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1G Screening, Triage, & Assessment: Data-Informed Approaches to Meeting Students' Multiple Needs

Presenters:
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Kelcey Schmitz, University of Washington
Kathleen Lynne Lane, University of Kansas

- **Topic:** Crisis Preparation, Response, & Recovery
- **Keywords:** Screening, Trauma

Learning Objectives

1. *Define screening, assessment, and triage*
2. *Explain how to use systematic screening and triage efforts in the K-12 context*
3. *Support recovery phase efforts*

Agenda

- Welcome and Introductions
- Systematic Screening in Tiered Systems
- Triage & Recovery Phase Efforts
- Closing Out and Moving Forward

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R324N190002 University of Kansas

Ci3T

Welcome and Introductions

Meet our team!

Tona McGuire

Kelcey Schmitz

Kathleen Lynne Lane

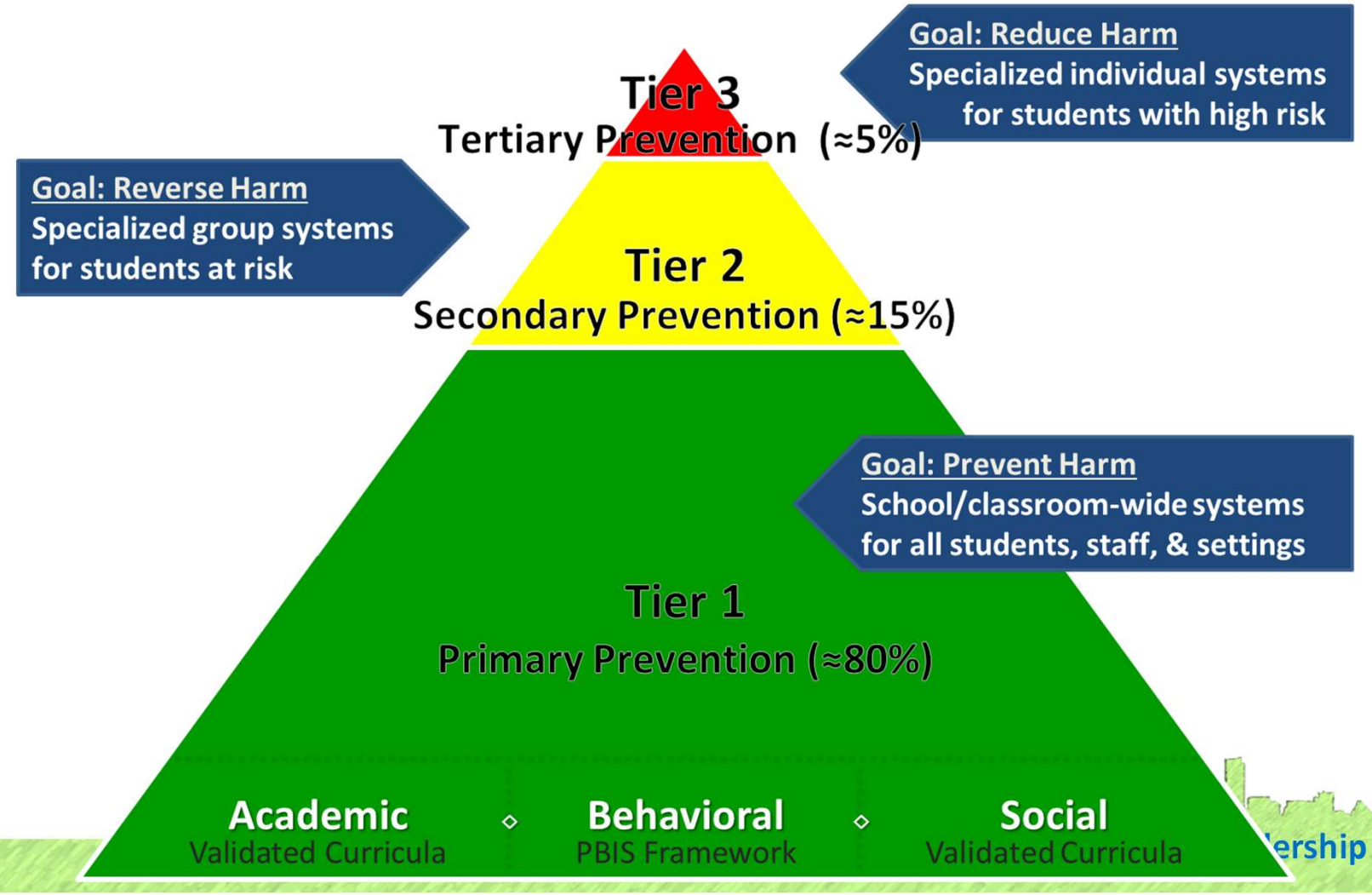
Ci3T

Systematic Screening in Tiered Systems

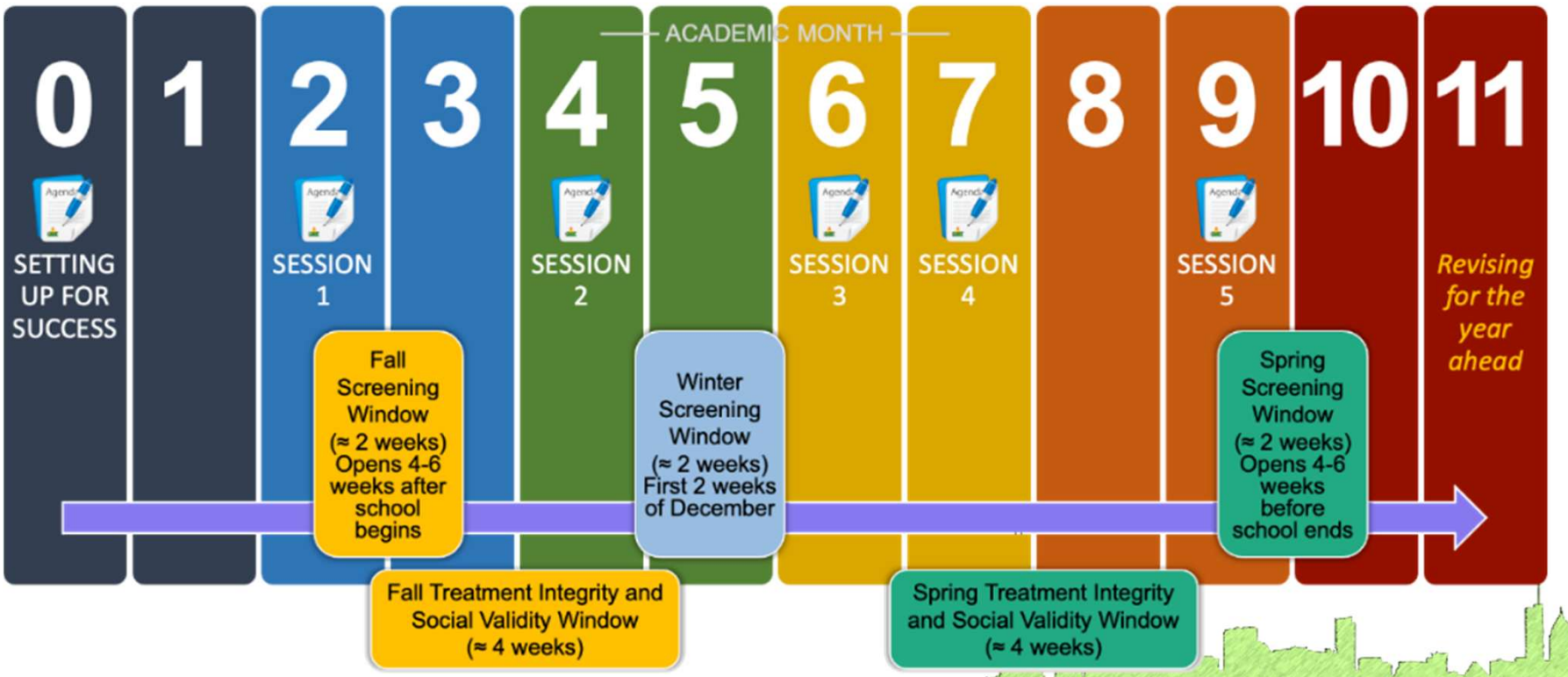
Kathleen Lynne Lane

Comprehensive, Integrated, Three-Tiered Model of Prevention

(Lane, Kalberg, & Menzies, 2009)



Ci3T Implementation Professional Learning Series



Comprehensive, Integrated, Three-Tiered Model of Prevention

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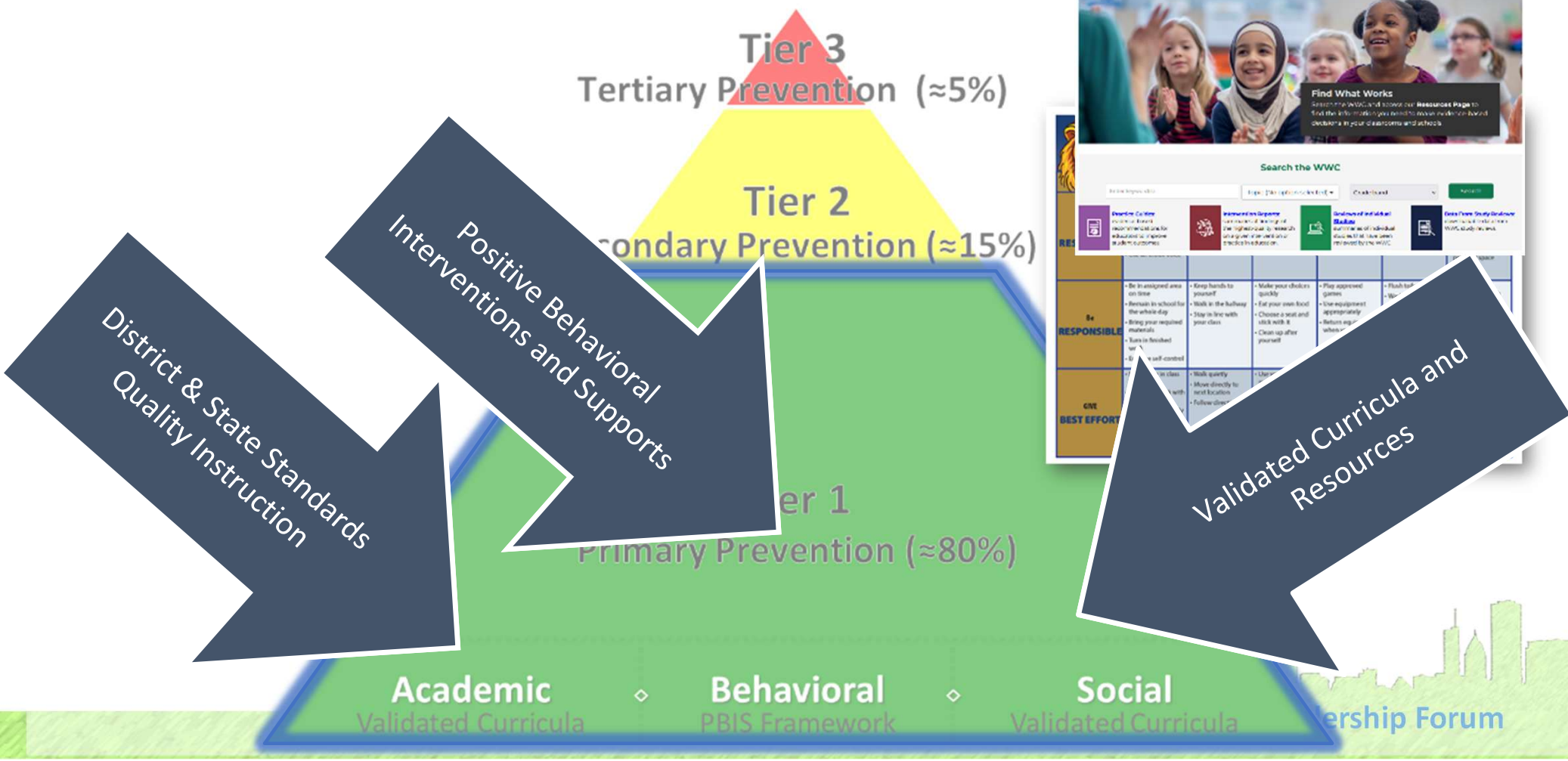

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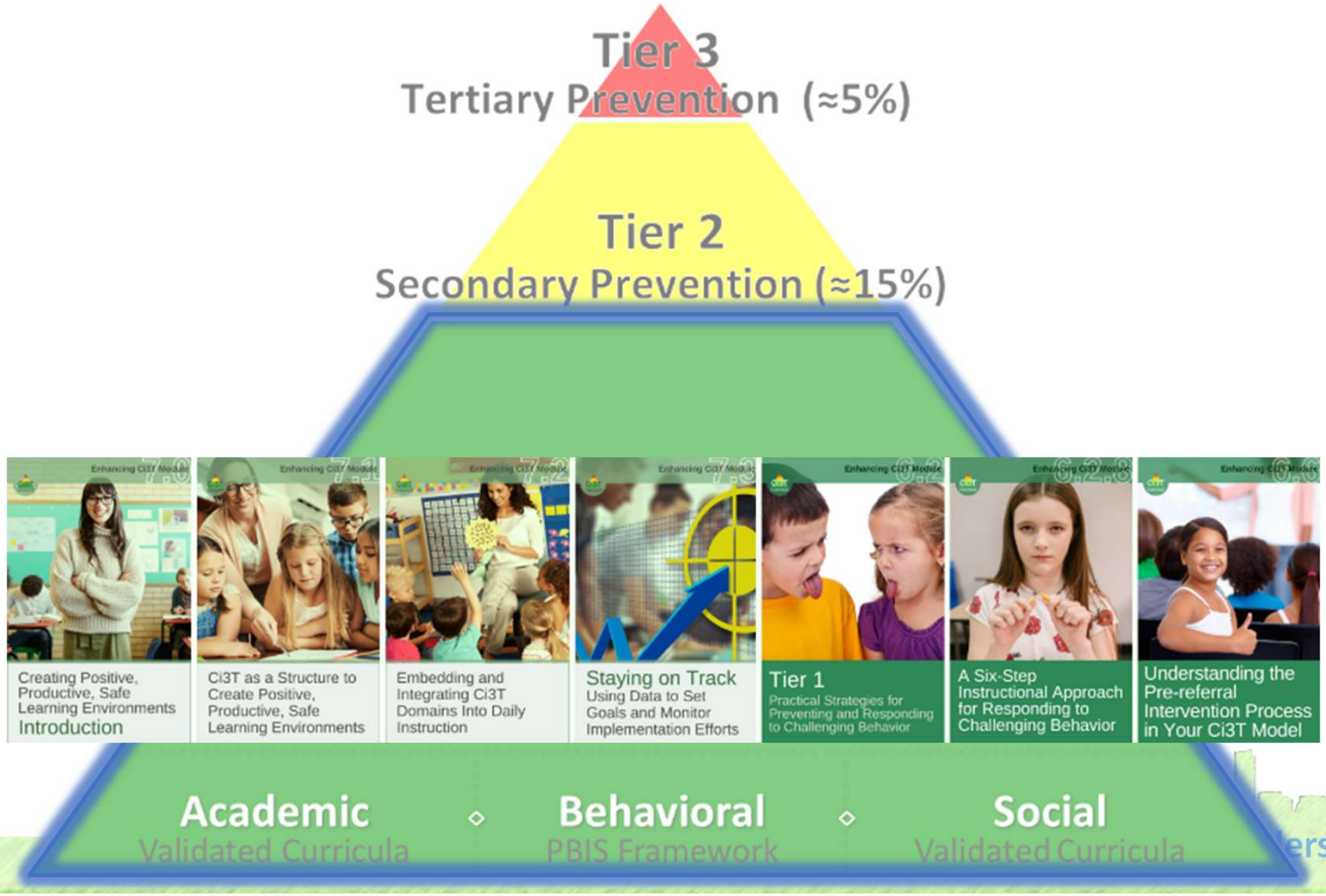


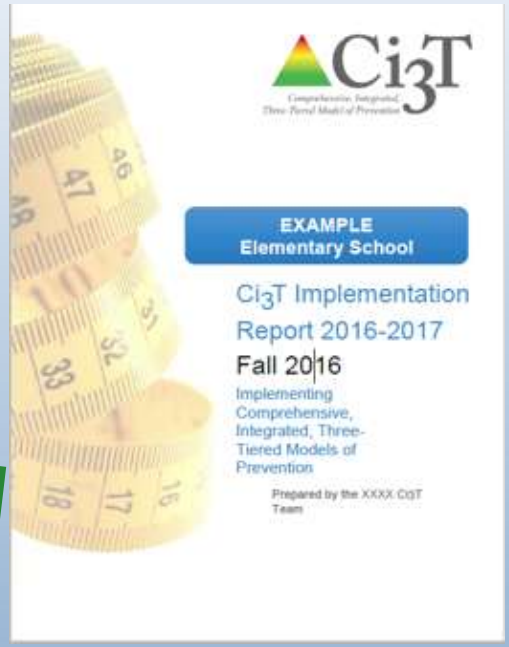
Ci3T Primary Plan: Procedures for Teaching

Ci3T Primary Plan: Procedures for Reinforcing

Ci3T Primary Plan: Procedures for Monitoring

Area I: Academics Responsibilities	Area II: Behavior Responsibilities	Area III: Social Skills Responsibilities
Faculty and Staff: Teach core programs according to district and state standards with fidelity: • English • Houghton Mifflin Harcourt *Math Expressions Common Core* • Differentiate instruction to meet the needs of all students. • Plan for learning opportunities that [illegible] instructional time and Examples: ○ Active supervision ○ Precorrection ○ Instructional feedback ○ Instructional choice ○ Increased opportunities to respond ○ Behavior specific praise ○ High-*p* requests • Provide meaningful and appropriate practice opportunities. • Provide feedback in a timely manner to students and parents. • Conduct, report, and [illegible] [illegible] secondary (Tier 2) and	**Faculty and Staff:** Implement the Positive Behavioral [illegible] [illegible] within the first week of school and reteach **Expectations** (monthly). • Display and model school-wide expectations in classrooms and other key settings. • Be consistent with expectations. • [illegible] behavior specific praise and [illegible] delivering • Demonstrate [illegible] positive attitude • Use a positive response to initial indicators of not meeting expectations: ○ Praise students meeting expectations ○ Redirect students who are struggling ○ Reteach expectations ○ Allow student time to respond to request and re-engage ○ [illegible] [illegible] integrity.	**Faculty and Staff:** [illegible] [illegible] per week teacher lead ○ One 30 min lesson every other week co-taught by teacher and counselor • Grades 3 – 5 ○ One 20 min lesson per week teacher lead ○ One 45 min lesson every other week co-taught by teacher and counselor (See appendix for specific lessons for [illegible] grade level) [illegible] master [illegible] lessons. • Provide tickets paired with behavior specific praise when students meet expectations. • Maintain [illegible]

Note. We do not endorse any specific curriculum or program. We encourage Ci3T Leadership Teams and District Decision Makers to review current evidence to inform their decision making.



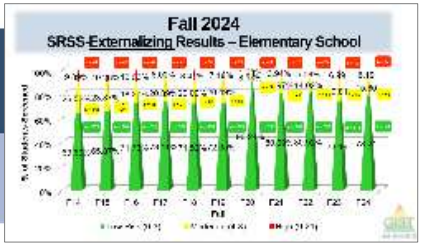
Essential Components of Primary (Tier 1) Prevention Efforts

Social Validity

Treatment Integrity

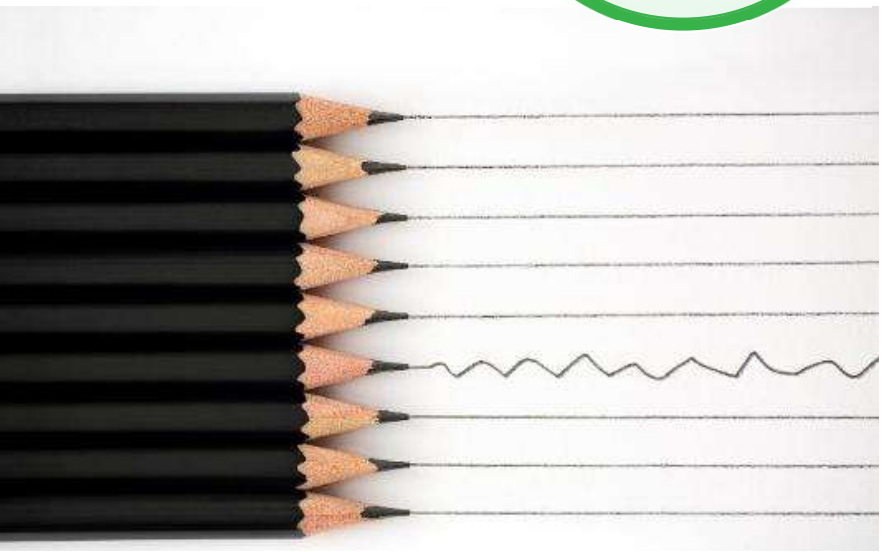
Systematic Universal Screening

Academic Behavior



Systematic Screening … Logistics

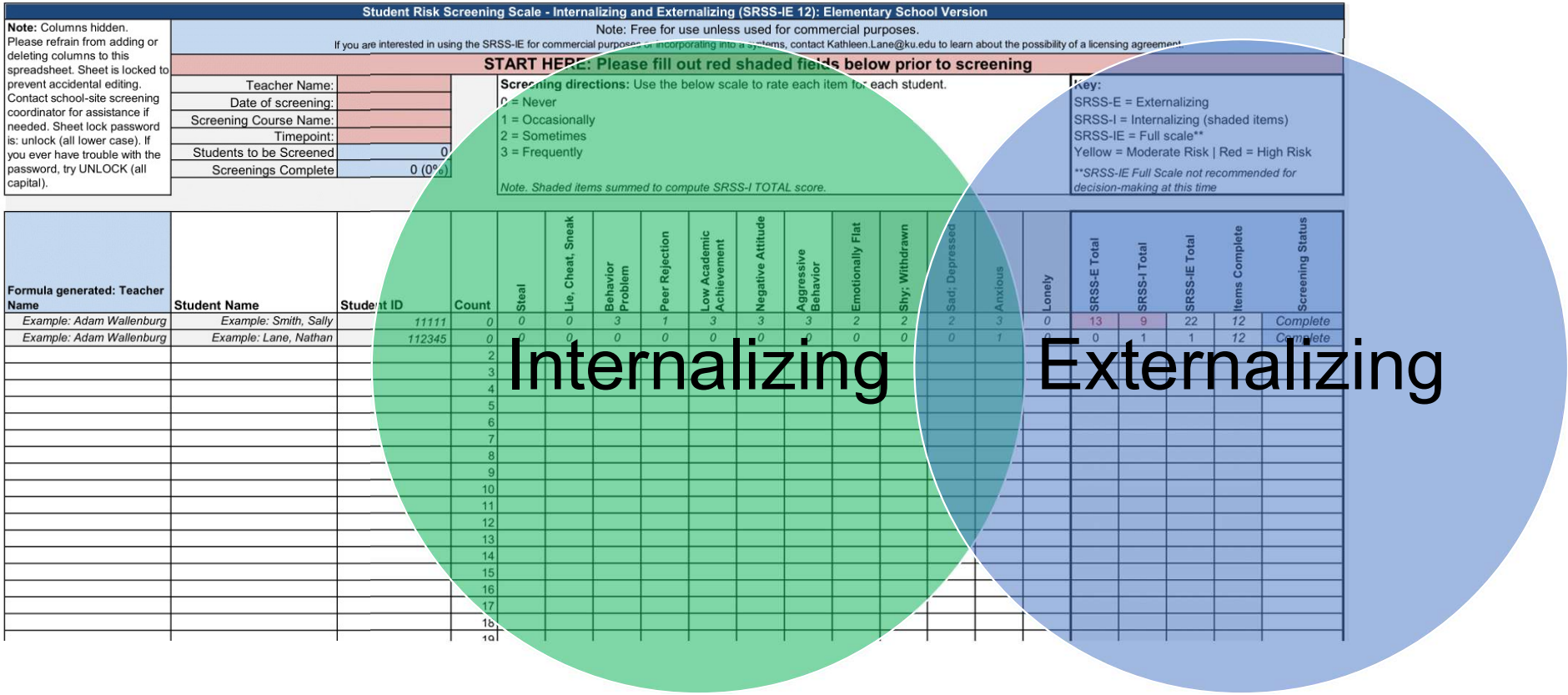
Fall → Winter → Spring



- Selecting
- Installing
- Analyzing

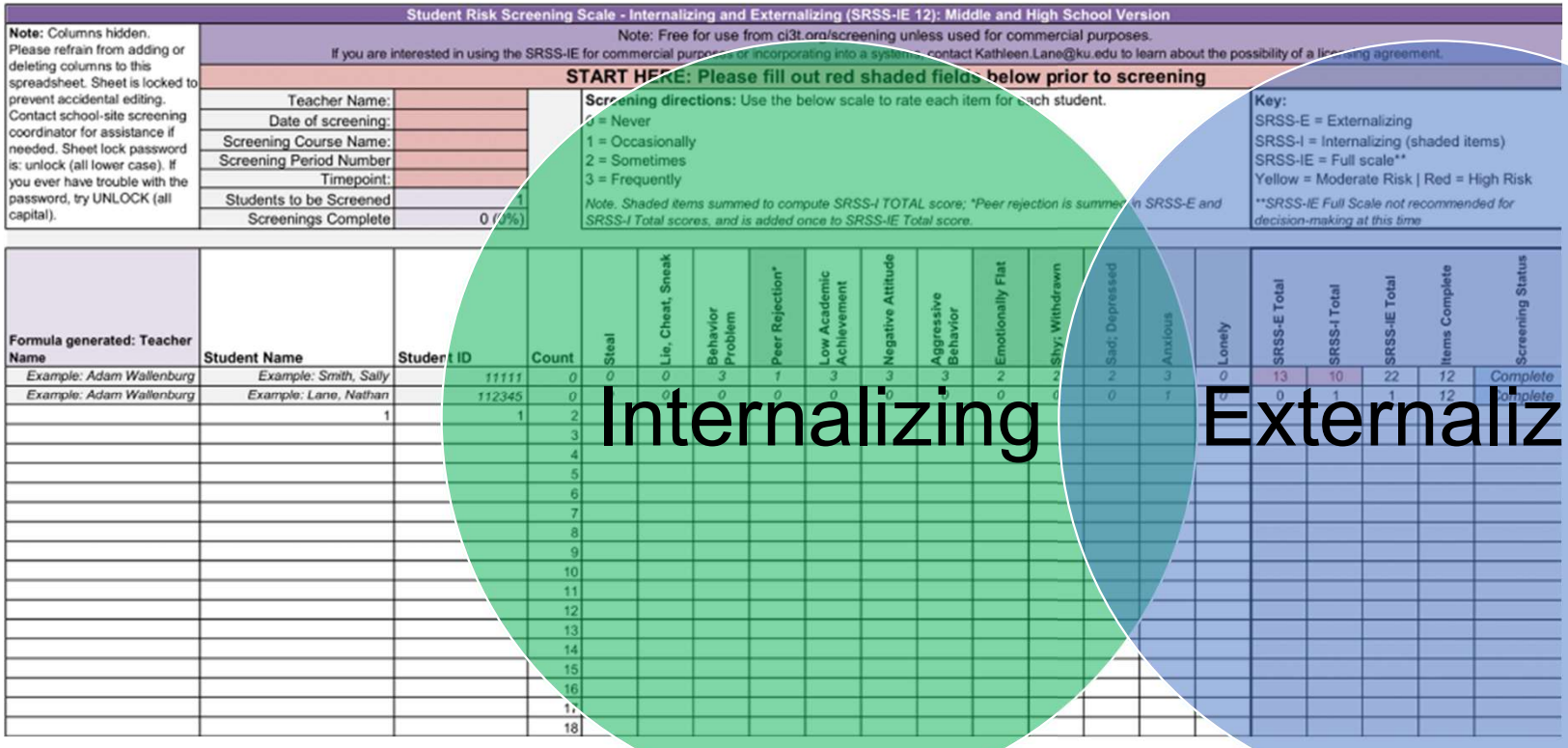
Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE; Drummond, 1994; Lane & Menzies, 2009)

Elementary



Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE; Drummond, 1994; Lane & Menzies, 2009)

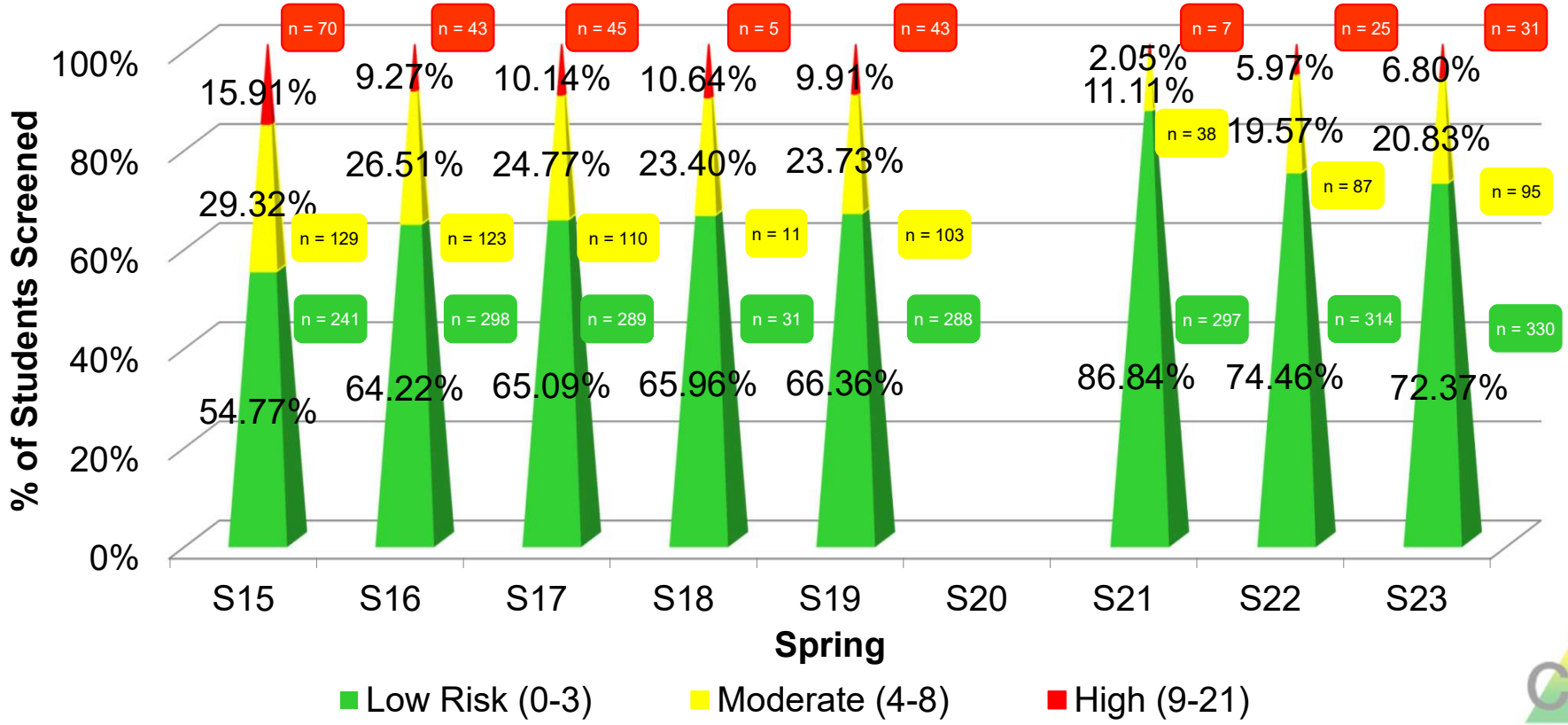
Secondary



SRSS-IE Scores Predict Student Outcomes

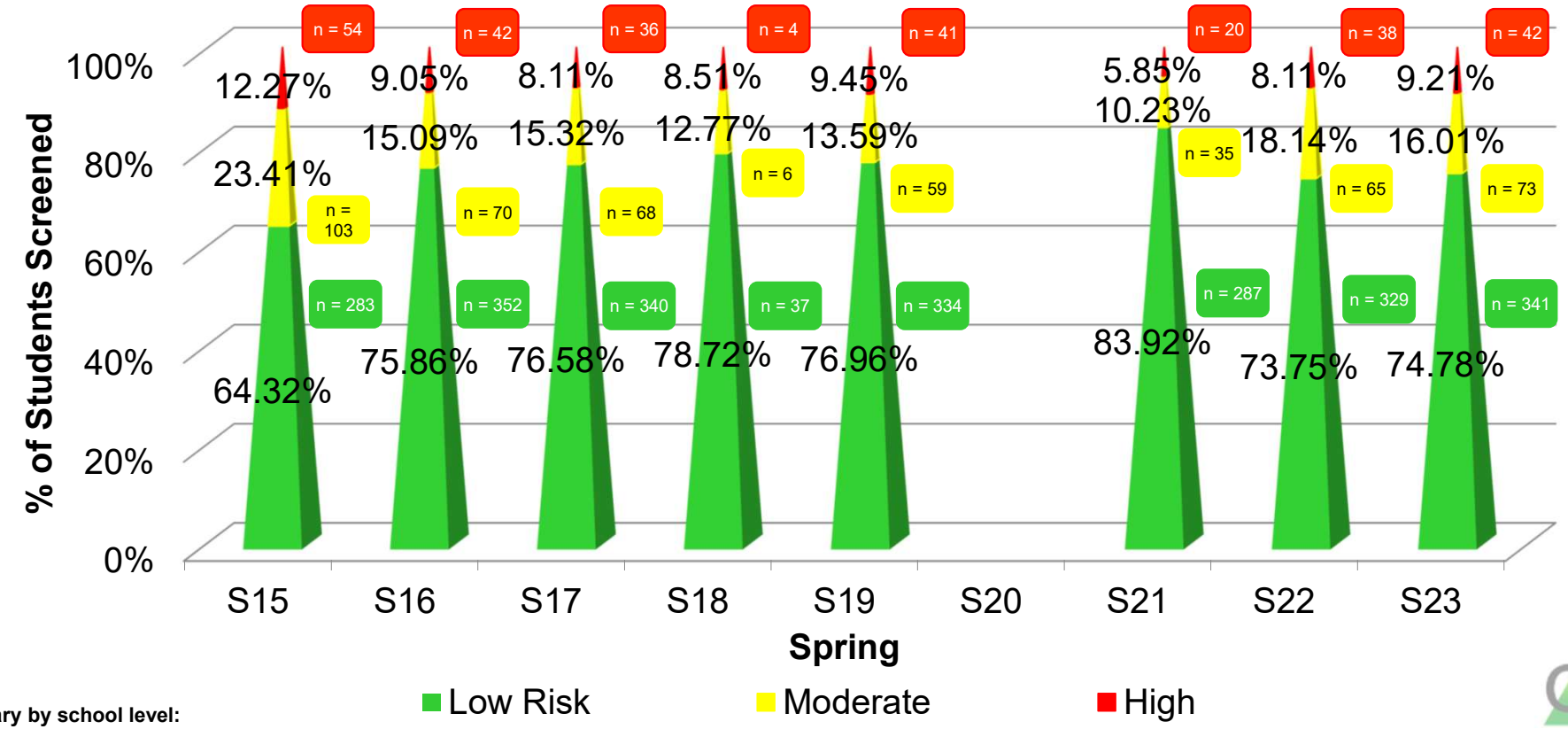
Spring 2023

SRSS-Externalizing Results – Elementary School level



Spring 2023

SRSS-Internalizing Results – Elementary School Level

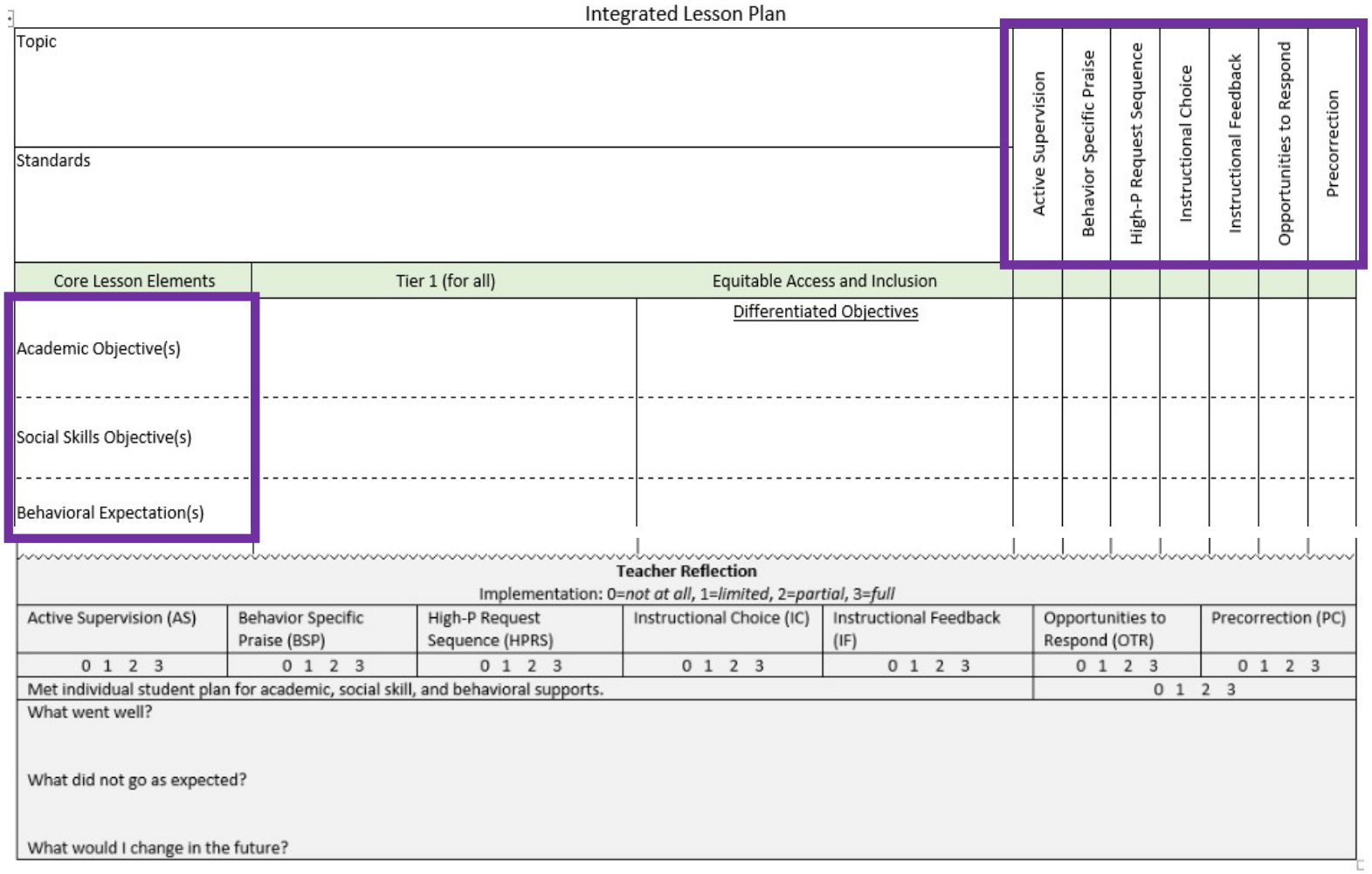


Cut scores vary by school level:
Elementary (I5): Low (0-1), Moderate (2-3), High (4-15)
Middle and High (I6): Low (0-3), Moderate (4-5), High (6-18)

Spring 2023
SRSS-Internalizing Results – Elementary Grade Level

Grade Level	*N* Screened	Low *n (%)*	Moderate *n (%)*	High *n (%)*
3	62	51 (82.26%)	11 (17.74%)	0 (0.00%)
4	81	62 (76.54%)	13 (16.05%)	6 (7.41%)
5	90	64 (71.11%)	13 (14.44%)	13 (14.44%)

Planning for Integrated Instruction



Integrated Lesson Plan

Topic	Active Supervision	Behavior Specific Praise	High-P Request Sequence	Instructional Choice	Instructional Feedback	Opportunities to Respond	Precorrection
Standards							

Core Lesson Elements	Tier 1 (for all)	Equitable Access and Inclusion
Academic Objective(s)		Differentiated Objectives
Social Skills Objective(s)		
Behavioral Expectation(s)		

Teacher Reflection

Implementation: 0=*not at all*, 1=*limited*, 2=*partial*, 3=*full*

Active Supervision (AS)	Behavior Specific Praise (BSP)	High-P Request Sequence (HPRS)	Instructional Choice (IC)	Instructional Feedback (IF)	Opportunities to Respond (OTR)	Precorrection (PC)
0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

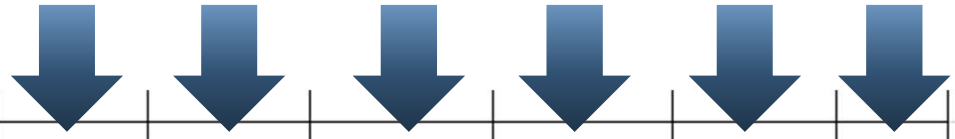
Met individual student plan for academic, social skill, and behavioral supports.	0 1 2 3

What went well?

What did not go as expected?

What would I change in the future?

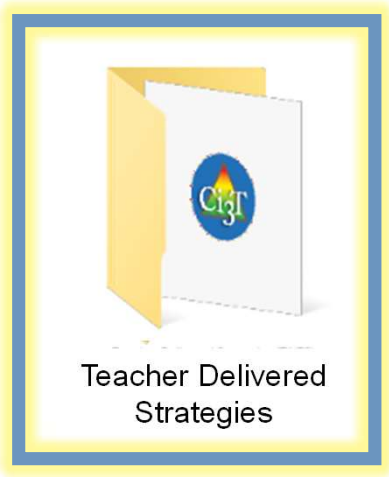
Examining Academic and Behavioral Data



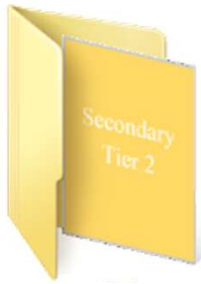
Teacher Name	R. Collins						
Date: December 2014							
		1 Average or Above		0-3 Low	0-1 Low	0-1 Low	
		2 Below Average		4-8 Moderate	2-3 Moderate	2-5 Moderate	
		3 Well Below Average		9-21 High	4-15 High	6+ High	
Student Name	**Student ID**	**AIMSweb Reading**	**AIMSweb Math**	**SRSS-E7 Behavior**	**SRSS-I5 Internalizing**	**ODR**	**Total Days Absent**
Alley, Allison	2310	1	1	1	1	0	0
Atwell, J'Monte	2013	1	1	0	0	0	0
Bonds, Peter	2031	2	2	4	0	3	0
Booker, Abbie	2001	1	2	0	2	1	3
Cartright, Ashely	2152	1	3	0	8	0	8
Cox, Lucille	2002	2	3	2	10	0	8
Hankins, Erin	2017	1	1	0	0	0	0
Julius, O'Tam	2132	3	2	6	2	9	7
Justice, Jesse	2003	2	2	3	1	0	3
Ochoa, Kelly	2009	1	2	0	3	0	5
Parker, Stephanie	2004	1	2	4	0	0	1
Paul, Timothy	2010	1	1	3	0	0	1
Reed, Kendra	2022	3	0	16	2	23	3
Toms, Blake	2018	1	2	0	0	0	1
Wellington, Jasper	2215	2	3	14	4	9	0

Lane, K. L., Menzies, H. M., Ennis, R. P., & Oakes, W. P. (2015). *Supporting Behavior for School Success: A Step-by-Step Guide to Key Strategies.* Guilford Press.

Building a Ci3T Tier Library



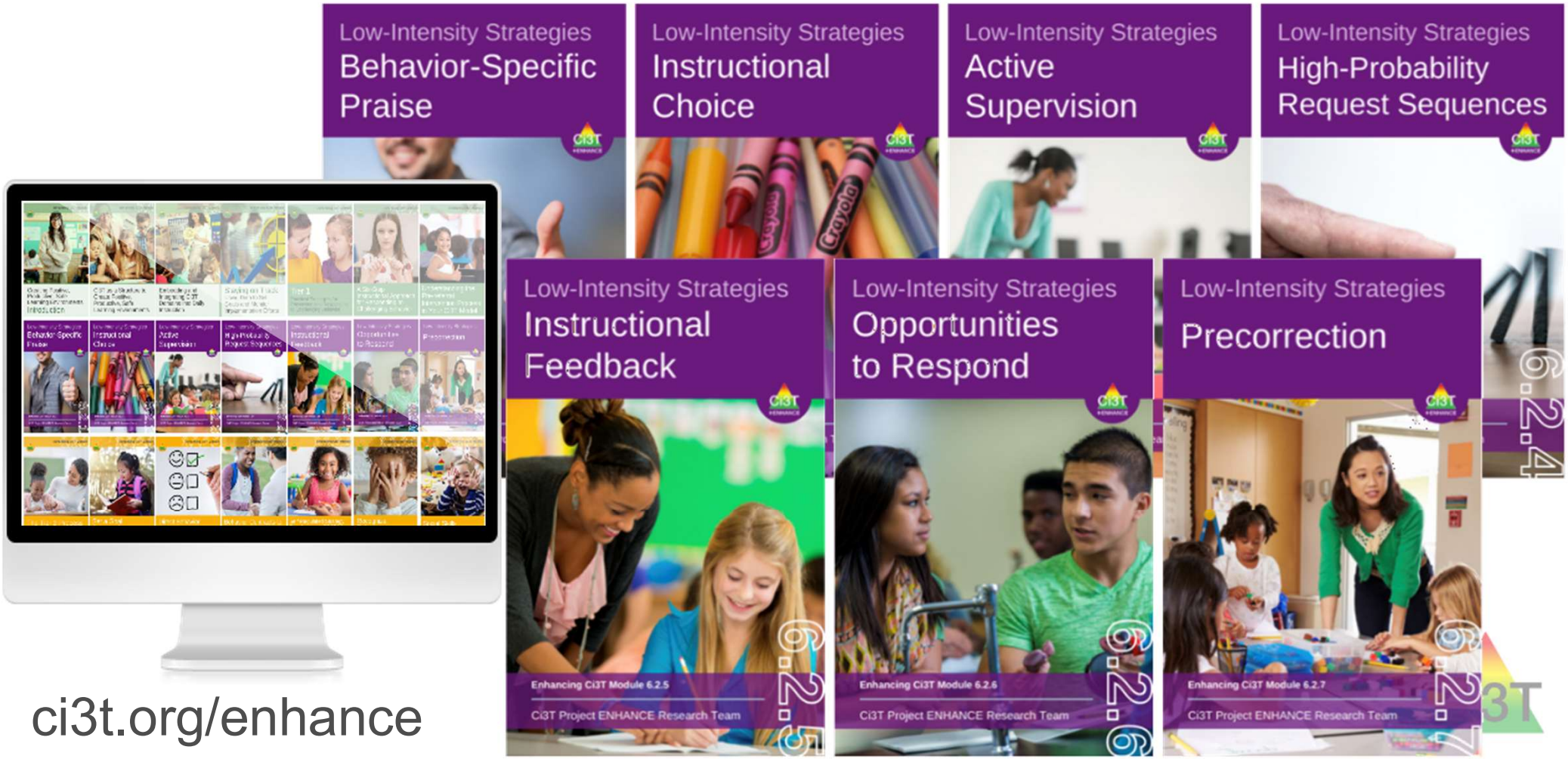
Tier 1



Tier 2

Tier 3

Low-Intensity Strategies



ci3t.org/enhance

Low-Intensity Strategy	Franklin High School On-Site Expert
Behavior-Specific Praise: Identifying the specific expectation the student met. ○ "Niama, I noticed you outlined your paper and used the graphic organizer to draft your essay. Well done!" ○ "Justice, thank you for pushing in your chair to keep the walkway safe."	• Eric Common, Behavior Specialist • Mark Buckman, Special Education • Grant Allen, Parent Volunteer • Paloma Pérez-Clark, School Psychologist
Opportunities to Respond: Providing 4-6 opportunities per minute for students to respond individually, choral, verbal, written, gesture, or symbol. ○ "Show me thumbs or thumbs down if..." ○ "Show me on your white board what…" ○ "Turn to your elbow partner and say…" ○ "All together now, what is…"	• David Royer, Administration • Emily Cantwell, 12th Grade • Scarlett Lane, 11rd Grade • Mallory Messenger, Counselor
Instructional Choice: Providing within-task or between task choices to increase academic engaged time and motivation. ○ "Ronaldo, our of our 3 learning objectives today, which would you like to work on first?" ○ "Suzy, do you want to work on the laptop, or handwrite your answers for this assignment?"	• Abbie Jenkins, 10th Grade • Scarlett Lane, 11th Grade • José Sousa, PE • Liane Johl, 9th Grade

Secondary Tier 2 Intervention Grid: For Middle and High School Students

Support	Description	School-wide Data: Entry Criteria	Data to Monitor Progress	Exit Criteria
Self-monitoring	Strategy implemented by student and teacher to improve academic performance (completion/ accuracy), academic behavior, or other target behavior.	**Behavior:** ☐ SRSS-E7 score: Moderate (4-8) *or* ☐ SRSS-E7 score: High (9-21) *or* ☐ 2 or more office discipline referrals (ODR) *or* ☐ Skyward: 2 or more missing assignments **AND/ OR** **Academic:** ☐ Report card: 1 or more course failures *or* ☐ AIMSweb: intensive or strategic level (math or reading) *or* ☐ Below 2.5 GPA	Work completion and accuracy of the academic area of concern (or target behavior named in the self-monitoring plan) Passing grades on progress reports **Social Validity:** Teacher: IRP-15 Student: CIRP **Treatment Integrity:** Implementation & treatment integrity checklist	SRSS-E7 score: Low (1-3) Passing grade on progress report or report card in the academic area of concern (or target behavior named in the self-monitoring plan)

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Comprehensive, Integrated, Three-Tiered Model of Prevention

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Using multiple data sources

School-wide Data: Entry Criteria

Behavior:

- ☐ SRSS-E7 score: Moderate (4-8)

or

- ☐ SRSS-E7 score: High (9-21)

or

- ☐ 2 or more office discipline referrals (ODR)

or

- ☐ Skyward: 2 or more missing assignments

AND/ OR

Academic:

- ☐ Report card: 1 or more course failures

or

- ☐ AIMSweb: intensive or strategic level (math or reading)

or

- ☐ Below 2.5 GPA

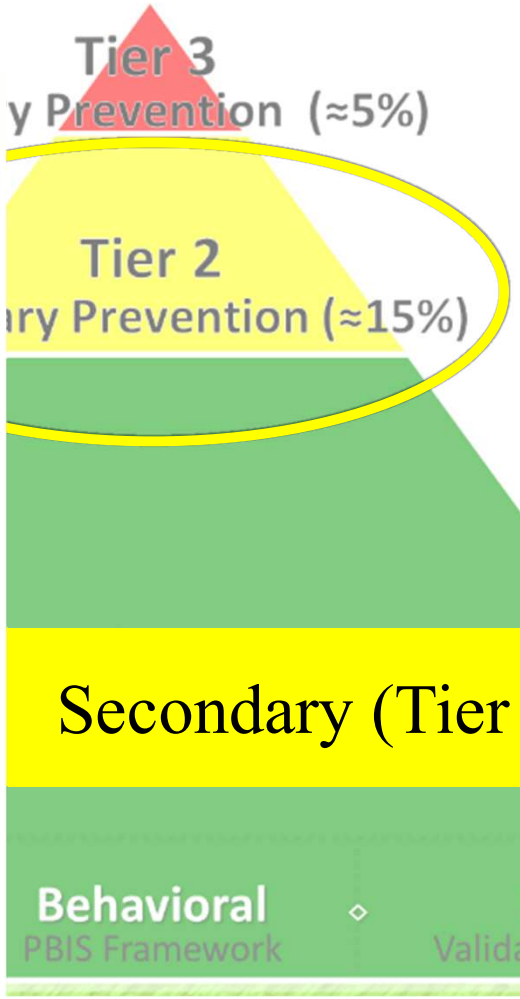
Student ID	Student Name	AIMSWeb Reading	AIMSWeb Math	SRSS-E7	SRSS-I5	Office Discipline Referrals	Absences	Tardies
11111	Barton, Mike	1	1	6	2	0	4	1
11112	Cole, James	1	2	3	2	1	2	1
11113	Cianni, Sue	1	1	0	0	0	0	0
11114	Fox, Lucy	1	1	0	1	0	0	0
11115	Flaherty, Julia	2	1	5	2	1	7	0
11116	Gantt, Henry	1	1	0	1	0	2	4
11117	Greenwood, Jonny	1	2	0	3	0	5	0
11118	Gilbert, Jillian	1	1	0	0	0	1	0
11119	Hale, Chad	3	2	16	1	6	0	1
11120	Heinz, Karl	2	1	6	1	0	1	2
11121	Lane, Carly	1	1	2	0	0	0	3
11122	Luck, Brad	2	1	14	1	5	0	1
11123	Miles, Dean	1	1	3	1	0	1	0
11124	Mulder, Jill	1	3	6	8	1	2	0
11125	Phelps, Whitney	2	1	3	1	0	0	2
11126	Shaftoe, Robert	1	2	3	0	0	3	0
11127	Smith, David	3	3	5	8	2	2	0
11128	Smith, Kaityln	1	1	1	0	0	1	2
11129	Waterhouse, Lawrence	1	1	2	1	0	1	1
11130	Xiao, Ivy	1	1	0	1	0	0	1

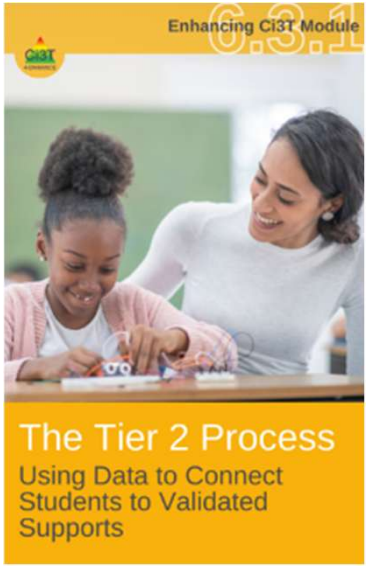
Comprehensive, Integrated, Three-Tiered Model of Prevention

(Lane, Kalberg, & Menzies, 2009)

Secondary (Tier 2) Interventions

Support	Description	Schoolwide Data: Entry Criteria	Data to Monitor Progress:	Exit Criteria
Self-Regulated Strategy Development (SRSD) for Writing	Students engage in small group strategic intervention focusing on specific writing instruction (e.g., story writing, persuasive writing) using the Self-Regulated Strategies Development approach to help students plan and write. Identified students meet 3-4 days/week for 30-min lessons over 3-6 week period (10-15 lessons).	One of more of the following: **Academic:** ☐AIMSweb: intensive or strategic level (written expression) ☐Two or more missing writing assignments within a grading period	**Student measures** Weekly writing probes scored on quality, total words written, number of writing elements, and correct writing sequences **AND** Work completion **Treatment integrity** Treatment integrity checklist **Social validity** Teacher: IRP-15 Student: CIRP	☐Completion of intervention curriculum. Writing goals for increased gains in quality, number of total words written, writing elements, and correct writing sequence. **AND** ☐Passing grade on progress report or report card in writing or the academic area of concern **AND/OR** ☐Zero missing assignments in a grading period
Behavior Education Program (BEP) / Check –In, Check-Out (CICO)	Participating students check in and out with a mentor each day on targeted goals. During check- in, students receive a daily progress report that they take to each class for feedback on their progress meeting the school-wide Ci3T model expectations. Teachers complete the daily progress report and it is reviewed by the mentor and student together at the end of each day. Progress is monitored and shared with parents.	**Behavior:** ☐ SRSS-E7: Moderate (4-8) ☐ SRSS-I5: Moderate (2-3) ☐ SRSS-E7: High (9-21) ☐ SRSS-I5: High (4-15) ☐ 2 or more office discipline referrals (ODR) in a 5-week period **AND/OR** **Academic:** ☐ Progress report: 1 or more course failures ☐ Progress report: Targeted for Growth for academic learning behaviors	**Student measures** Daily progress reports **Treatment integrity** Coach completes checklist of all BEP steps and whether they were completed each day (percentage of completion computed) **Social validity** Teacher: IRP-15 Student: CIRP	☐ SRSS-E7 score: Low (0-3) ☐ SRSS-I5 score: Low (0-1) ☐ With 8 weeks of data, student has made their CICO goal 90% of the time and there have not been any office discipline referrals. The teacher is then contacted for their opinion about if exiting is appropriate or if CICO should continue.
Behavior-specific praise	Behavior-specific praise (BSP) refers to sincere praise statements that acknowledge the student and reference the specific, desirable behavior being recognized, praising effort (not ability). BSP is most	**Behavior:** ☐SRSS-E7: Moderate (4-8) ☐SRSS-I5: Moderate (2-3) ☐SRSS-E7: High (9-21) ☐SRSS-I5: High (4-15) ☐2 or more ODRs within a grading period **AND/OR**	**Student measures** Student behavior targeted for improvement (e.g. academic engaged time % of intervals, assignment completion, ODRs)	☐0-1 ODRs in a grading period **AND** ☐Zero missing assignments in a grading period **AND** ☐SRSS-E7: Low (0-3) ☐SRSS-I5: Low (0-1)

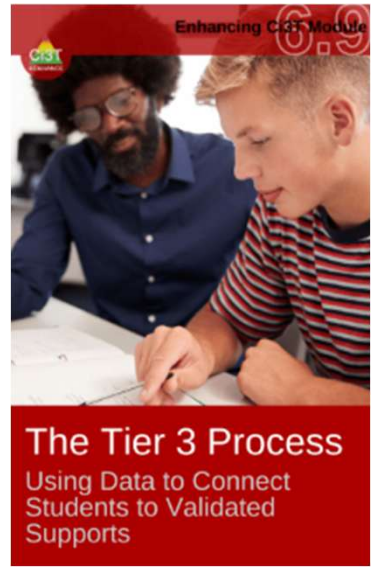




Secondary (Tier 2) Intervention Grid (1)

Comprehensive, Integrated, Three-Tiered Model of Prevention

(Lane, Kalberg, & Menzies, 2009)



Tier 3
Tertiary Prevention (≈5%)

er 2
evention (≈15%)

avioral
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Social
Validated Curricula

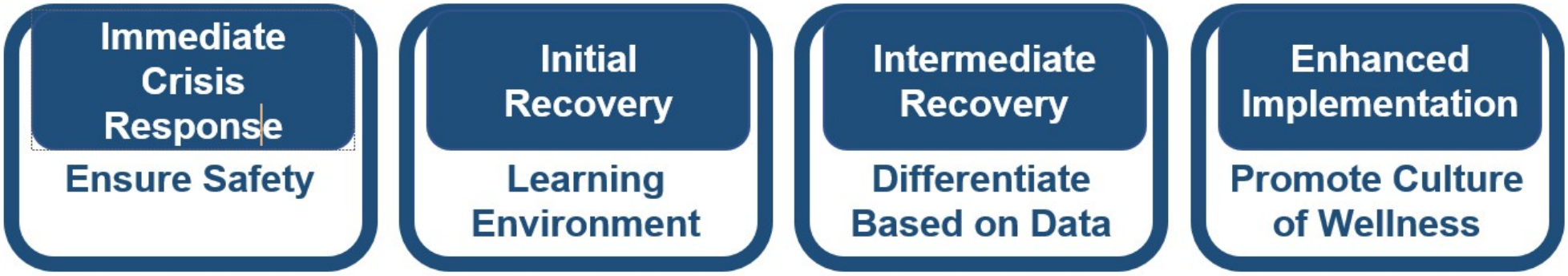
lership Forum

Tertiary Intervention

Support	Description	School-wide Data: Entry Criteria	Data to Monitor Progress:	Exit Criteria
Functional Assessment-Based Intervention	A functional assessment is completed to develop an individualized intervention plan. Functional assessment: review of student records; interviews: teacher, parent, student; and direct observation of the target behavior; SSIS Rating System Functional assessment information is placed in the function matrix (Umbreit, Ferro, Liaupsin, & Lane, 2007) The Decision Model (Umbreit et al., 2007) is used to determine the method of the intervention Intervention components: (A) antecedent adjustments, (R) reinforcement, and (E) extinction	Academic Progress Report with 2 or more areas of concern OR Below grade level in reading or math AND Behavior: -More than six office discipline referrals in the previous school Year AND/ OR -SRSS-IE High Risk	Student measures: Data on target and/or replacement behaviors are collected daily. Treatment integrity: Treatment integrity is assessed and data are graphed to determine effect of the intervention. Component checklist for A-R-E intervention tactics completed daily with 25% of sessions observed by another educator Social validity: Pre- and post-surveys: teacher (IRP-15) and student (CIRP)	The behavioral objective is established based on current levels of performance and expected levels of behavior. Students exit support when goals are achieved and maintained for three consecutive data points. Maintenance data are collected to ensure behavior maintains without intervention.
Lindamood Phoneme Sequencing®	Individual instruction with reading specialist; 30 min per day; 5 days per week. Direct instruction in decoding and blending; sight words, use of context clues. Computer supported practice. Addressing reading outcomes: alphabetics and reading fluency.	Academic: reading with proficiency at 2 or more grade levels below or trajectory stable with Tier 2 intervention Behavior (consider) -SRSS-IE Moderate or High Risk on screening OR -Two or more office discipline referrals, indicating concerns with peer Interactions	Student measures: AIMSweb Reading CBM, weekly progress toward end of year grade level target Treatment integrity: Daily checklist completed by reading specialist, observed by teaching assistant periodically Social validity: Student and teacher-completed surveys	Reading on grade level or making progress as to predict meeting end of year grade level proficiency on AIMSweb reading probes. Monitor progress bi-weekly once exited.

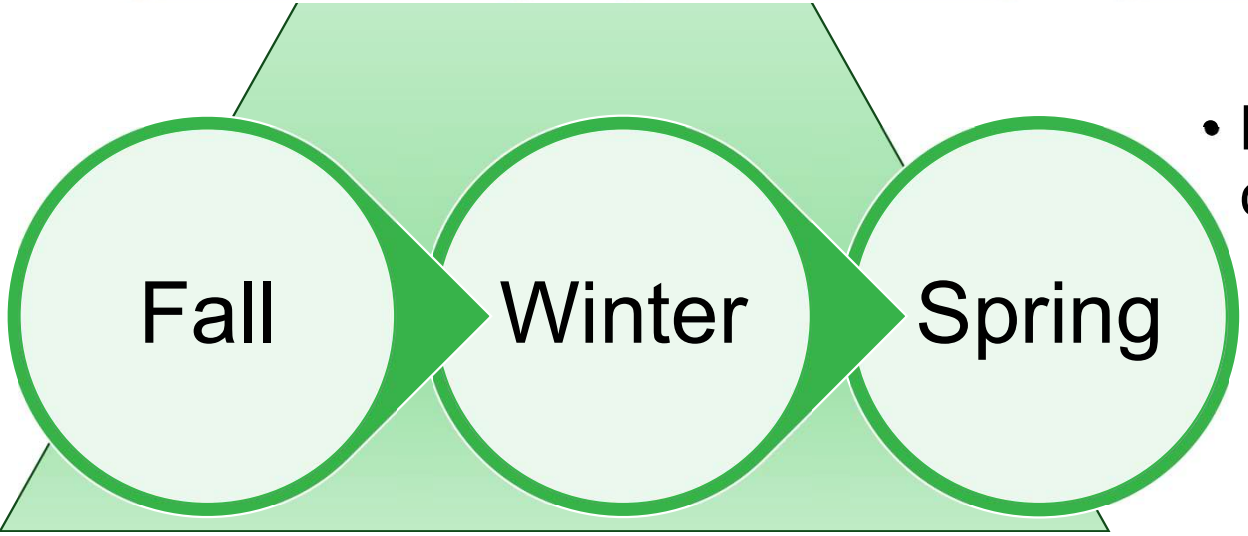
Tertiary (Tier 3) Intervention Grid

When a crisis occurs ….



- Following tragic events ..

- Move forward with conducting triage activities



Triage and Recovery Phase Efforts

Tona McGuire

Integrating Psychological Triage into School Screening

Tona McGuire, Ph.D.

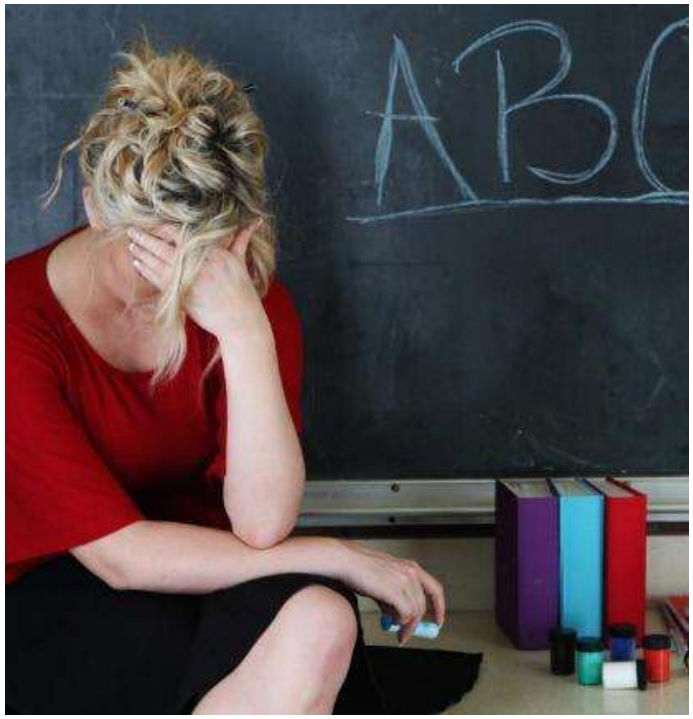
PBIS Leadership Conference Oct 2025

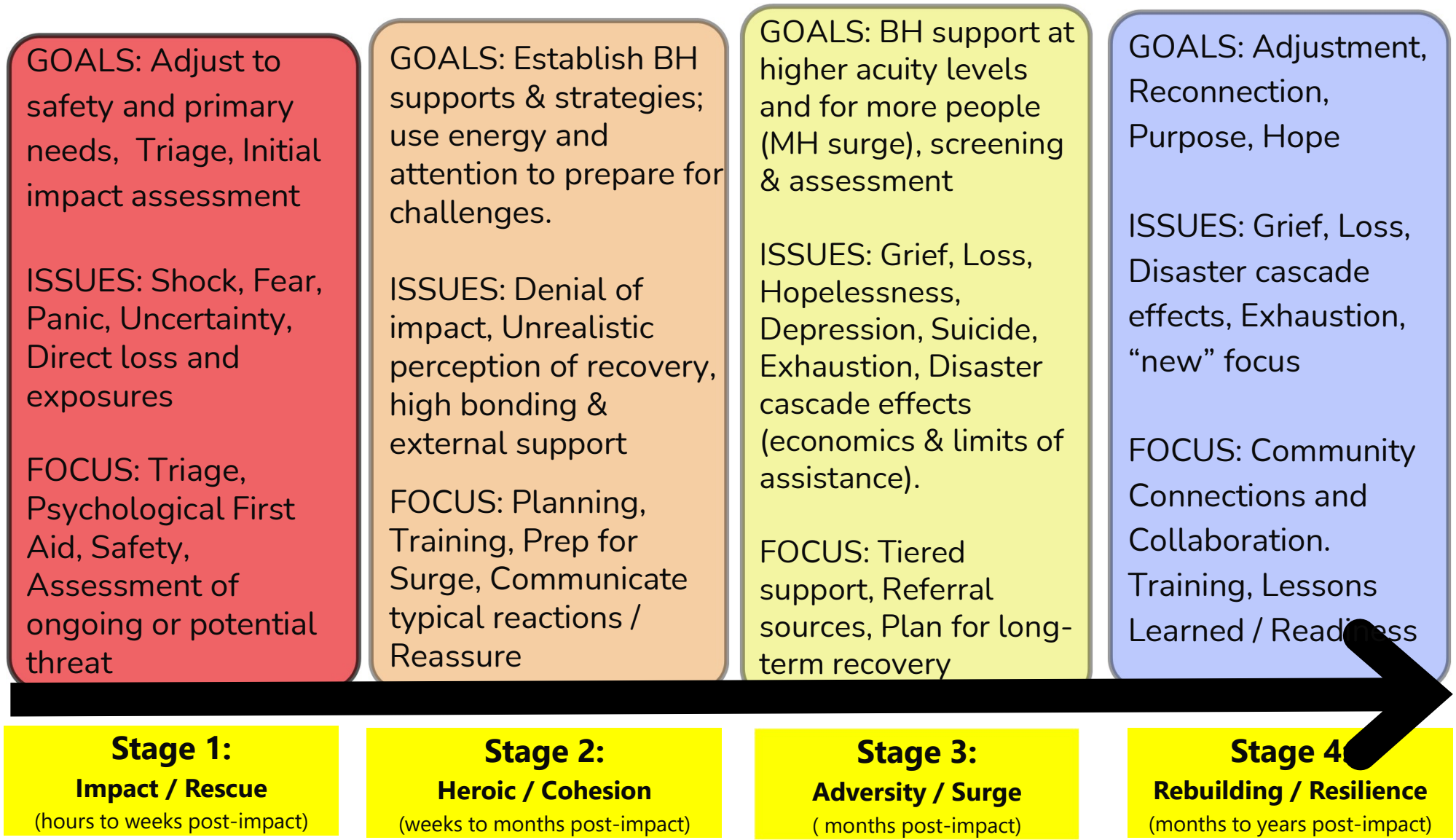
Even at “Baseline” There Are Not Enough Mental Health Providers to Address Youth Needs

- Disproportionate impact on children and youth of color and lower SES
- Lack of access due to location or time required to engage in in-person services
- Cost of care and limitation of care in both state and private insurance creates barriers

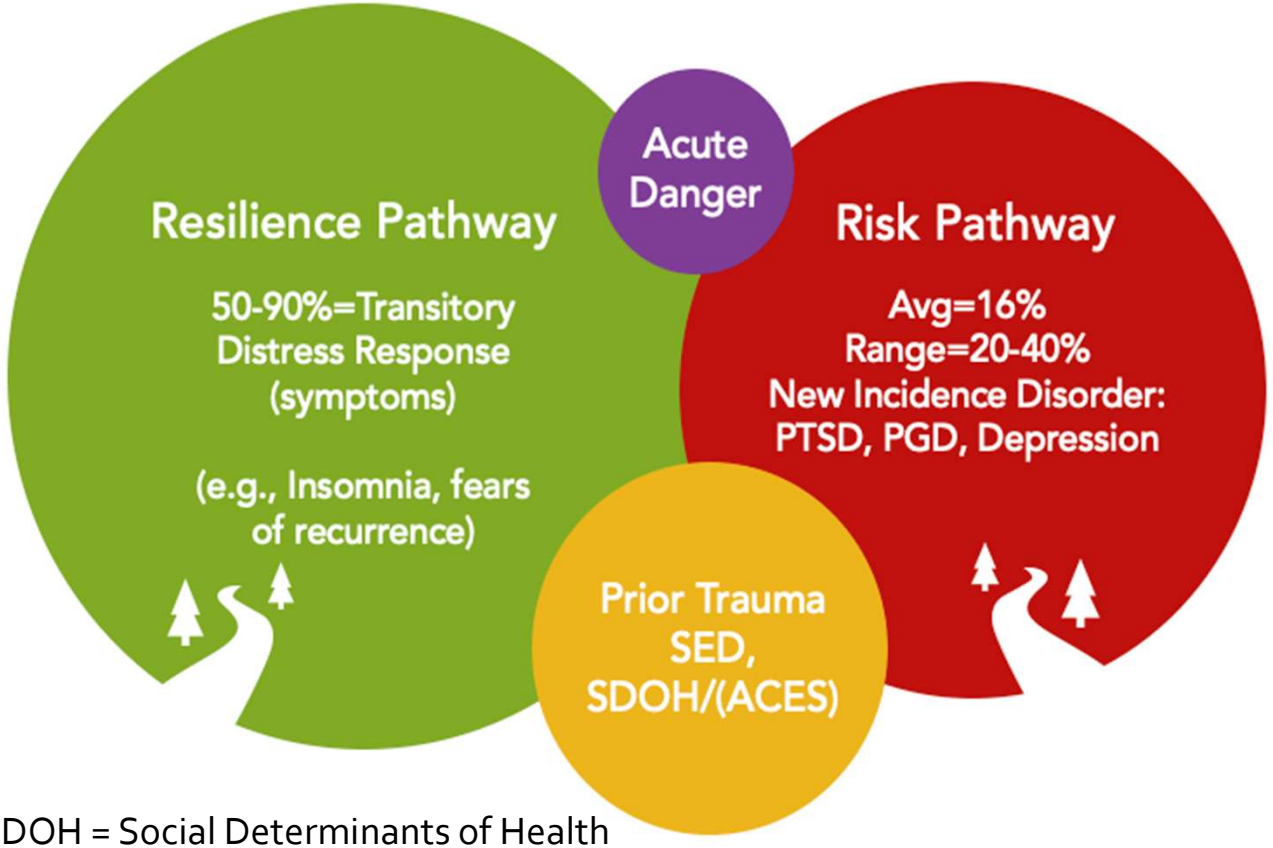
Youth Enter Mental Health Care Via "Touchpoints" and Systems of Care: Schools are Primary to This With Broader Capacity to Observe and Identify At-Risk Youth

- Schools
- Primary Care
- Hospital Emergency Rooms due to Crisis




GOALS: Adjust to safety and primary needs, Triage, Initial impact assessment
ISSUES: Shock, Fear, Panic, Uncertainty, Direct loss and exposures
FOCUS: Triage, Psychological First Aid, Safety, Assessment of ongoing or potential threat
GOALS: Establish BH supports & strategies; use energy and attention to prepare for challenges.
ISSUES: Denial of impact, Unrealistic perception of recovery, high bonding & external support
FOCUS: Planning, Training, Prep for Surge, Communicate typical reactions / Reassure
GOALS: BH support at higher acuity levels and for more people (MH surge), screening & assessment
ISSUES: Grief, Loss, Hopelessness, Depression, Suicide, Exhaustion, Disaster cascade effects (economics & limits of assistance).
FOCUS: Tiered support, Referral sources, Plan for long-term recovery
GOALS: Adjustment, Reconnection, Purpose, Hope
ISSUES: Grief, Loss, Disaster cascade effects, Exhaustion, "new" focus
FOCUS: Community Connections and Collaboration. Training, Lessons Learned / Readiness
Stage 1:
Impact / Rescue
(hours to weeks post-impact)
Stage 2:
Heroic / Cohesion
(weeks to months post-impact)
Stage 3:
Adversity / Surge
(months post-impact)
Stage 4
Rebuilding / Resilience
(months to years post-impact)

Risk and Resilience Post-Event



SDOH = Social Determinants of Health
SED = Serious Emotional Disturbance
ACES = Adverse Childhood Experiences
PTSD = Post Traumatic Stress Disorder
PGD = Prolonged Grief Disorder

Normative and Non-Clinical Reactions

- Worries and fears (increase or new)
- Sadness
- Anger or irritability
- Separation anxiety (particularly in the young)
- Sleep disturbances & nightmares
- Loss of interest in normal activities
- Reduced concentration
- Decline in school performance
- Somatic complaints
- Developmental changes or regressions

All of these can also be present or at increased risk for Children and Youth with Special Healthcare Needs/ and Children with Neurodevelopmental and Cognitive conditions who experience disruption to routine (e.g., care, social, sensory).

Post-Traumatic Stress Disorder

~20-40% with new incidence disorder(s) (e.g., PTSD) after disaster or other traumatic event

Once established, PTSD is frequently:

- More complex
- Interferes with school success and development
- Takes longer to treat
- An integrated - triage, screening, and intervention care model are important to reduce disaster/crisis event-related mental health risk
- “One size does not fit all”

Rapid Triage of Experience vs. Distress Symptoms

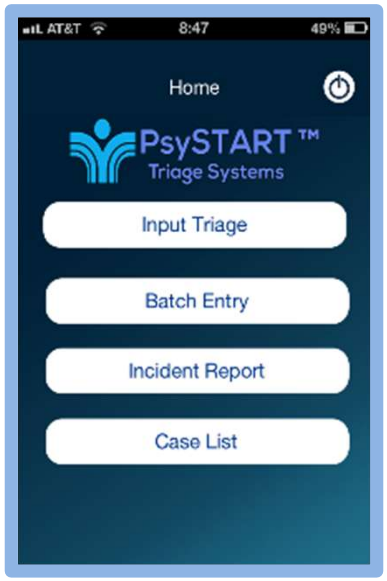
Acute Stress Symptoms(<40 day are NOT predictive of clinical PTSD or depression)

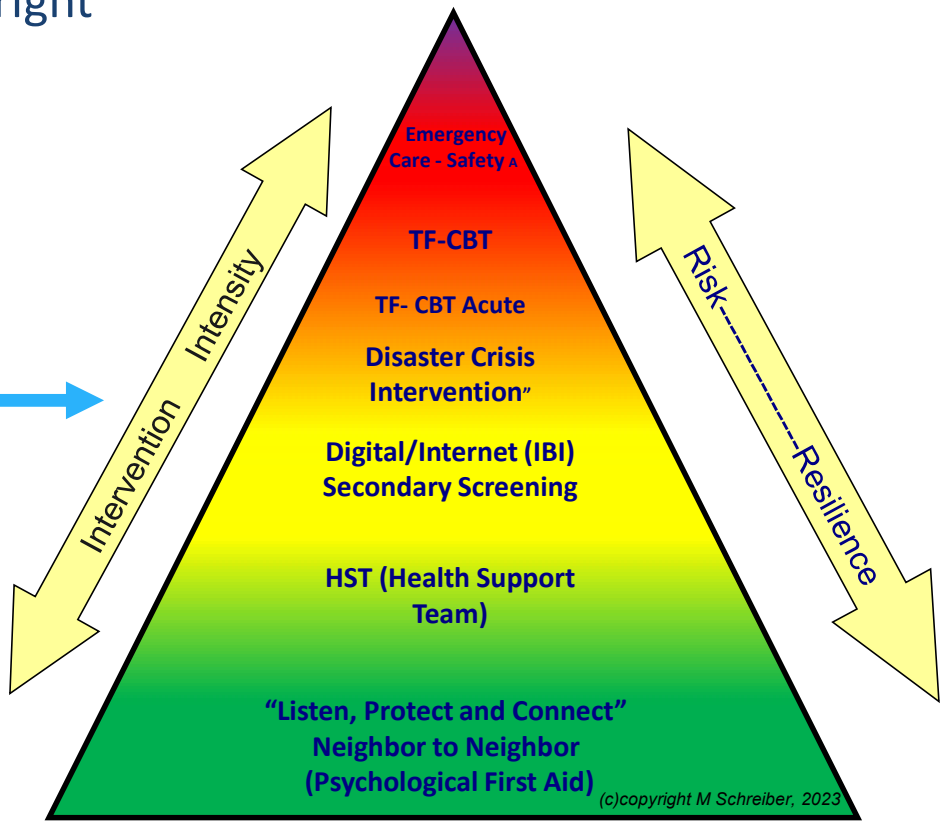
How do you practically predict PTSD at the time of disasters and everyday traumatic events in touchpoints?

Matching Intervention to Level of Risk

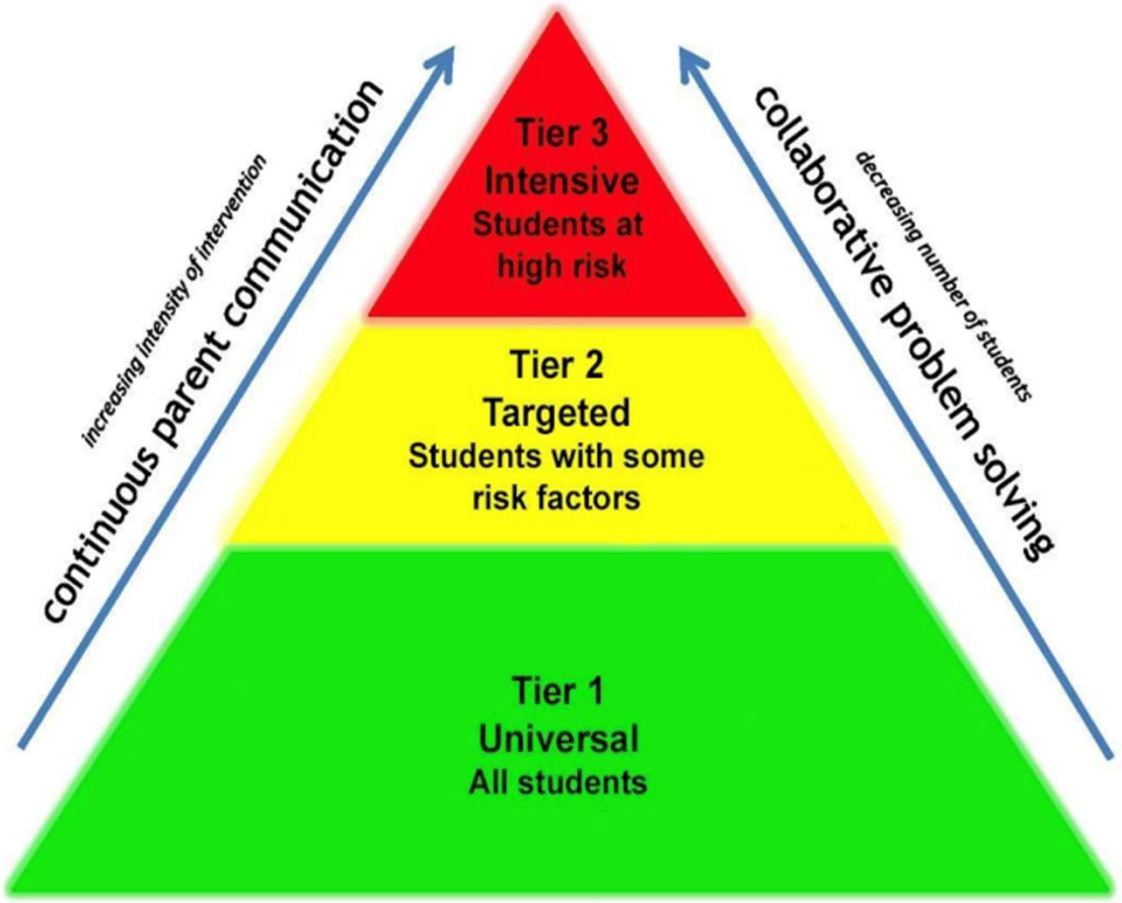
Goal:

Promote the right amount of support to the right children

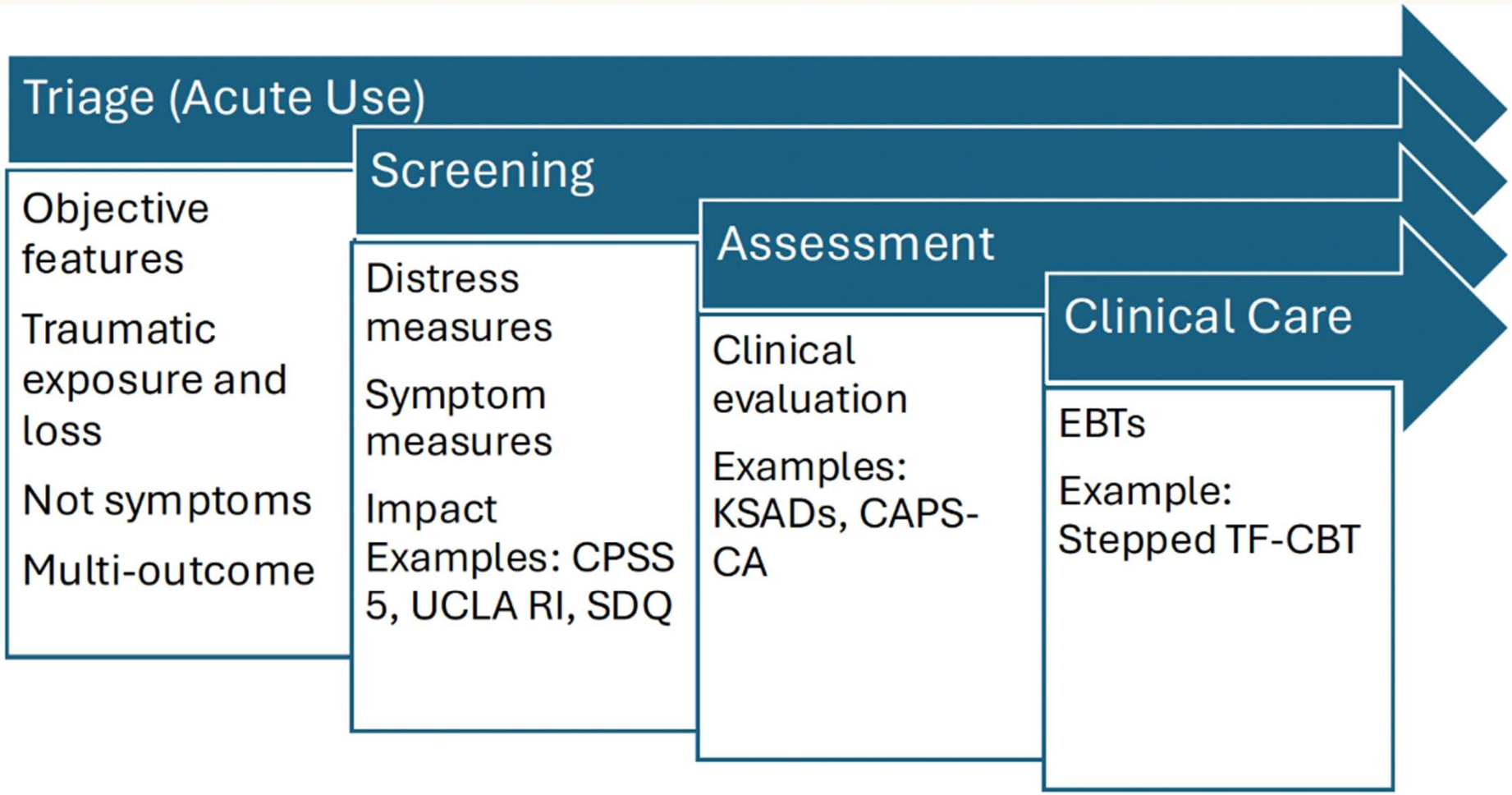




Multi-Tiered System of Supports (MTSS)



Stepped Triage to Care for Pediatric Disaster Victims Model



Triage vs Screening

TRIAGE

- Done during acute event in emergency settings
- Used to ethically & rationally allocate limited resources to children at high risk for a new mental health disorder
- Does not rely on transitory distress symptoms
- Does not rely on patient interview
- Requires minimal training
- Does not require administration by a mental health provider
- Same tool can be used in multi-frontline settings (ED, schools, MH, shelters)

SCREENING

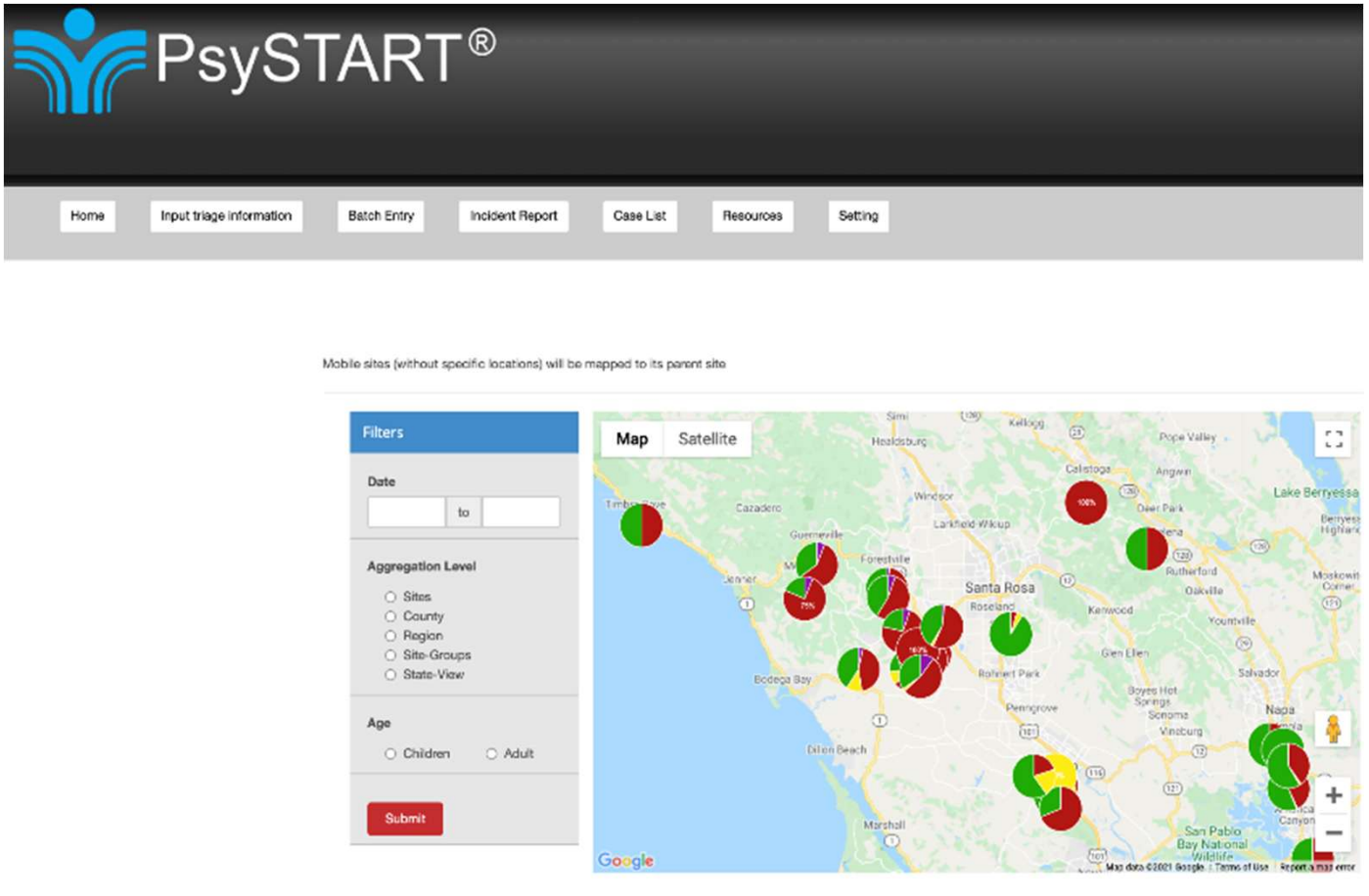
Relies on symptoms of a defined disorder

- **Does not help with prioritization**
- **Requires longer training**
- **Typically requires interview or self report by the child**
- **When used acutely may confound transitory distress with a disorder**
- **May over identify risk**
- **Avoidant/numb children likely will not report symptoms and may appear not to require care when they do**

Psychological Simple Triage and Rapid Treatment (PsySTART)©

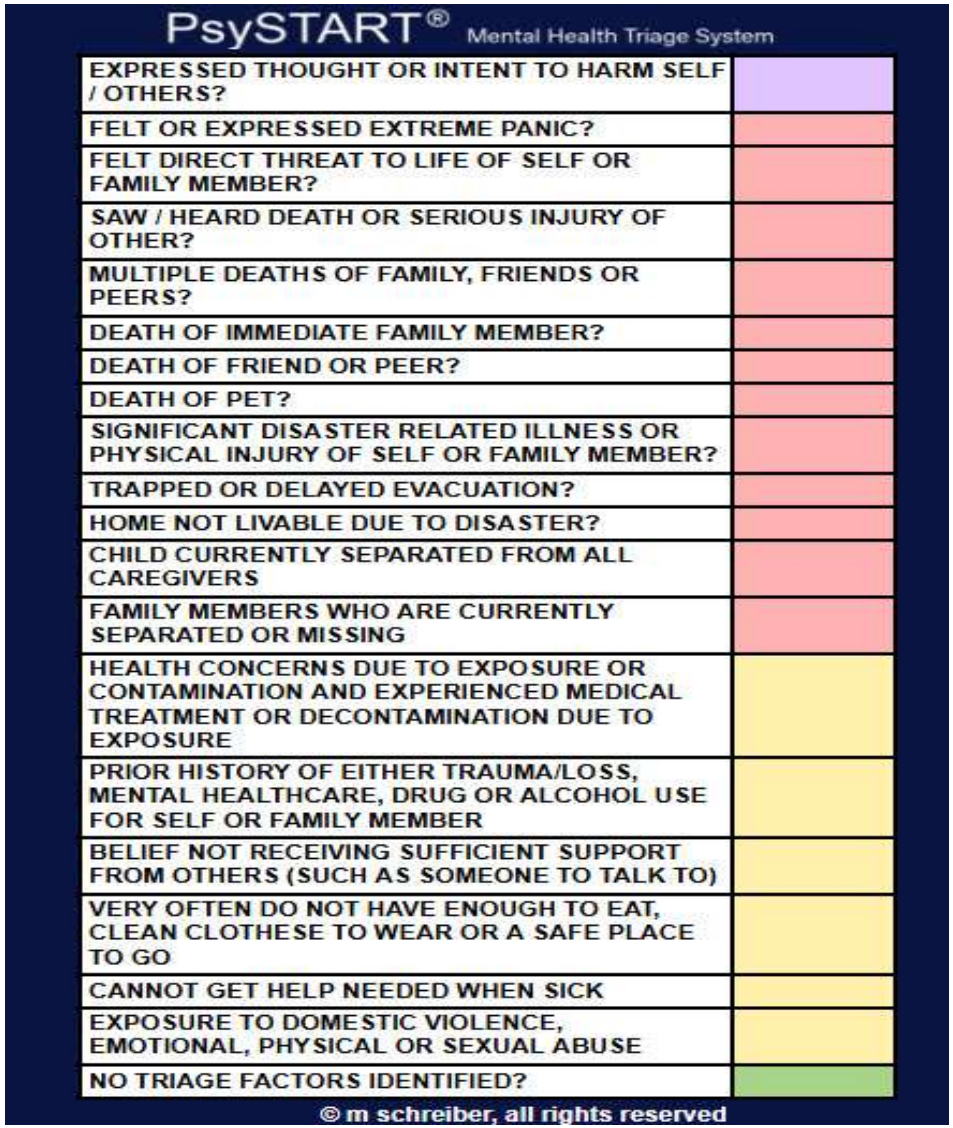
- Takes 2 minutes or less to complete
- Is not based on symptoms of distress, but on direct trauma exposures and losses
- Evidence–based reliably predicts risk of PTSD and co-occurring conditions such as depression
- Can identify those children at highest risk, allowing for equitable prioritization of scarce mental health resources
- Provides decision support to providers
- Has demonstrated feasibility in disasters, community violence events, pediatric trauma activations
- Can be used in paper form or electronic

De-identified and Aggregated Data can provide situational awareness in large events



In the immediate Impact of a Crisis Event or Disaster Start Here

Identify trauma exposure and traumatic loss



PsySTART® Mental Health Triage System

EXPRESSED THOUGHT OR INTENT TO HARM SELF / OTHERS?	
FELT OR EXPRESSED EXTREME PANIC?	
FELT DIRECT THREAT TO LIFE OF SELF OR FAMILY MEMBER?	
SAW / HEARD DEATH OR SERIOUS INJURY OF OTHER?	
MULTIPLE DEATHS OF FAMILY, FRIENDS OR PEERS?	
DEATH OF IMMEDIATE FAMILY MEMBER?	
DEATH OF FRIEND OR PEER?	
DEATH OF PET?	
SIGNIFICANT DISASTER RELATED ILLNESS OR PHYSICAL INJURY OF SELF OR FAMILY MEMBER?	
TRAPPED OR DELAYED EVACUATION?	
HOME NOT LIVABLE DUE TO DISASTER?	
CHILD CURRENTLY SEPARATED FROM ALL CAREGIVERS	
FAMILY MEMBERS WHO ARE CURRENTLY SEPARATED OR MISSING	
HEALTH CONCERNS DUE TO EXPOSURE OR CONTAMINATION AND EXPERIENCED MEDICAL TREATMENT OR DECONTAMINATION DUE TO EXPOSURE	
PRIOR HISTORY OF EITHER TRAUMA/LOSS, MENTAL HEALTHCARE, DRUG OR ALCOHOL USE FOR SELF OR FAMILY MEMBER	
BELIEF NOT RECEIVING SUFFICIENT SUPPORT FROM OTHERS (SUCH AS SOMEONE TO TALK TO)	
VERY OFTEN DO NOT HAVE ENOUGH TO EAT, CLEAN CLOTHESE TO WEAR OR A SAFE PLACE TO GO	
CANNOT GET HELP NEEDED WHEN SICK	
EXPOSURE TO DOMESTIC VIOLENCE, EMOTIONAL, PHYSICAL OR SEXUAL ABUSE	
NO TRIAGE FACTORS IDENTIFIED?	

What Happens After Positive Triage?

For An Individual Child

- Using a “floating” algorithm, children who have 2 or 3 PsySTART Triage risk factors are referred for additional screening by a MH provider either within the triaging organization or by a community provider
- If outside resources are available, children demonstrating high risk for potential PTSD would be referred to local community resources for outpatient care, preferably an evidence-based intervention such as TF-CBT

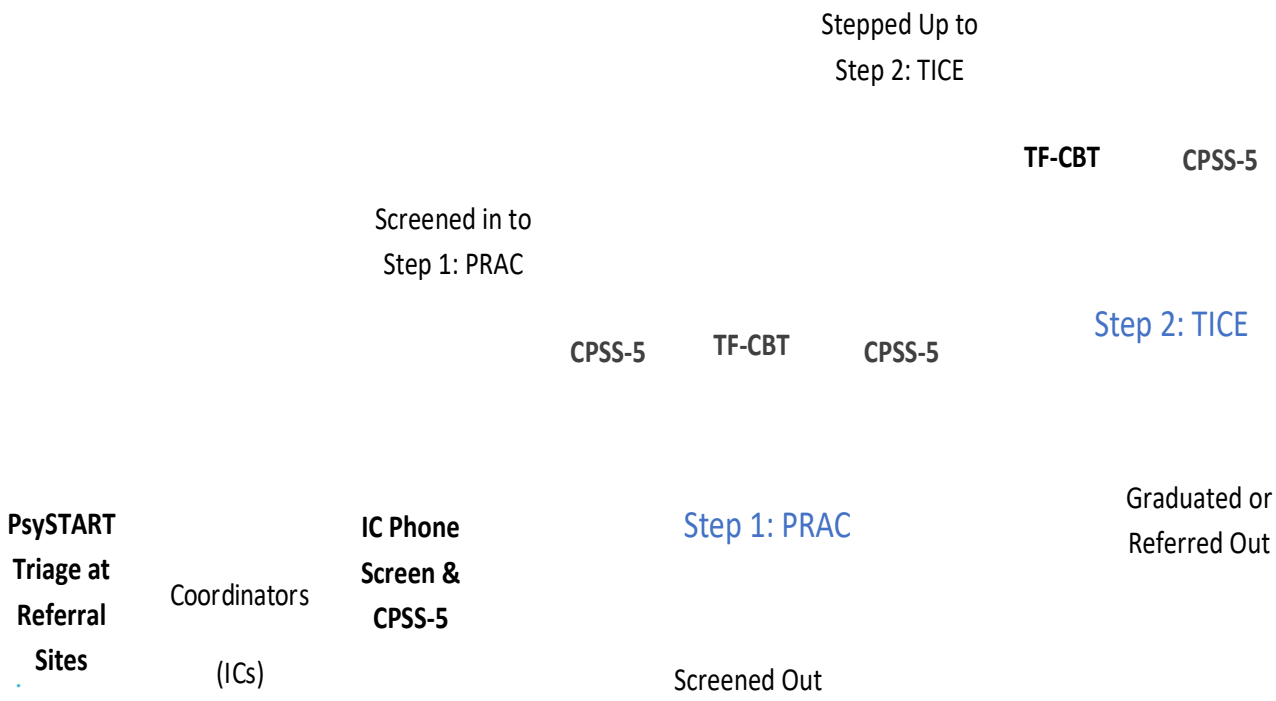
Increasing Access when Mental Health Resources are Insufficient

- **Stepped** Triage to Trauma-Focused Cognitive Behavioral
- Positive PsySTART cases assigned to Stepped TF-CBT
- Tele-Behavioral Health, in person, or hybrid
- ”stepped model” increases individual provider efficiency by 60+%, allowing more children to be served

How Does Stepped Triage to Care Work?

- Figure 1: Stepped Care Model

Figure 1: Stepped Care Model



Thank you!
Questions?
tlmcg01@gmail.com

For more information on PsySTART, please reach out to Dr. Merritt Schreiber m.schreiber@ucla.edu

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Universal Social, Emotional, Behavioral, and Mental Health Screening in Washington State

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Special Acknowledgement:
Rayann Silva, Mari Meador, Larissa Gaias, Casey Edhe, Bethlehem Kebede

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Inclusionary Practices Resources
https://ippdemosites.org/resources-artifacts/

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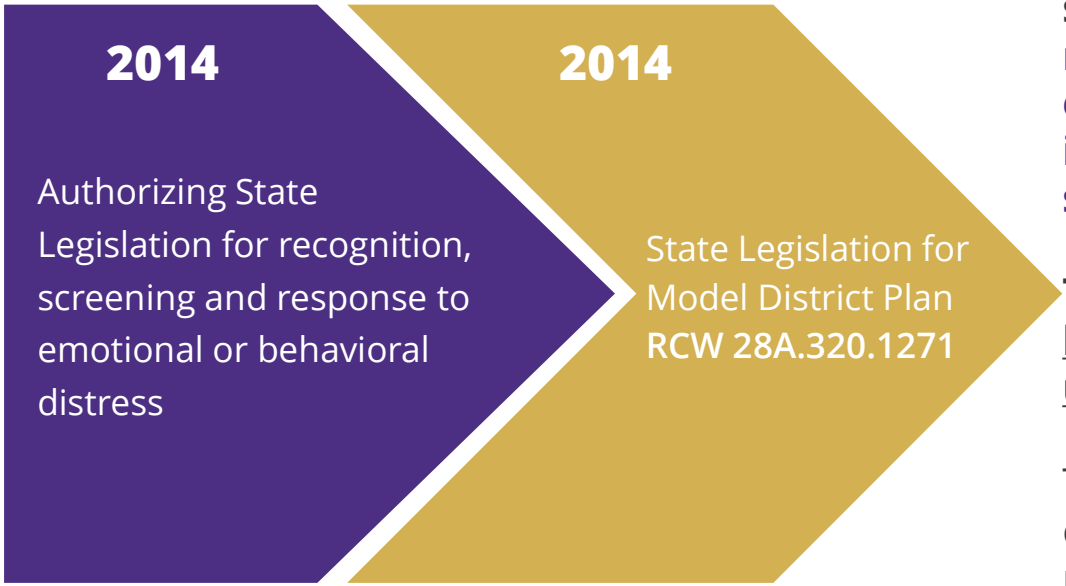
SOCIAL, EMOTIONAL, BEHAVIORAL, AND MENTAL HEALTH SCREENING IN WASHINGTON STATE



The office of the superintendent of public instruction's school safety center, established in RCW 28A.300.630, **shall develop a model school district plan for recognition, initial screening, and response to emotional or behavioral distress in students, including but not limited to indicators of possible substance abuse, violence, and youth suicide.**

The model plan must incorporate research-based best practices, including practices and protocols used in schools and school districts in other states.

The model plan must be posted by **February 1, 2014,** on the school safety center website, along with relevant resources and information to support school districts in developing and implementing the plan required under RCW 28A.320.127.

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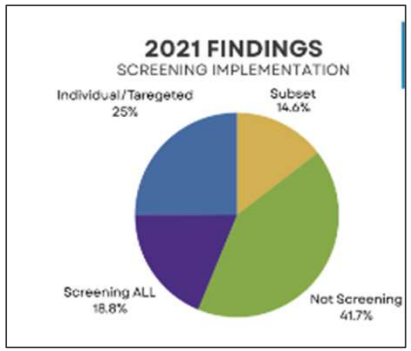

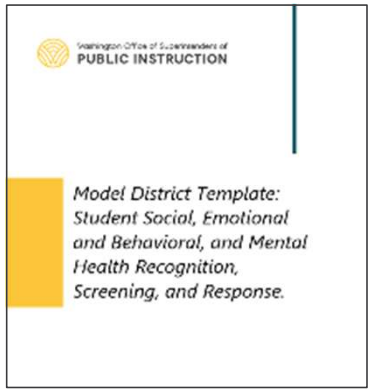

2014

Authorizing State Legislation for recognition, screening and response to emotional or behavioral distress **(RCW 28A.320.127)**

2014

State Legislation for Model District Plan **RCW 28A.320.1271**

2021

K-12 Behavioral Health Audit & Findings and Recs for SEBMH Screening

2022

OSPI Model District Template for Installing Universal SEBMH Screening

2025

WA Legislative Landscape Analysis of Universal Screening

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LANDSCAPE ANALYSIS

2024-2025

WASHINGTON STATE LEGISLATURE

AIM 1

Analysis of **alignment of current Washington statutes and guidance** with national best practices on universal SEBMH screening.

AIM 2

Identification of **facilitators and barriers** to selection and effective use of research-based, culturally relevant universal SEBMH screening tools in Washington schools.

AIM 3

Analysis of schools' **current application of existing Washington statute** relevant to SEBMH screening requirements.

AIM 4

Recommendations on statutory changes to increase implementation and effectiveness of systematic SEBMH screening of students in schools.

AIM 5

An **implementation plan** for SEBMH screening demonstration sites to determine the feasibility, acceptability, and effectiveness of **a best practices guide or resource** on universal student SEBMH screening in Washington.

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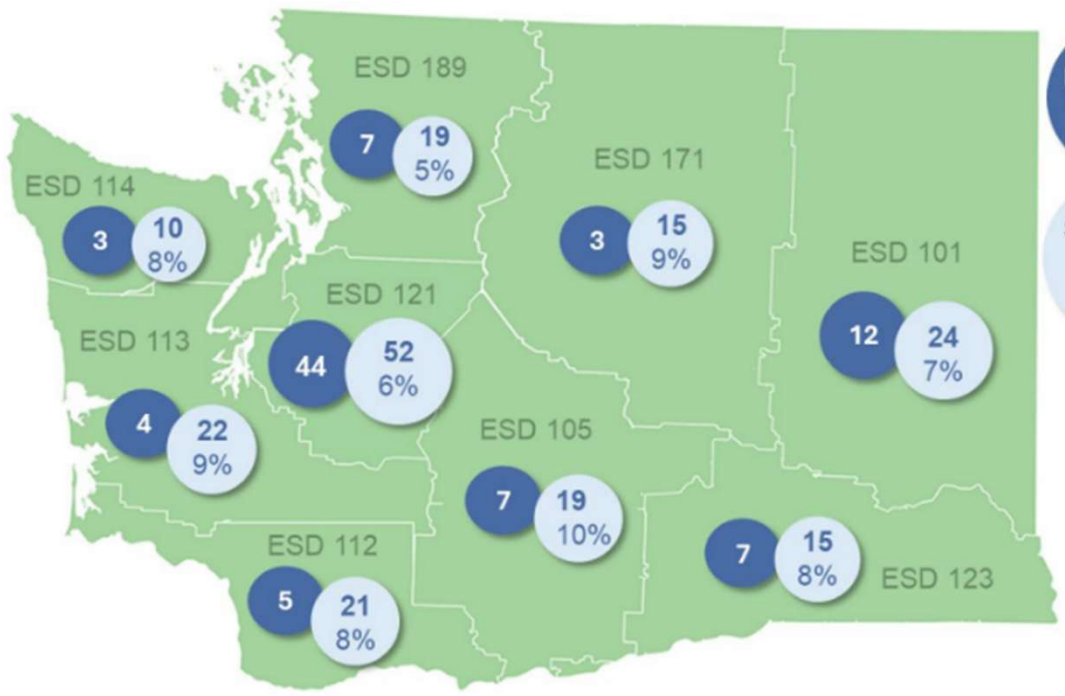
Methods & Participants

Literature Review

Policy and State Guidance Document Review

District & School Leader Online Survey Responses (N=205)

Listening Session Participants (N=92)



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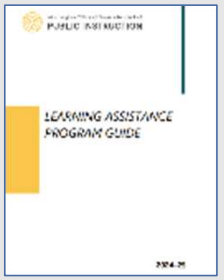
Literature Review:
~100 publications (journal articles & reports) reviewed to identify "best practices" aligned with 11 themes

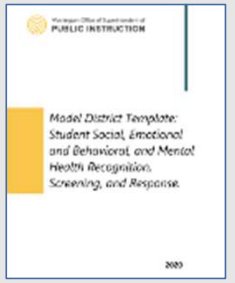
Best practices crosswalked with policy & statewide guidance documents

- Screening Measures and Considerations
- Logistics and Implementation
- Assuring Adequate and Equitable Availability of Services
- Informing Tier 1 Universal Strategies and Practices
- Assuring Equity and Cultural Responsiveness in Screening Practices
- Supporting Students with Disabilities
- Engaging with Families, Students, and Other Partners
- Partnering with Community Based Organizations
- Complying with Privacy and Confidentiality Laws
- Social Determinants of Health
- Training and Professional Development

WASHINGTON STATE EDUCATION DOCUMENTS REVIEWED

7 Guidance documents, program guides, & frameworks	ESA Behavioral Health Providers' Roles Specific to Social and Emotional Wellness	Washington MTSS Framework	Learning Assistance Program Guide
Model District Template: Student Social, Emotional, Behavioral, and Mental Health Recognition, Screening, and Response	Child Find Public Awareness Requirements (IDEA)	A Guide to Assessment in Early Childhood	Washington Integrated Student Support Protocol





21 Unique Laws & Codes Relevant to Universal Screening Reviewed

RCWS	
28A.320.125	Safe school plans
28A.320.127	Plan for recognition, screening and response to emotional or behavioral distress in students
28A.320.1271	Model school district plan for recognition, initial screening, and response to emotional or behavioral distress in students
28A.300.630	School safety center
28A.150.211	Values and traits recognized
28A.150.415	Professional learning days – funding
28A.165.037	Compliance with the Washington integrated student supports protocol-Partnerships with out-of-school organizations
28A.300.139	Washington integrated student supports protocol
28A.310.500	Youth suicide screening and referral-Response to emotional or behavioral distress in students – Training for educators and staff – Suicide prevention training
28A.310.510	Regional school safety centers
28A.310.515	School safety and security staff- Training program- Guidelines for on-the-job and check in training
28A.345.085	Model policy and procedure for nurturing a positive social and emotional school and classroom climate
28A.410.035	Qualifications-Coursework on issues of abuse; sexual abuse and exploitation of a minor; and emotional of behavioral distress in students, including possible substance abuse, violence, and youth suicide
28A.410.226	Washington professional educator standards board—Training program on youth suicide screening
28A.415.430	Professional learning -Defined-Scope
28A.415.445	Professional learning days – Mental health topics – Cultural competency, diversity, equity, and inclusion
42.56.230	Personal information

WACS	
180-16-220	Supplemental basic education program approval requirements
392-172A-03055	Specific learning disability-determination
392-172A-03005	Referral and timelines for initial evaluations

FINDINGS

1. Substantial support for universal SEBMH screening
2. Lack of clear definition and shared understanding
3. Inconsistent implementation
4. Structural barriers

Substantial Support for Screening

- "Anything that can be brought forward that puts us in a proactive mode versus a reactive mode for the health and well-being of our students and our children and our families is a plus"
-Family Listening Session Participant

- "I think when it's feasible and we're able to utilize universal screening tools, there can be huge impacts on equity and access"
-District Administrators Listening Session Participant

- "It is incredibly valuable to screen as many students as we possibly can. We are a small district, and know our students very well, so often the screening tool matches with what we know/see. However, there are times it does not and by having the screening data available when we meet with students, we are able to have deeper conversations with some students who were not sure who to go to or how to share what has been on their minds. Very effective tool."
-District Leader Survey Respondent

Lack of clear definition and shared understanding

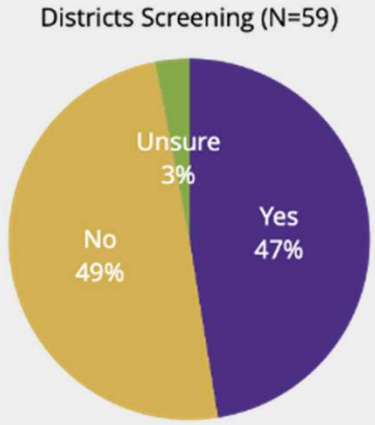
- **21 unique laws and codes** relevant to universal screening in schools - none included all elements of best practice.
  - RCW 28A.300.139 *Washington Integrated Student Support Protocol* - majority referenced
- **7 relevant Washington guidance documents, program guides, and frameworks** found limited coverage of universal screening best practices
- No consistent definition of screening across policy or guidance documents
- Contributed to a lot of misunderstanding in listening sessions and surveys about what screening is and how to implement

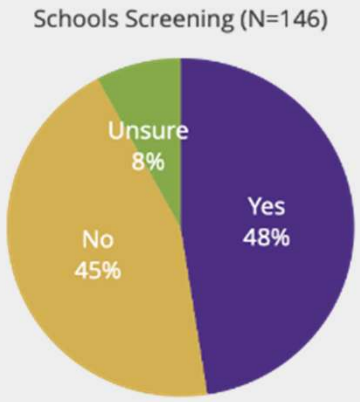
"My AHA moment as we're having this discussion is: I think we all have different definitions of universal screening, even from the one stated."

- *Listening Session Participant*

Inconsistent implementation

- About half of schools and districts reported conducting screening
- Amongst those screening, **high variation** in:
  - What **tools** are being used (and whether a validated tool designed for screening is being used)
  - **How often** screening is occurring
  - What **training** is provided for school staff regarding screening processes
  - What i**nformation is communicated** to students, parents, and other community members
  - Who is **reviewing** screening data and how frequently
  - How decisions are being made to **link students to follow-up supports**





Structural Barriers

Top Challenges Identified by Districts
Lack of internal (school) resources to refer students requiring follow up
Lack of external (community) resources to refer students requiring follow- up
Cost to conduct screening
Survey/assessment fatigue
Lack of knowing about how to implement (e.g., which tools to use, resources needed, etc,)

"I would state that most of our district agrees with this work and knows the value and importance of it. There are two areas we need support from our state. We need money and we need implementation support. The disagreements often come with the who, when, and where... not the why."

- *District Leader Survey Respondent*

RECOMMENDATIONS

- Develop a **clear definition of universal SEBMH screening**
- **Update state laws and policies** to reflect current realities, needs, and best practices for universal SEBMH screening
- Develop **statewide guidance, standards, and procedures**
- **Strengthen alignment, integration, and coordination** of agencies, partners, initiatives, and frameworks relevant to developing, resourcing, and implementing a comprehensive, accessible, and equitable K-12 mental health system
- Provide **implementation funding and resources**
- Enhance **family and student and engagement**
- Provide comprehensive **implementation supports**
- Ensure screening processes and policies **counteract inequities**
- Establish **indicators of success** for conducting evaluation, monitoring, and data-informed continuous quality improvement

School Mental Health Assessment, Research, and Training (SMART) Center. (2025). *A Landscape Analysis of Universal Social, Emotional, Behavioral and Mental Health (SEBMH) Screening in Washington State Schools and Districts Final Report* [Report to WA State Legislature as directed by ESSB 5950 (2023-24)]. University of Washington.

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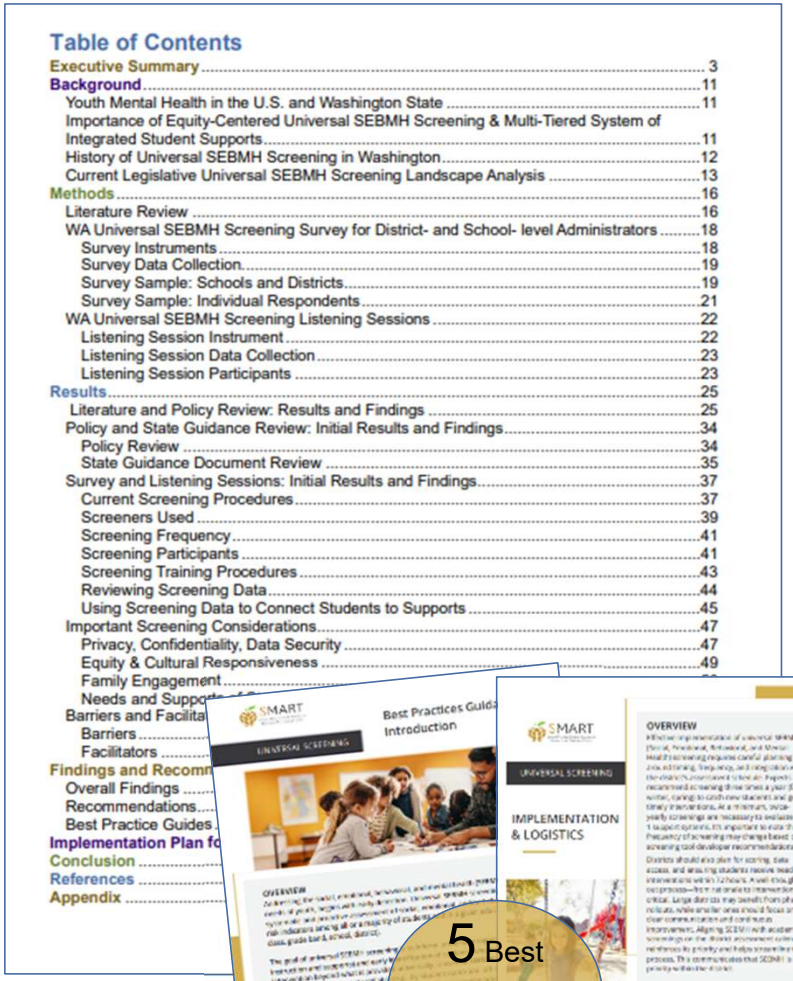
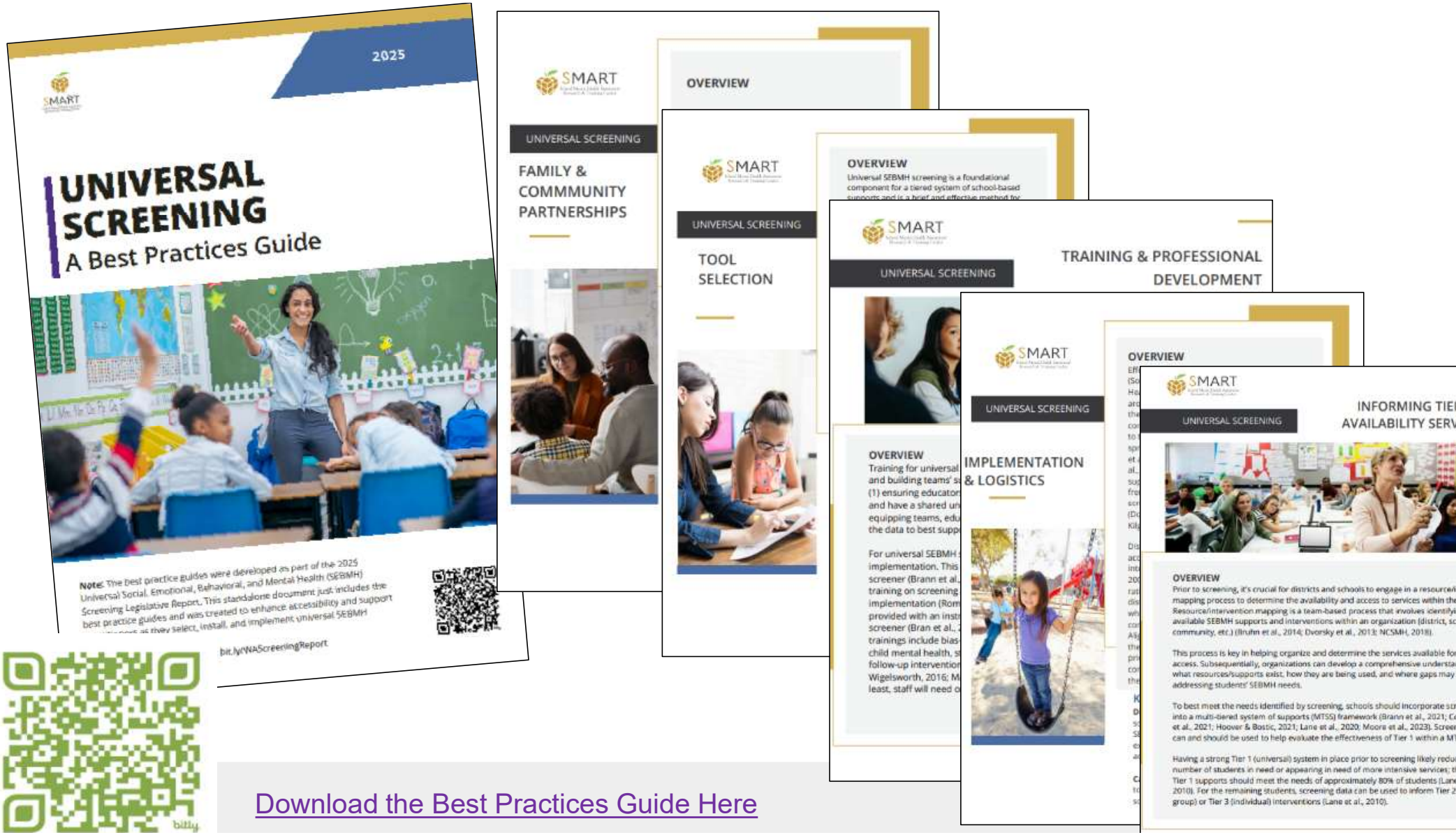
Learning about Universal Mental Health Screening Implementation in Washington



LINK TO REPORT



[Download the Best Practices Guide Here]

Scaling Up Universal Screening: Training and Technical Assistance

- **Donor-funded Regional Capacity Building**
  - **Prevent, Detect, Connect: Initial Cohort includes 3 Regional Educational Service Districts (ESDs) & 10 districts**
- **Federal and State Inclusionary Practices Funding**
  - **Inclusionary and Integrated Mental Health Education and Supports through the Washington Office of Superintendent of Public Instruction (OSPI) Inclusionary Practices Technical Assistance Network (IPTN)**

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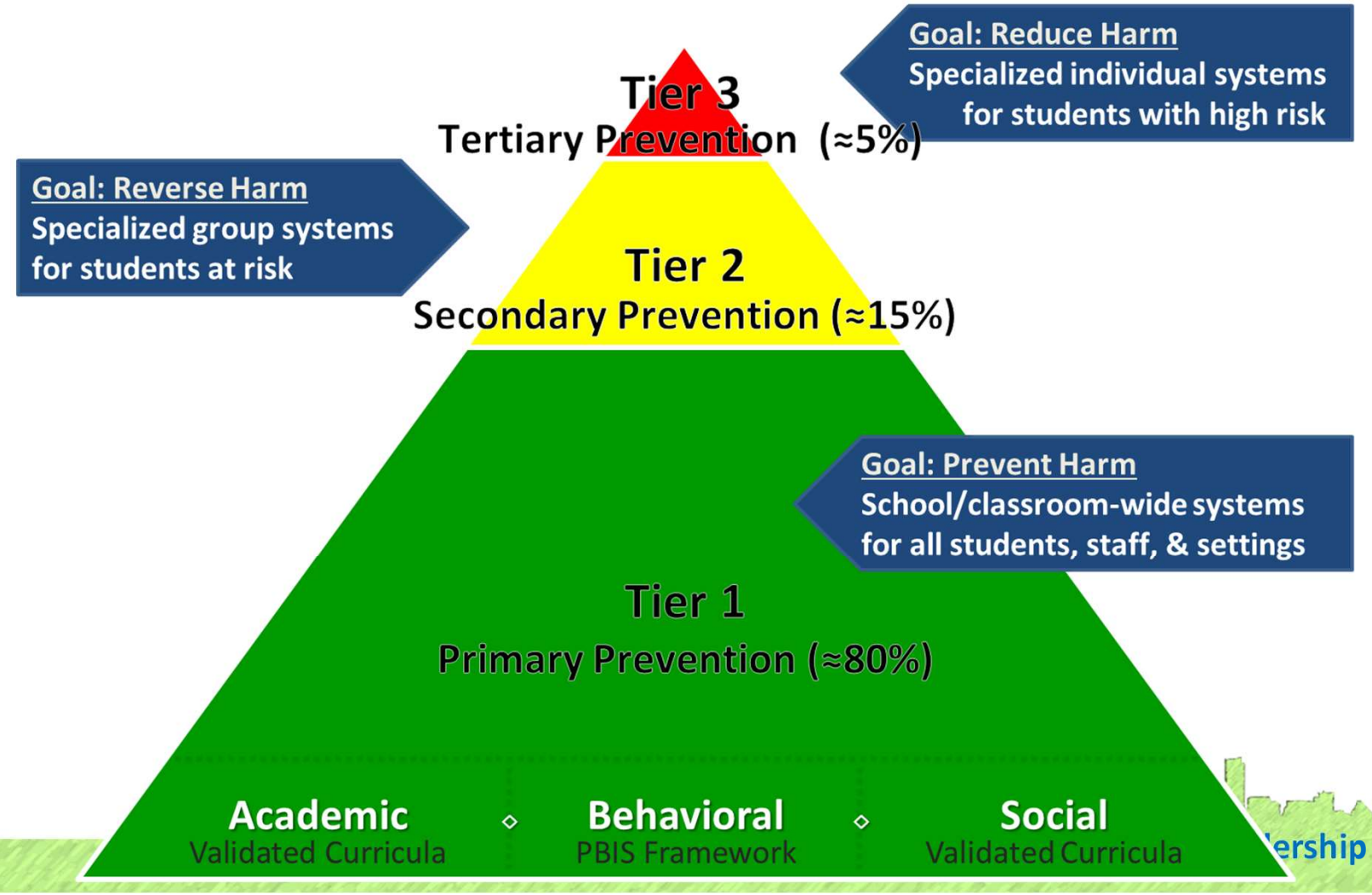
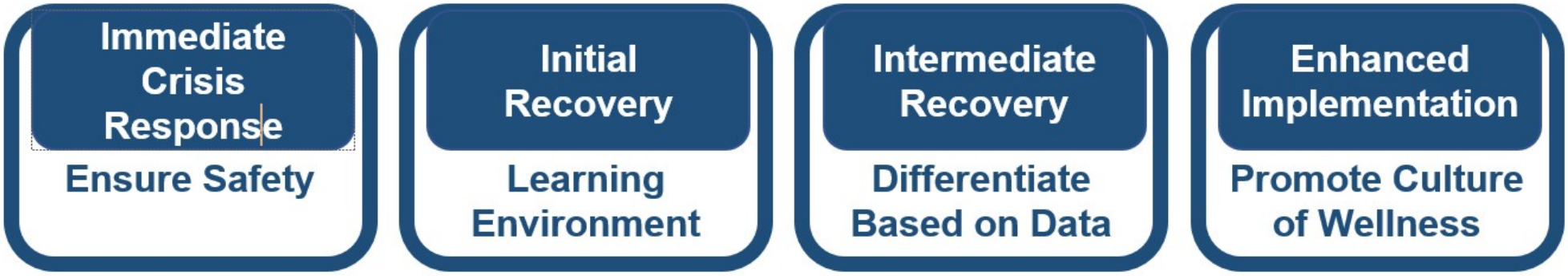
Closing Out and Moving Forward

Comprehensive, Integrated, Three-Tiered Model of Prevention

(Lane, Kalberg, & Menzies, 2009)

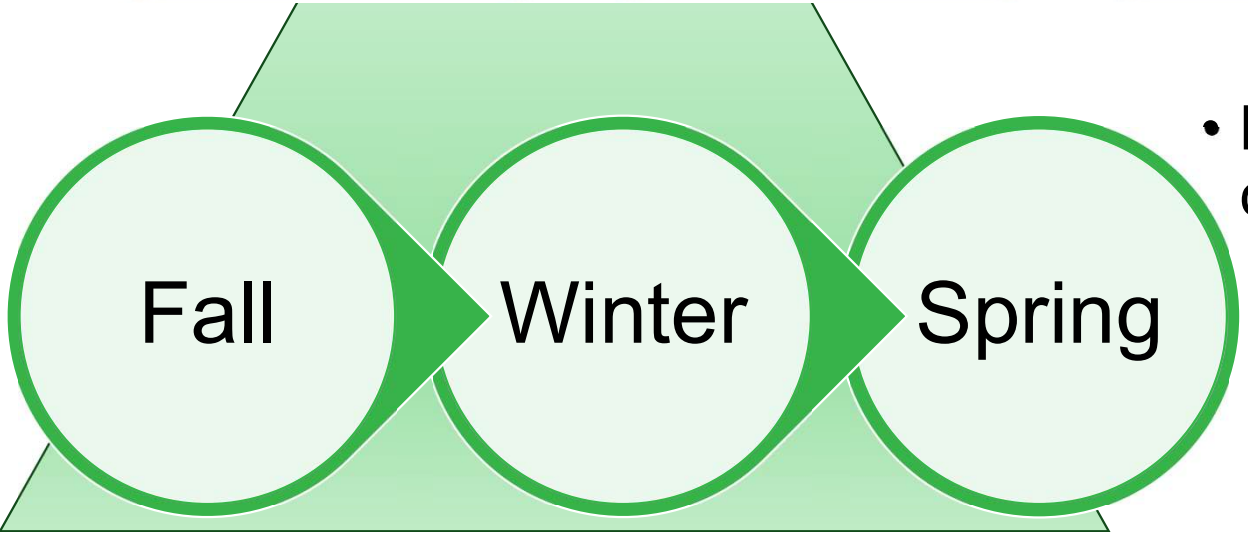


When a crisis occurs ….



- Following tragic events ..

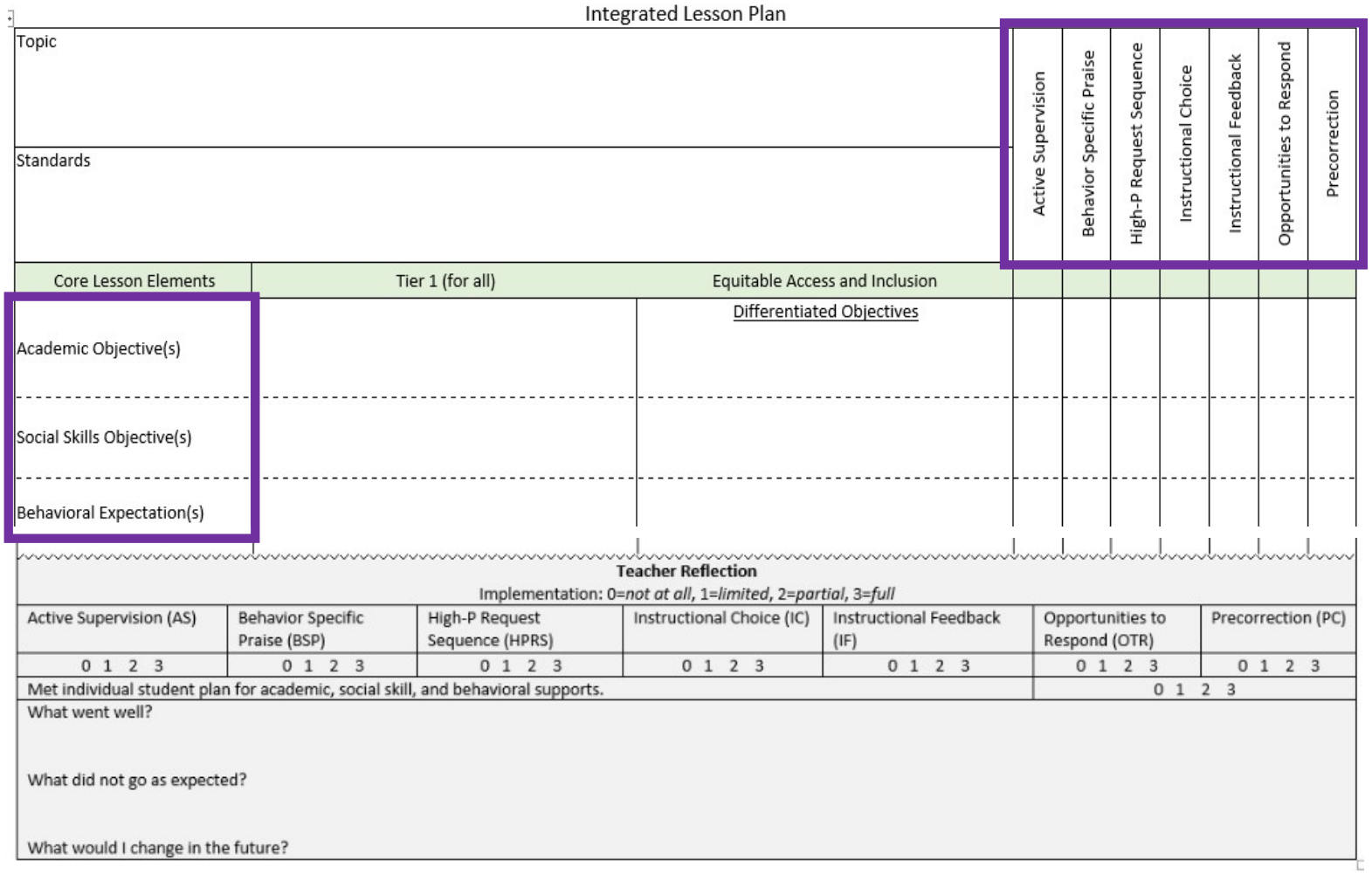
- Move forward with conducting triage activities



What about Academics?

Immediate Crisis Response	Initial Recovery	Intermediate Recovery	Enhanced Implementation
Ensure Safety	**Learning Environment**	**Differentiate Based on Data**	**Promote Culture of Wellness**
Physical and emotional safety are the priority here	Reintroduce academic routines and procedures at an independent instructional level	Slowly increase academic content and challenge level Monitor student response and either increase emotional supports or decrease academic rigor or rate as needed to maintain recovery progress	Use multiple types of data to identify groups of students needing more support Provide a full continuum of integrated academic and emotional supports to address full range of student needs

Planning for Integrated Instruction



Integrated Lesson Plan

Topic	Active Supervision	Behavior Specific Praise	High-P Request Sequence	Instructional Choice	Instructional Feedback	Opportunities to Respond	Precorrection
Standards							

Core Lesson Elements	Tier 1 (for all)	Equitable Access and Inclusion
Academic Objective(s)		Differentiated Objectives
Social Skills Objective(s)		
Behavioral Expectation(s)		

Teacher Reflection

Implementation: 0=*not at all*, 1=*limited*, 2=*partial*, 3=*full*

Active Supervision (AS)	Behavior Specific Praise (BSP)	High-P Request Sequence (HPRS)	Instructional Choice (IC)	Instructional Feedback (IF)	Opportunities to Respond (OTR)	Precorrection (PC)
0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

Met individual student plan for academic, social skill, and behavioral supports.	0 1 2 3

What went well?

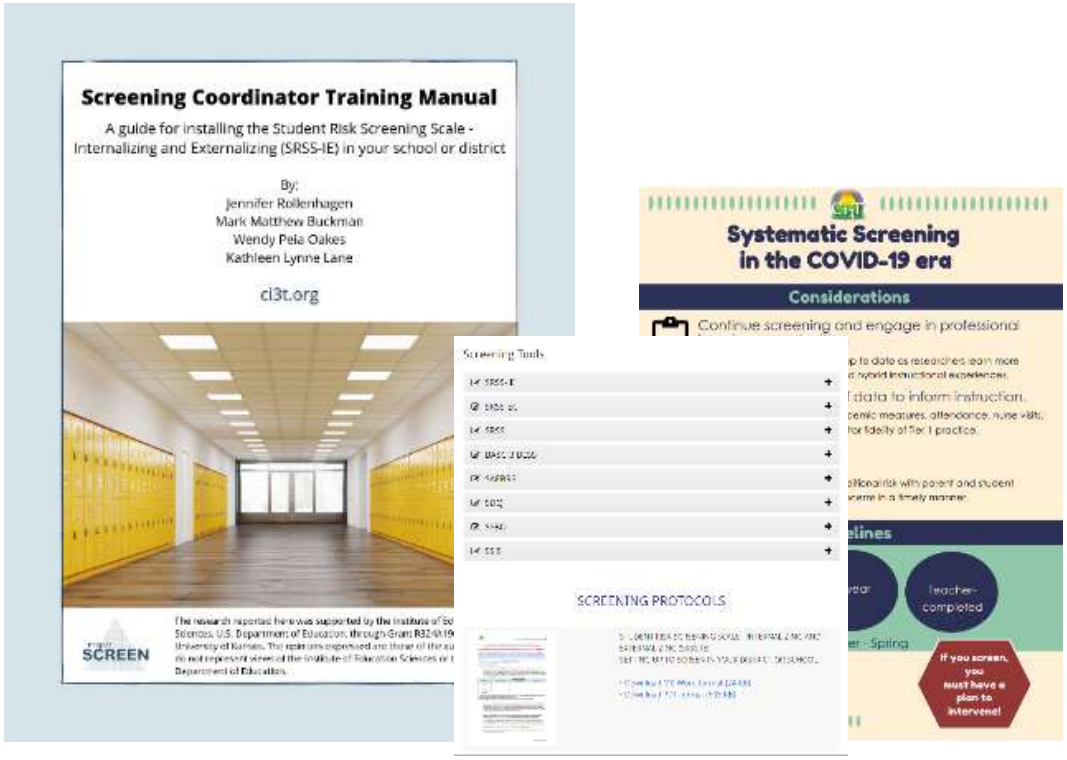
What did not go as expected?

What would I change in the future?

Enhancing Ci3T Modules

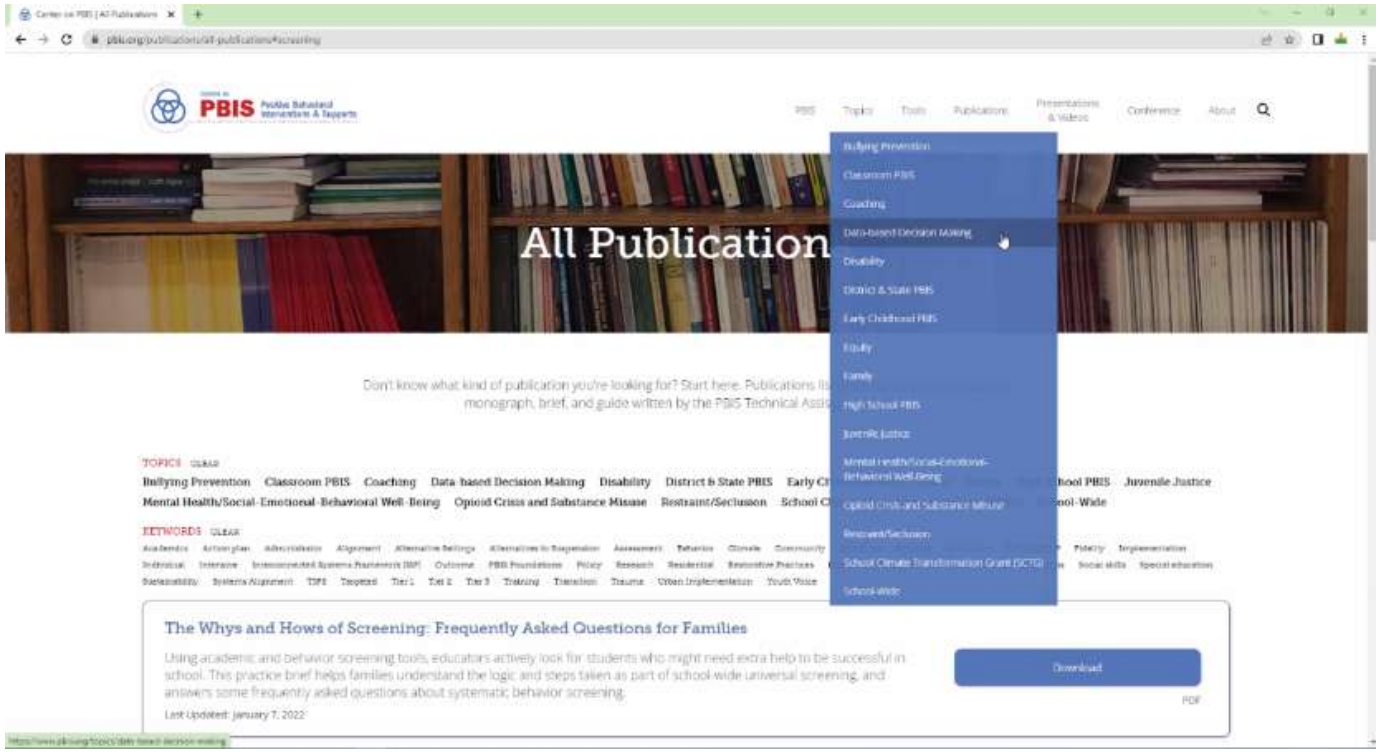
ci3t.org/enhance

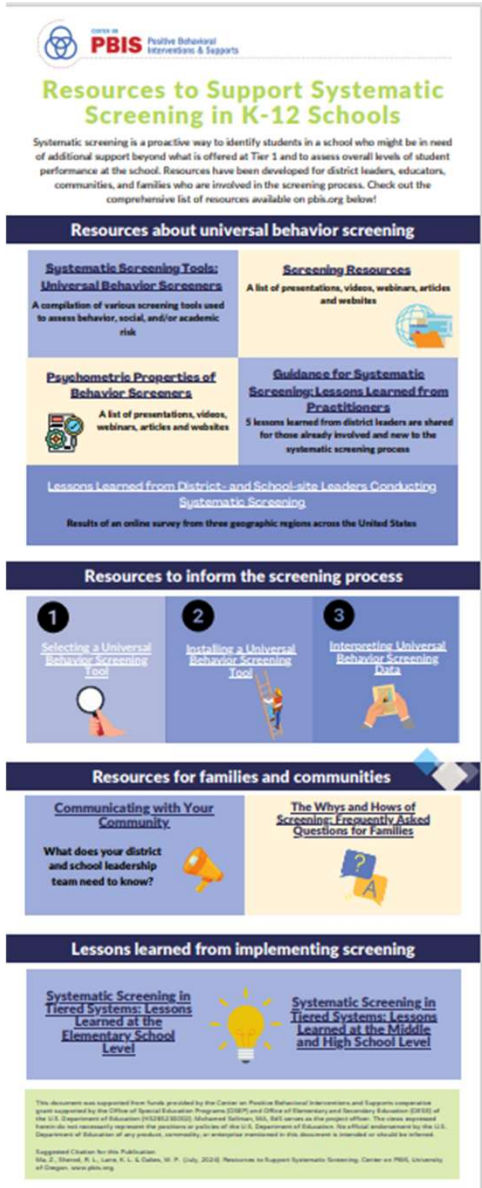
Ci3T +ENHANCE


Screening Coordinator Training Manual
A guide for installing the Student Risk Screening Scale - Internalizing and Externalizing (SRSS-IE) in your school or district
By:
Jennifer Rollenhagen
Mark Matthew Buckman
Wendy Pela Oakes
Kathleen Lynne Lane
ci3t.org
SCREEN
Screening Tools
SCREENING PROTOCOLS
Systematic Screening in the COVID-19 era
Considerations
Teacher-completed
If you screen, you must have a plan to intervene!


Selecting and Installing Behavior Screeners
Supports and Structures for Behavior Screening
Enhancing Ci3T Module 1.2
Ci3T Project ENHANCE Research Team
Selecting and Installing Behavior Screeners
Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE)
Enhancing Ci3T Module 1.3
Ci3T Project ENHANCE Research Team

Resources for screening: PBIS.org…





Tips for Communicating with Your Community about Systematic Screening

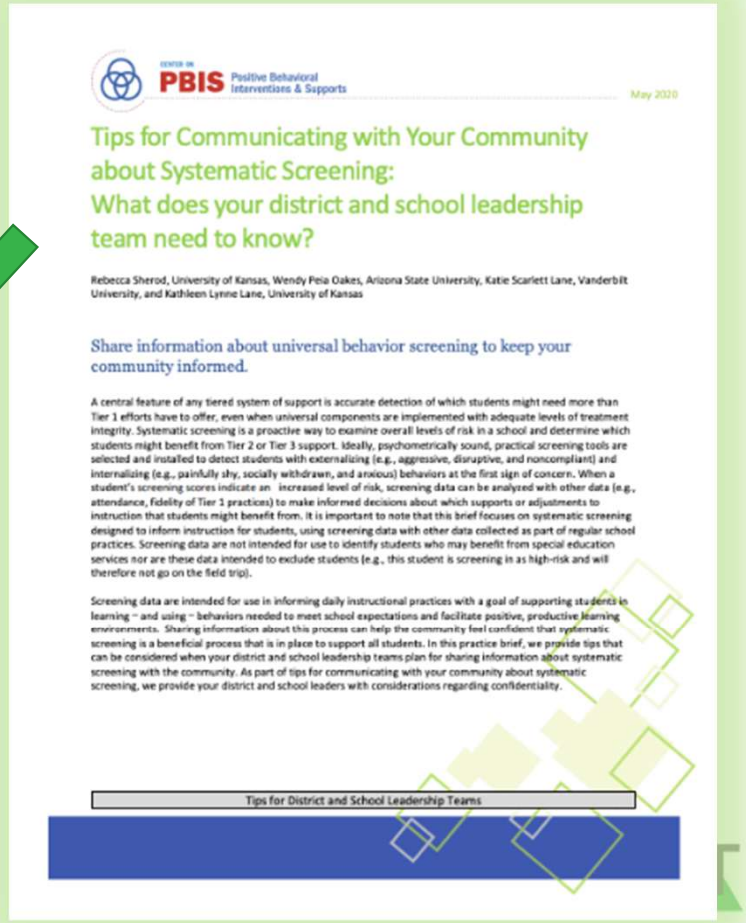
Tips for Communicating with Your Community about Systematic Screening: What does your district and school leadership team need to know?

This resource provides a list of presentations, videos, webinars, articles and websites that give an overview to universal screening as well as more in-depth resources that answer the what and the how.

Materials

Download

Word Doc



PBIS Positive Behavioral Interventions & Supports

May 2020

Tips for Communicating with Your Community about Systematic Screening: What does your district and school leadership team need to know?

Rebecca Sherod, University of Kansas, Wendy Peia Oakes, Arizona State University, Katie Scarlett Lane, Vanderbilt University, and Kathleen Lynne Lane, University of Kansas

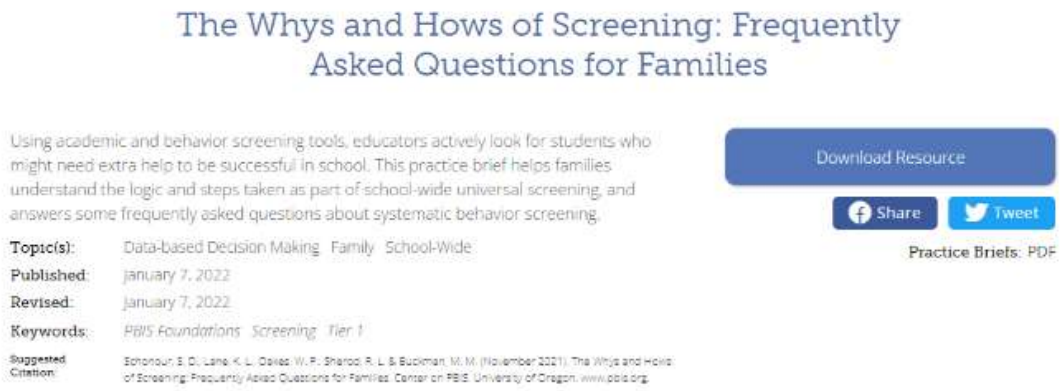
Share information about universal behavior screening to keep your community informed.

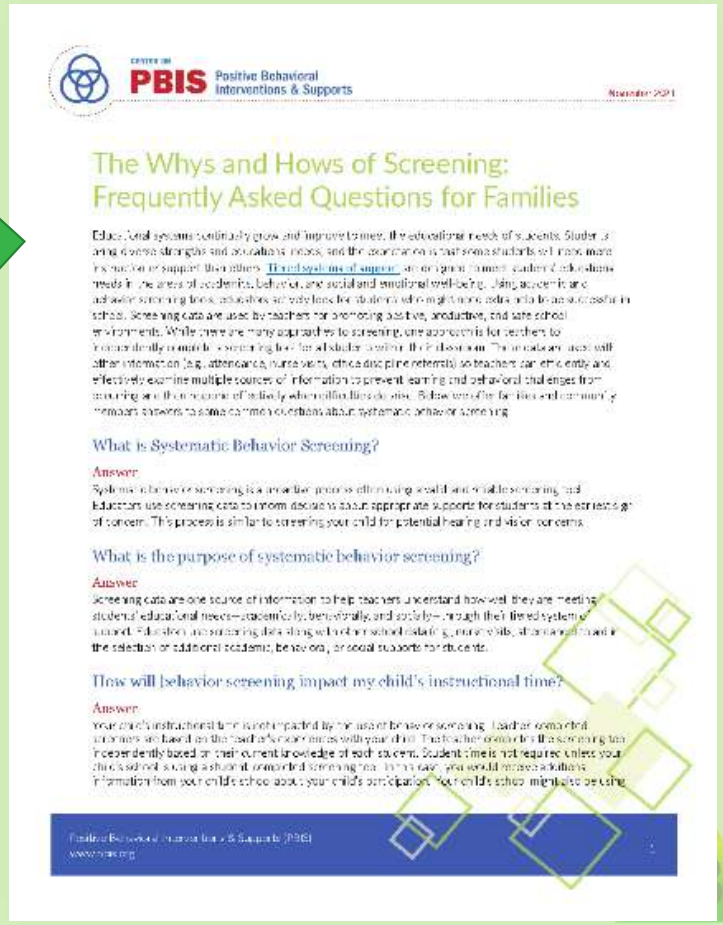
A central feature of any tiered system of support is accurate detection of which students might need more than Tier 1 efforts have to offer, even when universal components are implemented with adequate levels of treatment integrity. Systematic screening is a proactive way to examine overall levels of risk in a school and determine which students might benefit from Tier 2 or Tier 3 support. Ideally, psychometrically sound, practical screening tools are selected and installed to detect students with externalizing (e.g., aggressive, disruptive, and noncompliant) and internalizing (e.g., painfully shy, socially withdrawn, and anxious) behaviors at the first sign of concern. When a student's screening scores indicate an increased level of risk, screening data can be analyzed with other data (e.g., attendance, fidelity of Tier 1 practices) to make informed decisions about which supports or adjustments to instruction that students might benefit from. It is important to note that this brief focuses on systematic screening designed to inform instruction for students, using screening data with other data collected as part of regular school practices. Screening data are not intended for use to identify students who may benefit from special education services nor are these data intended to exclude students (e.g., this student is screening in as high-risk and will therefore not go on the field trip).

Screening data are intended for use in informing daily instructional practices with a goal of supporting students in learning – and using – behaviors needed to meet school expectations and facilitate positive, productive learning environments. Sharing information about this process can help the community feel confident that systematic screening is a beneficial process that is in place to support all students. In this practice brief, we provide tips that can be considered when your district and school leadership teams plan for sharing information about systematic screening with the community. As part of tips for communicating with your community about systematic screening, we provide your district and school leaders with considerations regarding confidentiality.

Tips for District and School Leadership Teams

The Whys and Hows of Screening: Frequently Asked Questions for Families





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