	Basic needs	Empathy, persistence optimism	Healthy interactions inclusive settings	Social and emotional skills	Conflict management skills, effective communication, active listening	Internalizing and externalizing classroom behaviors
Risk Factors				Protective Factors				Strengths	Problems

Developmental considerations should be used to inform measurement of constructs at different ages (Severson et al., 2007)

Example Intervention Targets for Promoting Complete Mental Health; Adapted from Suldo and Romer (2016)

Screening approaches

- Extant data sources
- Individual ratings
- Evaluation of all students on common criteria
- Multiple-gating procedures

Case Study: District Level

Constructs?
- Behavioral risk factors & adaptive skills

Informants
- Started with teacher rating only
- Currently use teacher, student and parent ratings

Approach?
- Creating teams, training for coaches and informants, identifying existing supports, creating screening schedules

Constructs?

- Risk Factor: Anxiety & Lack of Connection to Trusted School Adult
- Protective Factors: Well-being, Belonging to School, Connection to Trusted Adults

Informants?

- Individual ratings - student self-report

Approach?

- Universal screening for all students, training for screening team, identification of existing supports, planning screening schedules

Main Takeaways Through an Equity Lens

Identify link between screening approaches, strengths/protective factors, and needs

Involve stakeholders in vetting of screening approaches

Consider strengths and limitations of extant data sources and how outcomes may differ by group

Consider match between diverse identities of raters/informants and students

- Let's reflect back on the social, emotional, and behavioral concerns you identified within your district.
- Are there easily accessible, existing data sources that capture these concerns?
- Which screening approach have you/will you take to obtain this information (e.g. single informant, multi-informant, multi-gated)?
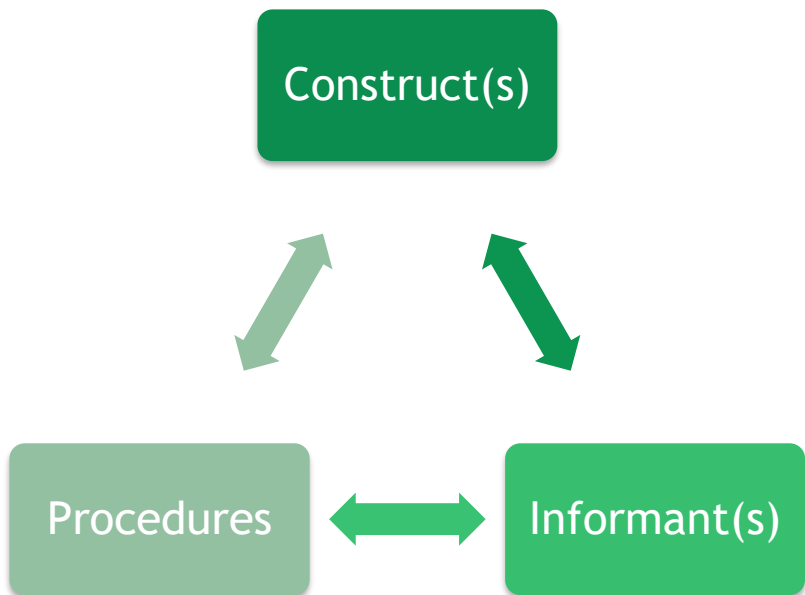
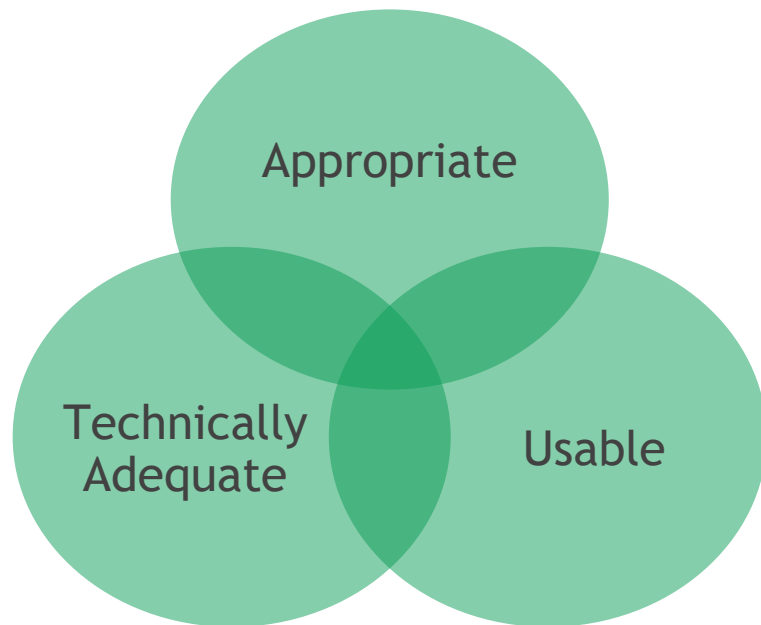**Content:** *Selecting a Universal Screener*

Guiding Questions

Have you considered the:

Construct(s)

Procedures

Informant(s)

Is the screener you are selecting:

Appropriate

Technically Adequate

Usable

Universal Screeners

1. [BASC-3 Behavioral and Emotional Screening System (BASC-3 BESS)](#)
2. [Behavior Intervention Monitoring Assessment System-2 (BIMAS-2)](#)
3. [Behavioral and Emotional Rating Scale-2 (BERS-2)](#)
4. [Developmental Assets Profile (DAP)](#)
5. [Devereux Student Strengths Assessment (DESSA)](#)
6. [Devereux Students Strengths Assessment-Mini (DESSA-Mini)](#)
7. [Individual Protective Factors Index (IPFI)](#)
8. [Social and Academic Behavior Risk Screener (SAEBRS)](#)
9. [Social Skills Improvement System (SSiS)](#)
10. [Social Skills Improvement System Social Emotional Learning Edition (SSiS-SEL](#))
11. [Strengths and Difficulties Questionnaire (SDQ)](#)
12. [Student Internalizing Behavior Screener (SIBS)](#)
13. [Student Risk Screening Scale (SRSS)](#)
14. [Systematic Screening for Behavior Disorders (SSBD)](#)

Case Study: District Level

Screening committee review of products and established inclusion criteria
- Normative sample
- Web-based platform
- Data analysis to monitor progress

Pilot the identified tools and methods in a highly diverse urban district
- Seven schools with students PK to 8 with 2988 students
- 31% Limited English Proficiency

Developed a User Survey for teachers that asked them to rate:
- Overall perception of screening and face validity
- Training adequacy and available technical support
- Data entry: "easy to use" / "easy to log in"
- Screening results: "easy to view" / "easy to compare"

Case Study: School Level

❏ **Technical adequacy?**
❏ **Contextual appropriateness?**
❏ **Usability and feasibility?**

PANORAMA SCREENER: Belonging and Connection to School Items

"How much respect do students in your school show you?"

"Overall, how much do you feel like you belong at school?"

"How connected do you feel to the adults at your school?"

"Do you have a teacher or other adult from school who you can count on to help you, no matter what?"

PANORAMA SCREENER: General Well-Being Items
Excitement
Happiness
Love
Safety
Hopefulness

Generalized Anxiety Disorder 7-Item (GAD-7) Scale (All Items)
Feelings of anxiety

Best Practices:
Gradual roll-out of initial screening

- **Administer screener to a small population of students**
  - *Individual students, classroom, grade, one school within the district*

- **Gather feedback**
  - *Identify areas to improve*

- **Adjust procedures**
  - *Incorporate voice from all those within the school community*

- **Critically consider:**
  - *Which students/families are being missed in the screening administration? Which questions are we answering? Which are we not?*

Main Takeaways Through an Equity Lens

Consider resources required (e.g., training, time to administer and interpret) and accessibility factors associated with the screening approach (e.g., language, technology needed)

Involve stakeholders in selecting a screener

Consider planning for a pilot with a smaller group of your population before adopting universally

- Consider steps you might take to select a screener if you have not already done so
  - Who will research options?
  - How will stakeholders be involved?
- What are your contextual/feasibility considerations?
  - Age of students
  - Language of informants
  - PD needs of staff
  - Cost
  - Data collection and management approaches

Content: *Screening Administration*

Best Practices for SEB Screening Administration

- Communicate screening purposes and procedures with students and families
- Obtain student/caregiver consent
- Establish procedures for responding to assessment results of students with immediate risk

Communication & Collaboration Outreach Strategies:

- Diverse modalities *(phone-calls, newsletters, etc.)*

- Translation/adaptation of materials

- Multiple forums for gathering input and addressing questions

- Bidirectional communication & collaboration between students, families, & school personnel *(i.e., collaboration with cultural liaisons, community partners, etc.)*

Considerations for
caregiver consent & student assent:

- *Decision point:* which type of consent procedure will be used to gather permissions for the screening process?
    - *Active consent versus passive consent?*

- *Decision point:* how will consent/assent be collected, stored, and recorded to ensure accessibility and accuracy on the day of screening administration?
    - *Paper and pen? Electronically? Storage method? Lead staff?*

Best Practices:
Responding to high risk students

- Plan to promptly analyze screening data

- Determine scores that correspond to levels of various student risk

- Identify support services
  - Within school & community

- Ensure any students endorsing risk of harm to self or others receive immediate follow up (same day)

Consider: how will the screening team collaborate with and support students & families who face barriers to accessing behavioral health services?

Communication/Collaboration:
- Summer institute trainings for school team trainings
- Informational meetings about the purpose of screening
- Parent notification (opt-out) letters prior to screening
- Plan a gradual roll out of initial screening efforts

Plan for High Risk Students:
- Establish procedures for responding to assessment results of students with immediate risk and adapt when needed (Q24)
- Assists school teams in plan development around logistics (Who is responsible for screening who? When will it be done?)

Case Study: School Level

Communication/Collaboration with Families:
- Information sent to caregivers prior to administration by email/mail
- Translation provided, as needed
- Caregiver questions answered, as needed
- Passive caregiver consent; student assent obtained
- Informational trainings / screening planning meetings between school staff and university-level graduate consultants

Plan for High Risk Students:
- Counselor follow up with students & families with highest levels of risk
- Coordinate community supports and school-based interventions

Main Takeaways Through an Equity Lens

Ensure consent and assent procedures are accessible

Develop a plan for responding to risk endorsed

Acknowledge the intergenerational trauma that may be associated with inequitable treatment in medicine and education

Consider planning for a pilot with a smaller group of your population & seek feedback *before* adopting universally

Content: *Screening Data*

- **Determine <u>frequency</u>, <u>timing</u>, and <u>method</u> of screening administration**

  - *Frequency: How often within academic calendar?*

  - *Timing/Location: Date? Time of day? During school hours vs after hours?*

  - *Method: Electronic version? Paper? Questionnaire? Survey?*

  - *Informants: teachers, caregivers, and/or students*

Staffing Considerations

○ <u>Professional development</u>

- ■ Purpose of screening
- ■ Address questions/concerns
- ■ Completion/administration of screening
- ■ Proctoring script
- ■ Responses for most frequently asked questions

○ <u>Roles/Responsibilities</u>

- ■ Examples: *Lead*; *Proctors*; *Technology Specialist*; *Data Analysts*; *Mental Health Support*

Case Study: District Level

- Summer trainings

- Electronic versions administered twice per school year

- EWG, research teams, and implementation teams are in place to review the data for the whole district
  - How EWG looks at the data
  - How research team looks/uses the data
  - How implementation team looks/uses the data

- Data shared back to principles and district level teams

Case Study: School Level

Screening Administration

Initial consultation with the School Team to identify concerns (Concern about student's anxiety due to COVID 19)

Selecting universal screening survey

Implementing screening (staff training & screening survey delivered via Google form)

Data analysis by UMASS support team

Sharing data with school staff & creating support plans (CALM)

Case Study: School Level

Screening Administration Logistics:

- **Training:**
  - Administrator, counselor, and teaching staff collaborative training with University-level graduate/faculty consultants
- **Informants:**
  - Middle school students (self-report method)
- **Screening Frequency**
  - Fall & Spring Universal Screening
- **Screening Timing & Method:**
  - Administered during homeroom (A.M.)
  - Screening survey via an electronic google form
  - Administered to in-person & remote students

Case Study: School Level

Screening Administration: Roles & Responsibilities:

- **Students:** Informants
- **Teachers:** Proctors & administer SEL screener
- **Administrator:** Organize date/time for screening administration; coordinate with consultants; communicating with families
- **University Consultants:** Available for technical assistance; responsible for data collection, storage, and initial survey analysis
- **School Counselor:** Create follow-up plan for high-risk students; communicate with families; collaborate with consultants on training, administration, and data analysis

Main Takeaways Through an Equity Lens

Involve stakeholders in plan for administration and data sharing

Ensure screening data are shared in an accessible manner

Increase representation of informants

Provide ongoing training and support to proctors & raters around screening administration and logistics

Content: *Using SEB Screening Data*

Data Sharing

- Sharing data amongst stakeholders allows for collaboration, continuous feedback, shared accountability, and transparency

- Determine who data will be shared with and when

- Legal and ethical considerations: Family Educational Rights and Privacy Act (FERPA); Health Insurance Portability and Accountability Act (HIPAA)
  - Both protect confidentiality and privacy
  - FERPA applies to school-employed staff
  - HIPAA applies to hospitals, outpatient mental health, and school-based community providers

- Prior to screening, consider releases of information across system partners, & obtain necessary signatures

- ***How*** the data will be linked to intervention and supports?

  - To modify Tier 1 (e.g., school-wide, class-wide practices)?

  - To target students in need of Tier 2 support? What types of interventions and supports are presently available?

SEB Screening Purposes: Using Data at Multiple Levels

Universal
- Identify population needs
- Evaluate effectiveness of universal supports

Targeted
- Identify students not responding to universal supports
- Match students to available targeted intervention

Intensive
- Identify students not responding to universal and/or targeted supports
- Inform individualized goals and intervention

Ms. Fuentes First Grade Classroom

Student	Exhibits positive behavior	Regulates behavior appropriately	Participates appropriately in group activities	Works and plays without disrupting others	Follows classroom routines	Adjusts to transitions and changes	Responds to conflict effectively	Takes care of materials and belongings
1								
2								
3		red	yellow		yellow	red	red	yellow
4								
5								
6								
7						yellow		
8	yellow			yellow				
9								
10						red		
11		yellow						
12								
13								
14								
15				yellow				
16							red	
17		yellow				yellow		yellow
18								
19								
20				red		red		

Determining Appropriate Level of Intervention

"Is it a large group problem, a small group problem, or an individual student problem?" (Florida Department of Education, 2015)

> 20% At-Risk	Modify or change universal SEB instruction
5-20% At-Risk	Continue universal SEB instruction and provide students at-risk with targeted support
< 5% At-Risk	Continue universal SEB instruction and provide students at-risk with individualized support

1. Compare percentages of students at-risk across screening periods (e.g., Fall to Spring).
2. Identify the number of students that moved to less intensive risk categories across screening periods (e.g., Fall to Spring).
3. Identify the number of students that moved to more intensive risk categories across screening periods.

Data Decision Rules

Measure	Proficient	At-Risk	High Risk
Classroom Minors	0-4	5 or more	15 or more
Major ODR	0-1	2-5	6 or more
Absences (unless medically excused)	<5 per quarter	5 or more per quarter	10+ per quarter
Tardy	<4 per quarter	4+ per quarter	10+ per quarter
ISS	0-1	2	4 or more
OSS	0	1	2
Grades	Passing	One or more poor grades	One or more poor or failing grades

Math Benchmark	Low risk	Some risk	High risk
Reading Benchmark	Low risk	Some risk	High risk
Attendance Percentage	90% or above	80-90%	Less than 80%
Nurse Visits (non-medical)	0-1 (no pattern)	2 – 5 (pattern of regular visits)	6 or more (pattern of regular visits)
SAEBRS data : 1) Behavior 2) Social Behavior 3) Academic Behavior 4) Emotional Behavior 5) MySaebrs data	30% and above	21-30%	20% or below

Using Data at the Tier 2 / Targeted Level

Targeted Intervention Protocol

- Students who fall in the at-risk range on screening are matched to existing interventions and supports.

- Steps to be completed by the school-wide team (adapted from Lane, et al., 2014; Lewis et al., 2013):

  1. Create a "resource map" of existing supports
  2. Determine entry criteria
  3. Identify outcome measures
  4. Identify exit criteria
  5. Consider additional needs

1. Resource Map Example

Intervention	Skills Targeted	Format	Location	Duration (Weeks)	Personnel
Daily Report Card	Engagement Conduct Social	Individual	Classroom	6-8	Classroom Teacher
Self-Management	Engagement Conduct Social	Individual	Classroom	6-8	Classroom Teacher
Check-In / Check-Out	Engagement Conduct	Individual	School-Wide	8	Guidance (Coordinator)
Social Skills Training	Social	Small Group	Outside Classroom	6	Social Worker
Cognitive Behavioral Therapy	Emotional and Behavioral Regulation	Small Group	Outside Classroom	8	Psychologist

2. Entry Criteria

- Determine criteria necessary for a student to be matched to a particular intervention (in the resource map).
- SEB screening must be included, but school teams may wish to outline additional criteria, particularly if intervention resources are limited.
- Examples of additional criteria include:

  - SEB Screening: Subscale scores

  - Office Discipline Referrals (ODR)

  - Attendance

  - Academic screening / Curriculum-Based Measures (e.g., DIBELS, AIMSweb)

2. Entry Criteria Example

Screening Tool: *Behavior Intervention Monitoring Assessment System, 2nd edition* (BIMAS-2)

SEB Screening Criteria	Additional Criteria	Intervention 1 (Best Match)	Intervention 2* (Alternative)
Conduct Scale T-score ≥ 60	≥ 2 ODR	Daily Report Card	Check-In / Check- Out
Negative Affect Scale T-score ≥ 60	Parent Referral	Cognitive Behavioral Therapy	Check-In / Check-Out
Cognitive / Attention Scale T-score ≥ 60	None	Self-Management	Daily Report Card
Social Scale T-score ≤ 40	None	Social Skills Training	Check-In / Check-Out
Academic Scale T-score ≤ 40	Below CBM Benchmark in Reading or Math	Targeted Small-Group Academic Instruction	Daily Report Card

*Optional alternative for intervention

3. Outcome Measures

- Additional outcome measures may be needed, in addition to SEB screening, to evaluate the effectiveness of targeted intervention because SEB screening occurs infrequently (2-3 times per year).

- Examples include:

  - Performance criteria linked to intervention (e.g., ratings on Daily Report Cards, Self-Management records, ratings on Check-In/Check-Out records)

  - Progress-monitoring measures (e.g., Direct Behavior Rating-Single Item Scales; DBR-SIS)

  - Additional permanent products (e.g., completed homework assignments)

- Students are exited from an intervention when they reach predetermined levels of performance on SEB screening and selected outcome measures.
- If students do not achieve exit criteria, current intervention is continued, modified, or changed.

- Students may have needs that are not (or cannot be) addressed through targeted school-based intervention.
- It is important to identify additional needs and identify appropriate action steps to address the needs. These action steps may include:

  - Connecting the student's family with outside agencies that meet basic needs (e.g., food banks, shelters, unemployment benefits)

  - Consulting with medical providers and/or outside mental health care providers

Characteristics of intensive intervention (Sugai & Horner, 2009)

Function-based: There was a proven need for supports for students across the district with internalizing problems.

Outcomes/objectives: to decrease students experiencing internalizing symptoms

Interventions: Implementing Signs of Suicide (SOS) into schools

Universal screening has allowed for earlier identification and preventative measures to be established with students at the school level

Case Study: School Level

- **Identifying Problems & Strengths:**

  - Risk: 54% of students are currently experiencing mild to severe levels of anxiety; 15% of students lack of connection to trusted school adult
  - Protective: 71% of students feeling loved, 87% of students feeling safe; 66% of students feeling a strong sense of belonging to school community

- Data analysis & disaggregation by grade, gender identity, racial/ethnic identities, domestic/international status
  - Differences in data emerged across grades, gender identity, and racial/ethnic identities

Case Study: School Level

- **Intervention Goals:**
  - Address school-wide needs & targeted needs for higher at-risk students

- **Planning the Intervention:**
  - Tier 1: Brief SEL lessons during advisory
  - Tier 2: CALM Intervention (Adapted CICO & Brief CBT Intervention)
  - Tier 3: Connect with families on community supports

- **Implementing progress monitoring, and evaluating supports:**
  - Communication regarding implementation of Tier 1 SEL advisory lessons
  - University Consultants support progress monitoring of student engagement & moods for students selected for the tier 2 intervention
  - Intended plan was to repeat universal screening in the spring

Main Takeaways Through an Equity Lens

Form a representative team to guide use of SEB screening data

Utilize screening data to assess school-wide Tier 1 / universal practices; consider how to adapt *adult* practices; avoid simply focusing on individual student-level interventions

Align entry and exit criteria to interventions to evaluate progress

Be intentional in data analysis process; disaggregate data by groups to analyze effectiveness of interventions

Who will look at Tier 1 data? When will that occur? What Tier 1 instructional changes will be considered?

Who will look at Tier 2 data? When will that occur? What entry/exit criteria will be established for Tier 2 interventions?

- Which students are commonly identified for particular behavioral concerns or strengths?
- How do these data differ across groups? What might that reflect?
- Which social-emotional assets/behaviors are most concerning or promising?
- Is there anything confusing or surprising about the data?
- Which perspectives are captured? Which are missing?

Where to Start This Work...

Teaming

Partnerships

Stakeholder collaboration and power sharing

Resource mapping

Resource allocation

Advocacy

Data-based decision making

Resources

https://docs.google.com/document/d/1wr2hSXMSNpR21DKmke7fNSX6xFCRDwem/copy (Annual Screening Calendar)

https://cbhmboston.com/

https://casel.org/lever-for-equity/

https://www.pbis.org/current/returning-to-school-during-and-after-crisis

Leverson, M., Smith, K., McIntosh, K., Rose, J., & Pinkelman, S. (2019). PBIS Cultural Responsiveness Field
    Guide: Resources for trainers and coaches. OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports.
    www.pbis.org

Pennsylvania Training & Technical Assistance Center (PaTTAN): Equitable Practices in a MTSS Framework
    Series

Romer, N., von der Embse, N., Eklund, K., Kilgus, S., Perales, K., Splett, J. W., Suldo, S., & Wheeler, D.
    (n.d.). Best practices in universal screening for social, emotional, and behavioral outcomes: An implementation guide.
    https://smhcollaborative.org/wp-content/uploads/2019/11/universalscreening.pdf

Sullivan, T. (2020). Transforming Systems of Single Best Practices to Educational Equity Quantum Ten: An Equity Framework. *Journal of
    Educational Leadership and Policy Studies*, *4*(1).

Teemant, A., Borgioli Yoder, G., Sherman, B. J., & Santamaría Graff, C. (2021). An Equity Framework for Family, Community, and School
    Partnerships. *Theory Into Practice*, *60*(1), 28-38.

Contact us

www.umb.edu/birch

Subscribe to our

mailing list here

Kathryn Doherty Kurtz, PhD, NCSP
Project Director, BIRCh Project
birch.project@umb.edu