Universal Social, Emotional, and Behavioral Screening for Monitoring and Early Intervention

April 2020

What is universal social, emotional, and behavioral screening?

Universal screening takes place when all individuals in a population are examined for some indicator of wellbeing or risk. Common examples in schools are vision screenings and hearing screenings. The logic, of course, is that you learn best when you can see and hear. While we could rely on educators to notice when a child is squinting to see the board or when a child is asking for directions to be repeated, we know that it is better to not wait until the child has missed instruction, so we perform screening and intervene early! The same logic holds for social, emotional, and behavioral health screening. We want all children to thrive, and we know that the ability to thrive and learn is more challenging when a child is experiencing social and emotional challenges. We also know that teachers alone can't be expected to notice all the small—and sometimes invisible—signs that a child is languishing, or worse, is experiencing more pervasive social and emotional concerns. Universal screening helps us intervene early and ensure that all children have access to supports that they need to be well and achieve personal and academic success.

What screening instrument ("screener") should we use?

Five Characteristics of Quality Social, Emotional, and Behavioral Screeners

1. Low Cost

Total cost to administer the instrument to all students should be reasonable, requiring only a small portion of the school's total budget for social, emotional, and behavioral health supports.

2. Low Time Demand

The total time to complete administration should be reasonably brief. General guidelines for time demands vary by referral source. For a teacher with 25 students, each student rating should take no more than five minutes, resulting in about two hours of total time. For students in later grades who are appropriate for self-report, no more than 20 minutes should be required.

3. Psychometrically Sound

The screener should have undergone rigorous testing for reliability and validity. The screener should be supported by evidence that it is appropriate for use with your students' age group, gender, and racial-ethnic background, and evidence that it correctly identifies those found to be at risk (i.e., sensitivity) and those with no risk (i.e., specificity).

4. Assesses Key Domains & Links to an MTSS Framework

Consider whether the instrument includes items that address student strengths and weaknesses across all domains of social, emotional, and behavioral functioning. Broad instruments are those that examine a range of social and emotional strengths and challenges, whereas narrow instruments screen for only a few risk behaviors (e.g., suicide risk screening). Be sure to ask students to complete screeners that will give you the data you need to intervene across the MTSS tiers.

5. Ease of Data Aggregation and Display

So that intervention decisions can occur swiftly, the instrument should allow for the efficient turnaround of aggregated data and should display data in an accessible way.

CDE does not endorse a specific screener; however, several screeners meet the five characteristics of quality screeners described above and are currently being used in California schools.

	Behavioral and Emotional Screening System (BESS)	CoVitality Social Emotional Health Survey: Elementary (SEHS-P) and Secondary (SEHS-S)	Student Risk Screening Scale-Internalizing and Externalizing (SRSS-IE)	Social, Academic, and Emotional Behavior Risk Screener (SAEBRS)
Target Age Groups	Grades Pre-K–12	SEHS-P: Grades 4–6 [with customized extension for grade 3] SEHS-S: Grades 7–12	Grades K–12	Grades K–12
Reporting Type	Teacher, Parent, and Self-Report	Self-Report	Teacher Report	Teacher and Self-Report
Key Domains Assessed	Adaptive Skills, Externalizing Problems, Internalizing Problems, School Problems	Self-Efficacy, Self-Awareness, Persistence, Peer Support, School Support, Family Support, Empathy, Self-Control, Emotion Regulation, Gratitude, Zest, Optimism, School Connectedness, Psychological Distress, and Overall Life Satisfaction	Internalizing Behaviors, Externalizing Behaviors	Social Behavior, Academic Behavior, Emotional Behavior, Total Behavior
Data Aggregation and Display	Online scoring system allows tracking of individual students, school wide, and school district roster report.	Online instrument software platform allows tracking of individual students and immediate access to data reports. Custom requests for data analysis and display are typically addressed within 48 hours.	Teachers record individual student scores using the school's SRSS-IE tool. The SRSS-IE coordinator or designated person aggregates the scores into grade-level scores.	Online scoring system allows tracking of individual students and school wide roster report.
Cost[1]	Varies by package purchased, minimum package for 10 students ($78.50)	$1.45 per student, with variable costs for school configuration and end-of-year district reports	Open access [school is responsible for all materials, including photocopies of instrument]	$3.00 per student
Contact Information	pearsonassessments.com	covitalityapp.com covitalityucsb.info/research.html	miblsi.org/evaluation/student-assessments/student-risk-screening-scale	fastbridge.org/saebrs

[1]Cost information described herein should be considered an estimate only. Total costs for individual schools must be discussed with individual instrument developer.

Whom should we ask to complete screening instruments?

Preschool and Kindergarten entry

Parents and guardians are the best raters for very young children. Consider having parents and guardians complete a screener when they enroll their child in school.

Kindergarten through second grade entry

Classroom teachers are generally relied upon for the early school grades. Typically, a classroom teacher completes ratings for all children in their classroom.

Third grade through sixth grade entry

As reading skills strengthen through later elementary school, self-report becomes increasingly reliable. Screening instruments vary in terms of their recommended procedures for these age groups.

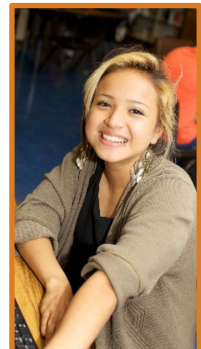
Seventh grade through twelfth grade

Self-report is generally reliable for secondary school-aged youth. Procedures for obtaining self-report typically involve asking all teachers during a specific class period (e.g., homeroom or 1st period) to have their students complete the self-report screener, thereby obtaining screeners from all students in a school or in a specific grade level.

When should my school screen?

1. Timing: It is generally recommended that a school perform screening at the beginning of the school year, at critical milestones in the academic year, and/or at critical developmental milestones in the preschool-to-college pathway, such as kindergarten entry.

2. Frequency: It is generally recommended that school population-level trends be examined by screening two times per year. Practically, however, it may be best to start with one screening period in the first year.



Demystifying Universal Screening

<table>
<tr><th>Myth</th><th>Creative Solutions</th></tr>
<tr><td>Guardians are not comfortable with screening and will not consent.</td><td>Use language that is respectful and not stigmatizing. Consider avoiding the phrase “mental health” due to social stigma around the phrase. Consider using the phrase “social-emotional” instead. Refer to the screening instrument as a “social-emotional screener.”
Avoid using a separate information letter and instead integrate screening-related consent materials into annual standard procedures. For instance, add language to your school handbook stating, “we regularly screen for hearing, vision, academics, and behavior” and add your screening consent form to the first-of-year packet of documents.</td></tr>
<tr><td>We should not screen if we don’t have the resources to serve all children identified. Once we’ve collected data, we are liable for doing something with it.</td><td>Consider creative solutions, such as the following:
Consider the number of students with social, emotional, and behavioral risk that you can realistically serve with your current resources. Anticipating that you can expect to identify about 15%–20% of students to be “at risk,” screen only the total number of students you can reasonably serve. For example, if you have the capacity to serve 20 students, screen no more than 100 students. Alternatively, if you have resources to serve 40 students, screen no more than 200 students.
Consider starting small. Screen just one class level (e.g., every first-grade classroom), assign intervention resources, and gauge resource demands before expanding screening to other class levels.
You may have more resources than you originally thought! Consider that many general social-emotional curricula do not require a mental health professional for delivery—many people are qualified to deliver tier 1 SEL curricula.</td></tr>
<tr><td>Our teachers do not feel comfortable completing screeners because they are not mental health professionals.</td><td>Ask teachers to consider that screening instruments are not designed to be completed by mental health professionals. Instead, they are meant to be completed by those people who see the child most regularly.
Remind classroom teachers that they are competent to provide input, as they see their students every day.
Work to provide clear messaging around why the school is screening: To improve early access to care, to improve student readiness to learn, to improve classroom climate, and to reduce burnout among teachers!</td></tr>
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Demystifying Universal Screening (cont.)

Myth	Creative Solutions
Using a screener will eliminate our need for mental health professionals.	• *Screening is NOT diagnosis.* Screenings are not meant to be diagnostic. They help identify students "at-risk," but they do not identify specific needs or inform specific intervention decisions. Follow-up is necessary to ensure that an appropriate team of professionals performs second gate procedures and assigns appropriate intervention to all students identified as At-Risk. • *Screening is NOT progress monitoring.* Screening measures are not sensitive enough to change, so they are not appropriate for monitoring progress or change as a result of short-term intervention. Direct behavior ratings (DBRs) or units of distress scales are better as metrics for measuring progress.
Our school can't afford to screen; it's too expensive!	• Consider that *ESSA, Title IV, Part A, Student Support and Academic Enrichment (SSAE) Program* allows for flexibility in purchasing resources for the purpose of improving conditions for learning. Screening instruments and related materials are reasonable costs that align with the SSAE priority. • Consider using funds allocated through California's Local Control Funding Formula (LCFF). Build screening-related costs into your school district's Local Control Accountability Plan (LCAP). Specifically, state priorities five, Pupil Engagement, and six, School Climate, are appropriate domains for screening costs.

Key Screening-Related Resources

Many practical resources are available to help guide your school's screening effort.

Best Practices in Universal Screening for Social, Emotional, and Behavioral Outcomes: An Implementation Guide [School Mental Health Collaborative] https://smhcollaborative.org/wp-content/uploads/2019/11/universalscreening.pdf

Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools [SAMHSA] https://www.samhsa.gov/sites/default/files/ready_set_go_review_mh_screening_in_schools_508.pdf

School Mental Health Screening Playbook: Best Practices and Tips from the Field [Center for School Mental Health] https://www.azahcccs.gov/AHCCCS/Downloads/Initiatives/BehavioralHealthServices/Helios/Tucson_09252019/ToolkitResource/School-Mental-Health-Screening-Playbook.pdf

Using ESSA Title IV to Support Universal Social, Emotional, and Behavioral Screening [NASP] https://www.nasponline.org/research-and-policy/policy-priorities/relevant-law/the-every-student-succeeds-act/essa-implementation-resources/essa-title-iv-funding-opportunities

School Mental Health Referral Pathways (SMHRP) Toolkit [SAMHSA] http://www.esc-cc.org/Downloads/NITT%20SMHRP%20Toolkit_11%2019%2015%20FINAL.PDF

National School Mental Health Curriculum [SAMHSA] https://mhttcnetwork.org/now-available-school-mental-health-curriculum

Screening Spotlight on Baldwin Park Unified School District

Why did BPUSD decide to screen?

- To address….
  - Increased concern among school adults and the school community about internalized stress among school-aged youth.
  - Difficulty identifying children with internalized stress who were languishing academically and socially, but who were not yet displaying behaviors that are traditionally recognized (e.g., externalizing problem behaviors).
- To inform and develop….
  - Early prevention and intervention efforts aimed at reducing student crises and hospitalizations.
  - The district's MTSS Social-Emotional Learning (SEL) and Mental Health framework.

Why did BPUSD select the CoVitality instrument?

- *Focus on Strengths.* The CoVitality instrument is uniquely organized to align with a dual model of mental health, which specifies that wellbeing is not only the absence of distress, but the presence of strengths. The instrument allows intervention conversations to be organized around developing strengths among individual students, small groups of students, and entire classrooms.
- *Supported by Rigorous Research.* Developed by a team of researchers at UC Santa Barbara with extensive expertise in positive youth development and wellbeing, who were funded by the Institute for Education Sciences at the U.S. Department of Education.
- *Characteristics Unique to California.* The CoVitality instrument's norms were developed in California, allowing comparisons of your school's students to other students in the unique California context.
- *Aligned with a Social-Emotional Learning framework.* The CoVitality instrument's strengths-focused domains allow for ease of connection to BPUSD's existing SEL framework.
- *Results are Immediately Available.* The intuitive online CoVitality software allows for immediate visualization of all screening results. Data can be aggregated to classroom, school, and district levels, allowing staff to respond immediately.

What procedural decisions did BPUSD need to explore?

- Who led the screening effort?
  Answer: Led by Dr. Susan Coats during the month of August, BPUSD's Student Services division trained school site teams comprised of principals, assistant principals, school psychologists, and school counselors, on screening procedures. Members of this group then went on to perform screening at BPUSD schools.
- What subgroups and classrooms did they screen?
  Answer: Grades 4–12
- When did they screen?
  Answer: September – October
- How did they deliver the screener?
  Answer: After communicating the value and purpose of the CoVitality assessment with both staff and parents, school site teams calendared the dates and times for the survey. The CoVitality instrument includes a script that was read by designated staff to students before initiation of the screening instrument. Students completed the instruments online using their student identification numbers and computers in their classrooms.

- How to follow-up screening results?
  Answer: A semi-structured student interview protocol was developed and delivered to all students identified as Elevated by the CoVitality instrument. Each identified student was interviewed by school site team members and school-based mental health therapists for needed supports and interventions.

- How to assign intervention resources?
  Answer: Each BPUSD participating school completed a resource mapping effort before screening. When screening and second-gate interviews were complete, school-based teams met and assigned students to available interventions based on their personal profile of presenting needs.

Key Results and Implications

- A total of 5,287 students were screened, of whom 529 (10%) were identified in the Elevated category and 749 (15%) were identified in the At-Risk category.
- MTSS-aligned interventions were assigned based on presenting need. Interventions assigned included, but were not limited to:
  - Tier 2: Small group counseling for specific skill development, such as mindfulness and social skills training; Check In Check Out; and academic skills tutoring.
  - Tier 3: Individual counseling from school-employed staff, such as school counselors and school psychologists, and referrals to both school-based and community mental health agencies.
- School Climate and Aggregate Reports were analyzed by staff to develop school-wide activities that better align to student needs.
- BPUSD is enjoying a positive community response, with students, school staff, and families feeling encouraged by the screening approach.

"I have started check-ins every day with one of my elevated students from the CoVitality Survey. She and I both discuss something we are grateful for and write it in our Gratitude Journals. It has been wonderful to have this little moment each day with this student and for both of us to be mindful of the many things we are grateful for on a daily basis. The student feels special and is thinking about life in a different way. Not only is this making a positive impact on her life, but mine as well."

-Alicia Fields, M.A., P.P.S., Vineland Elementary Principal

For more information about BPUSD's CoVitality screening, monitoring, and intervention experience, please contact Director William Avila or Dr. Susan Coats.

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For more information about the CoVitality Screening tool, see covitalityapp.com and covitalityucsb.info/research.html

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FOR MORE INFORMATION ON PROJECT CAL-WELL, CONTACT:

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This series of briefs is being developed based on information shared at the quarterly Project Cal-Well meetings at the California Department of Education. Funded by the Substance Abuse and Mental Health Services Administration, Project Cal-Well is designed to raise awareness of mental health and expand access to school- and community-based mental health services for youth, families, and school communities. Project Cal-Well was initially launched by the California Department of Education (CDE) in partnership with three Southern California local education agencies (LEAs) from 2014-2019: Garden Grove Unified, ABC Unified and San Diego County Office of Education (COE). Building off successes and lessons learned from the first cycle, the CDE is partnering with three LEAs in Northern California for the second cycle (2019-2024): Humboldt, Stanislaus, and Sacramento COEs. The University of California, San Francisco School Health Services Research & Evaluation Team is evaluating the initiative. WestEd is providing technical assistance support to the project.