

2024 SPEAKER SERIES



HOSTED BY NORTHWEST
MHTTC & CO-SPONSORED
BY UW SMART CENTER



VIRTUAL | LEARNING

**PROMOTING A POSITIVE SCHOOL CLIMATE FOR STUDENT
MENTAL HEALTH: EFFECTIVE DATA, SYSTEMS AND PRACTICES**

OCTOBER 9 ▶ **NOVEMBER 29** ▶ **JANUARY 17** ▶ **MARCH 20** ▶ **APRIL 17**

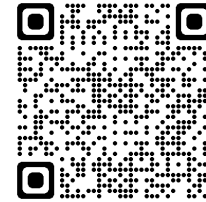
10AM - 11:15AM AKT 11AM - 12:15PM PT 12PM - 1:15PM MT

LAND ACKNOWLEDGEMENT

The UW SMART Center and Northwest MHTTC acknowledge that we learn, live, and work on the ancestral lands of the Coast Salish people who walked here before us, and those who still walk here.

We are grateful to aim to respectfully live and work on these lands with the Coast Salish and Native people who call this home.

We also want to acknowledge and honor the tradition land of the Confederated Tribes of the Colville Reservation, the Cayuse, Palouse, Umatilla, Walla Walla and Yakama Peoples that we are on today.



VIRTUAL | LEARNING

PROMOTING A POSITIVE SCHOOL CLIMATE FOR STUDENT MENTAL HEALTH:
EFFECTIVE DATA, SYSTEMS AND PRACTICES

The Northwest Mental Health Technology Transfer Center and the UW SMART Center are pleased to present the 2024 Virtual Speaker Series to the school mental health workforce. The six-session series features discussions on ways to create a positive school climate for students and staff. Through this series, we are spotlighting evidenced-based strategies to address universal screening, staff retention, and bullying and its intersection with youth mental health and violence.

ALL SESSIONS 10AM - 11:15AM AKT, 11AM - 12:15PM PT, 12PM - 1:15PM MT
Certificates of completion and Washington State clock hours available for attendees of the live sessions.

This resource sheet provides the links to each session. You may also learn more about the full series here: <https://bit.ly/2024VirtualSpeakerSeries> or by scanning the QR codes below.



SESSION 1 ▶ OCTOBER 9
SCHOOL MENTAL HEALTH THROUGH A MULTI-TIERED
SYSTEM FRAMEWORK

CLYNTA GRAFENREED, Ph.D.
SCHOOL MENTAL HEALTH TRAINING AND TECHNICAL
ASSISTANCE COORDINATOR
NORTHWEST MHTTC/UW SMART CENTER



SESSION 2 ▶ NOVEMBER 29
COMPREHENSIVE UNIVERSAL SCREENING:
A STATEWIDE APPROACH

MARI MEADOR, M.Ed.
IMPLEMENTATION COACH
NORTHWEST MHTTC/
UW SMART CENTER

RAYANN SILVA, M.Ed.
SCHOOL MENTAL HEALTH TRAINING AND
TECHNICAL ASSISTANCE
COORDINATOR AND TRAINING
UNIT COORDINATOR
NORTHWEST MHTTC/UW SMART CENTER

KRISTI GREENAWAY CIRIOGANO
SINGLE ORLEO COORDINATOR
TACOMA PUBLIC SCHOOLS



SESSION 3 ▶ JANUARY 17
FOSTERING BELONGING IN STAFF
RECRUITMENT AND RETENTION

NIKOLE Y. HOLLINS-SIMS, Ed.D.
EDUCATIONAL STRATEGIST/CONSULTANT
HOLLINS-SIMS CONSULTATION



SESSION 4 ▶ FEBRUARY 8
BECOMING -
THE JOURNEY OF A CHANGE AGENT

NIKOLE Y. HOLLINS-SIMS, Ed.D.
EDUCATIONAL STRATEGIST/CONSULTANT
HOLLINS-SIMS CONSULTATION



SESSION 5 ▶ MARCH 20
BULLYING PREVENTION IN ELEMENTARY AND MIDDLE
SCHOOLS: FOUNDATIONS AND STUDENT OWNERSHIP

RHONDA REESE, Ph.D.
ASSISTANT PROFESSOR, DEPARTMENT OF SPECIAL EDUCATION AND CLINICAL
SCIENCES PRINCIPAL INVESTIGATOR, EDUCATIONAL AND COMMUNITY SUPPORTS
AFFILIATE FACULTY, PREVENTION SCIENCE PROGRAM
UNIVERSITY OF OREGON



SESSION 6 ▶ APRIL 17
BULLYING PREVENTION IN ELEMENTARY AND MIDDLE
SCHOOLS: LEVERAGING EXPERTS IN YOUR BUILDING

SARA MCDANIEL, Ph.D.
PROFESSOR OF SPECIAL EDUCATION IN THE DEPARTMENT OF SPECIAL EDUCATION AND
MULTIPLE ABILITIES AND DIRECTOR OF THE CENTER FOR INTERCONNECTED BEHAVIORAL AND
MENTAL HEALTH SYSTEMS
UNIVERSITY OF ALABAMA

Brought to you by:

Northwest Mental Health Technology Transfer Center
Network (NWMHTTC)

University of Washington School Mental Health
Assessment Research & Training Center
(UW SMART CENTER)

Thank You for Joining us for Session 2: 2024 Speaker Series
A FEW REMINDERS ABOUT TODAY'S SESSION...

- We have made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information.
- All attendees are muted, and videos are turned off.
- Have a question for the presenter? *Use the Q&A feature.*
- Need technical help? *Use the chat to message panelists.*
- We will leave a few minutes at the end to make sure you have all the links and resources you need and to allow time for an evaluation.
- Certificates of attendance and Washington in-service forms will be provided after you complete the evaluation.

Thank You for Joining us for Session 2: 2024 Speaker Series
A FEW REMINDERS ABOUT TODAY'S SESSION...

PLEASE NOTE:

The recording and slide deck will be posted on our [event page](#) as soon as possible.

NATIONAL MHTTC NETWORK

GOALS OF MHTTC NETWORK:

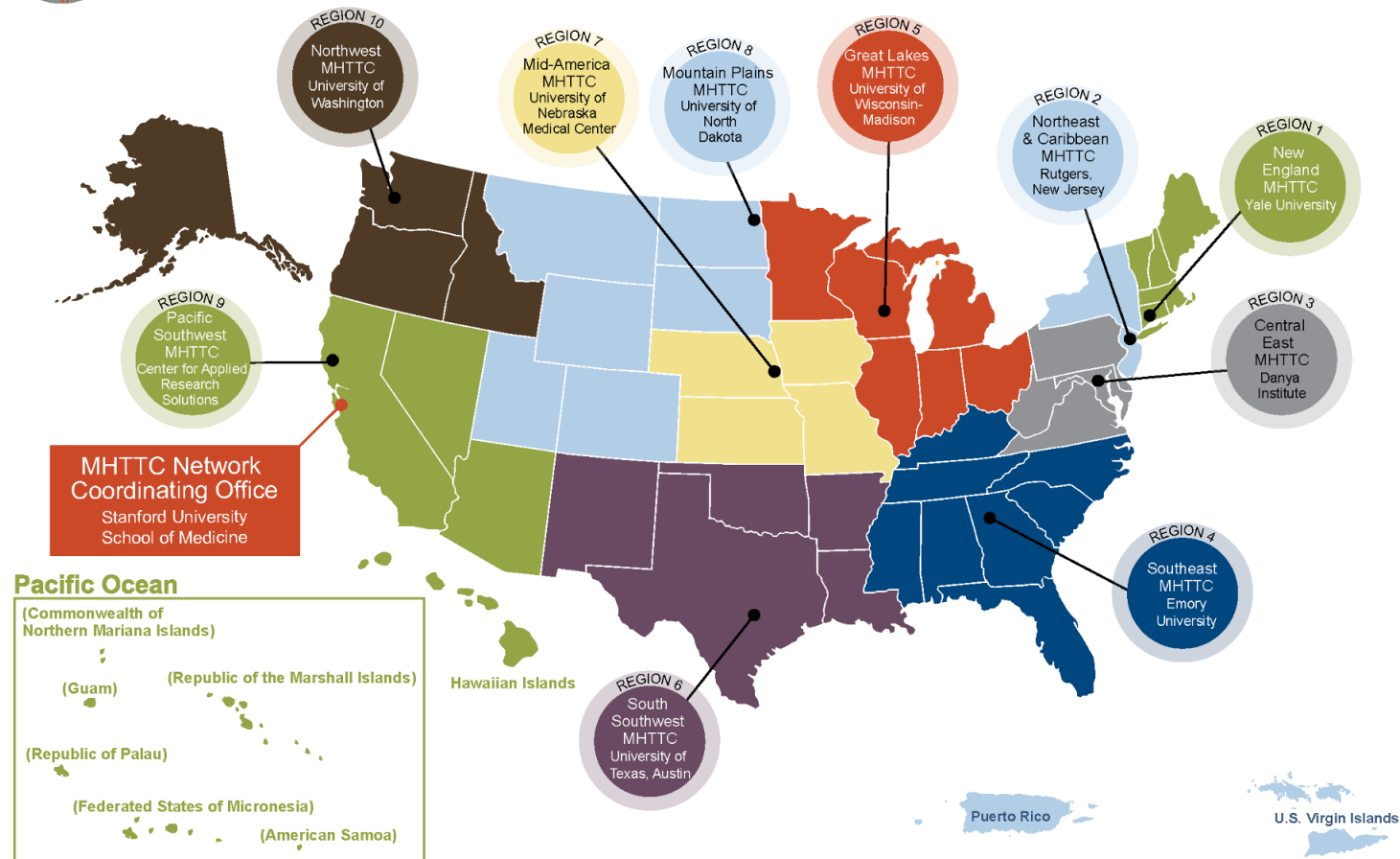
- **ACCELERATE**
Adoption and implementation of evidence-based practices and use implementation science to inform training and TA strategies
- **HEIGHTEN**
Awareness, knowledge, and skills of the workforce
- **FOSTER**
Regional and national alliances
- **ENSURE**
Availability and delivery of publicly available, free of charge, training and technical assistance



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network



VISIT THE MHTTC WEBSITE

<https://mhttcnetwork.org/>

ABOUT NORTHWEST MHTTC

The Northwest MHTTC partners with the University of Washington School Mental Health Assessment, Research and Training (SMART) Center, a national leader in developing and supporting implementation of evidence-based practices in schools, including prevention, early intervention and intensive supports.

- Building a Multi-Tiered System of Supports
- Training the Workforce
- Advancing the Research Base



ABOUT THE UW SMART CENTER

A national leader in developing and supporting implementation of evidence-based practices (EBPs) in schools, including prevention, early intervention, and intensive supports.

- Research & Evaluation
- Training and Technical Assistance
- Community Partnering and Outreach



2024
SPEAKER
SERIES



HOSTED BY NORTHWEST MHTTC
CO-SPONSORED BY UW SMART CENTER

COMPREHENSIVE UNIVERSAL SCREENING: A STATEWIDE APPROACH



VIRTUAL LEARNING | WEDNESDAY, NOVEMBER 29, 2023

10AM - 11:15AM AKT ▶ 11AM - 12:15PM PT ▶ 12PM - 1:15PM MT



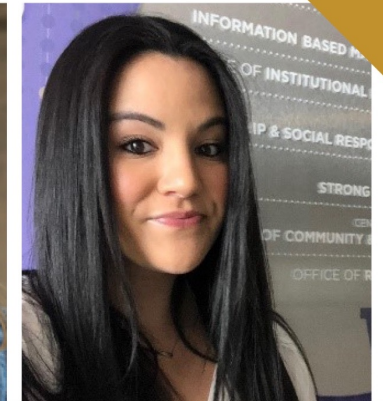
**KRISTI GREENAWAY
CIRIGNANO**

WHOLE CHILD COORDINATOR
TACOMA PUBLIC SCHOOLS



RAYANN SILVA, M.Ed.

SCHOOL MENTAL HEALTH
TRAINING AND TECHNICAL
ASSISTANCE COORDINATOR AND
TRAINING UNIT COORDINATOR
NORTHWEST MHTTC/
UW SMART CENTER



MARI MEADOR, M.Ed.

IMPLEMENTATION COACH
NORTHWEST MHTTC/
UW SMART CENTER

WELCOMING INCLUSION ROUTINE

- Safety & Predictability
- Contribution of ALL Voices
- Norms for Respectful Listening
- Create a Sense of Belonging

RATE YOUR CURRENT SCREENING PRACTICE

Starting to gather information and **plan to implement a formal universal screener in the next 1-2 years.**

We use existing data (ODRs, attendance, grades, etc.) to identify students in need, **but no formal screener is used.**

Started implementing a formal universal screener **this school year.**

NEW! Here to learn about universal screening



Have been using a formal universal screener for **2+ years.**

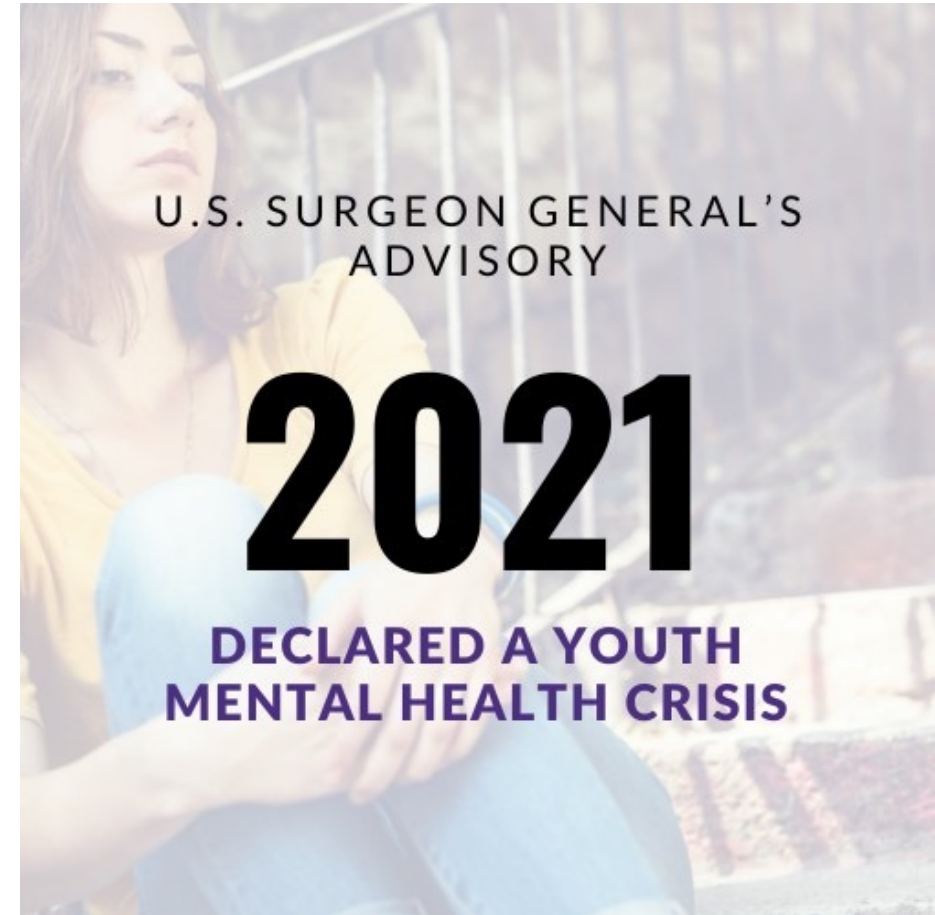
YOUTH MENTAL HEALTH



WASHINGTON STATE

2020

**YOUTH MENTAL HEALTH
EMERGENCY
PROCLAMATION**



U.S. SURGEON GENERAL'S
ADVISORY

2021

**DECLARED A YOUTH
MENTAL HEALTH CRISIS**

THE NATIONAL STATE OF YOUTH MENTAL HEALTH

Fabiano & Evans (2019); Merikangas et. Al., (2010)

1 in 5



HAVE MENTAL HEALTH
PROBLEMS **THAT IMPAIR
LEARNING**

THE NATIONAL STATE OF YOUTH MENTAL HEALTH

Fabiano & Evans (2019); Merikangas et. Al., (2010)

2X



SUICIDE RATES AMONG
BLACK YOUTH HAVE
DOUBLED SINCE 2014

THE NATIONAL STATE OF YOUTH MENTAL HEALTH

Fabiano & Evans (2019); Merikangas et. Al., (2010)

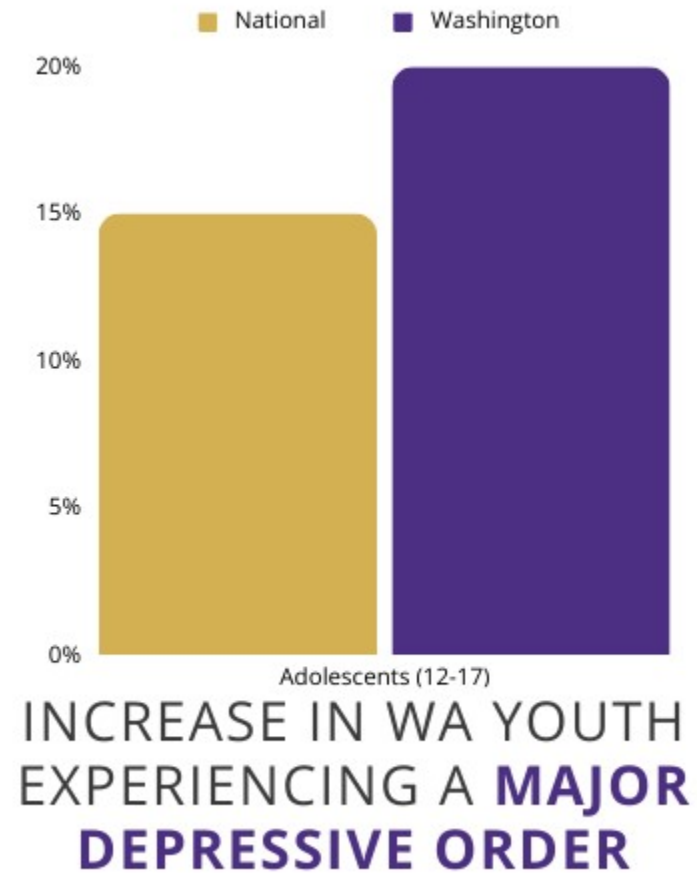
33%



RATE INCREASE IN
**STUDENTS REPORTING
DEPRESSION AND ANXIETY**
SINCE 2010

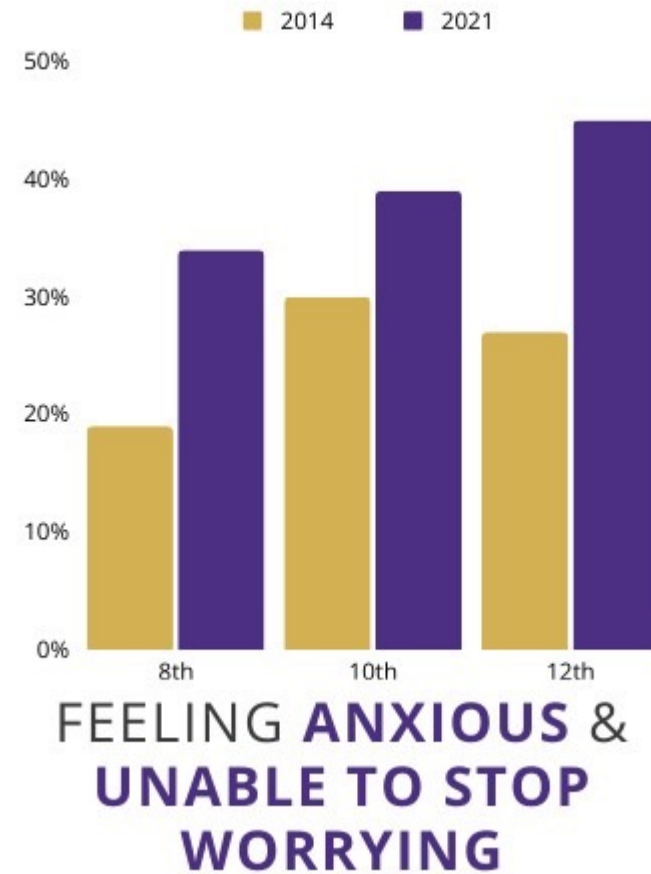
THE STATE OF YOUTH MENTAL HEALTH IN WASHINGTON

Source: Healthy Youth Survey (2021)



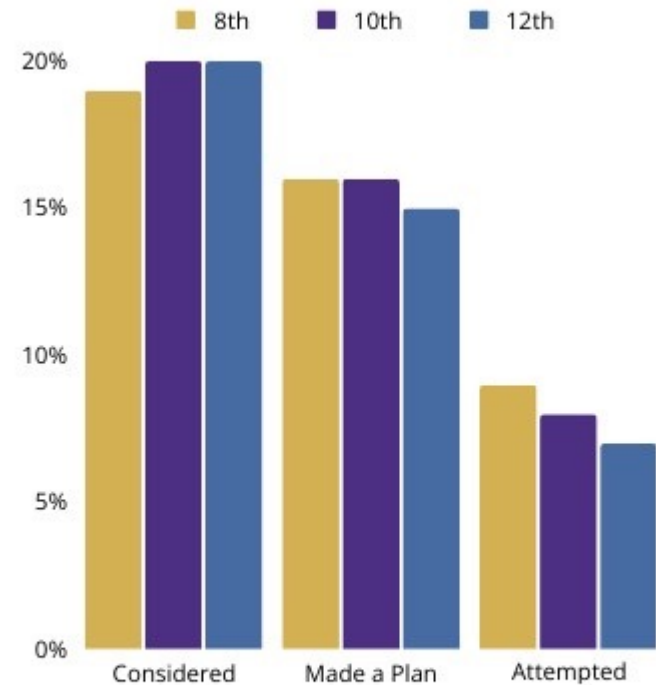
THE STATE OF YOUTH MENTAL HEALTH IN WASHINGTON

Source: Healthy Youth Survey (2021)



THE STATE OF YOUTH MENTAL HEALTH IN WASHINGTON

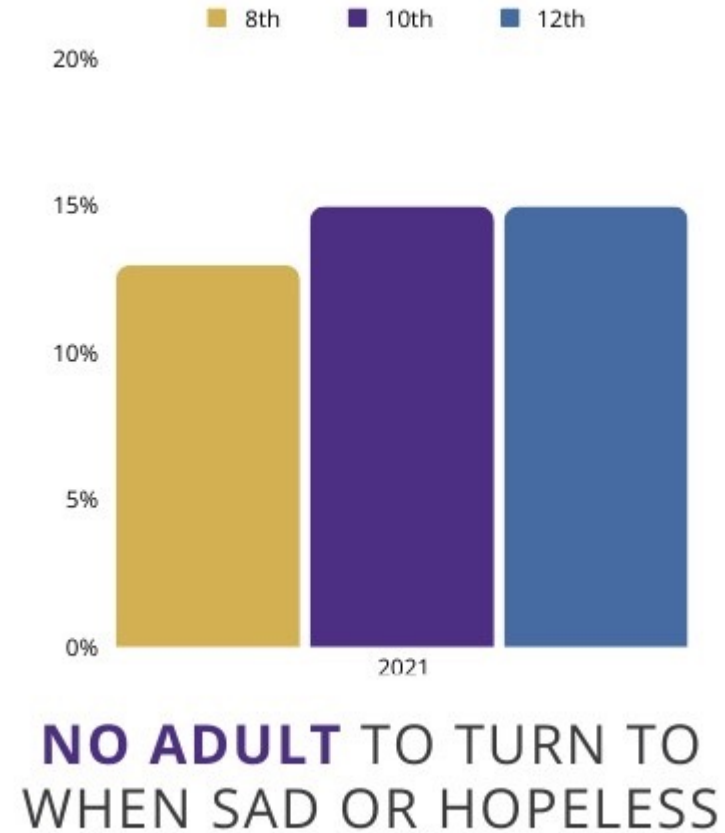
Source: Healthy Youth Survey (2021)



SUICIDE FEELINGS & ACTIONS

THE STATE OF YOUTH MENTAL HEALTH IN WASHINGTON

Source: Healthy Youth Survey (2021)

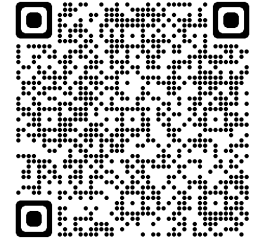


WHAT DO WE KNOW?

- COVID-19 added to the **pre-existing challenges** that our youth faced
- Mental health is **SHAPED BY MANY FACTORS**
- We have the ability to promote positive mental health and **MITIGATE NEGATIVE OUTCOMES**

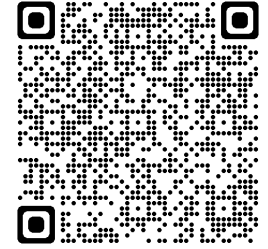
- **SOCIETY** (economic inequalities, discrimination, racism, media/technology)
- **ENVIRONMENT** (safety, food, housing, health care)
- **COMMUNITY** (relationships with peers/teachers/mentors, school climate, academic rigor)
- **FAMILY** (relationships with caregivers, family mental health)
- **INDIVIDUAL** (genetics, race, gender, coping skills)

THE CASE FOR SCHOOL MENTAL HEALTH



- There is an **11-YEAR GAP** between onset and treatment of mental health disorders (Wang et.al., 2004)
- Youth are **more likely to access MH services from schools** than any other settings (Duong et al., 2020)
- School mental health is **associated with positive mental health outcomes** and decreasing mental health problems through targeted services (Sanchez et.al., 2017)
- Research shows that school **mental health services can close gaps in access for underserved and marginalized populations** (Lyon et al., 2013)

THE CASE FOR SCHOOL MENTAL HEALTH




SMART School Mental Health Assessment Research & Training Center UNIVERSITY of WASHINGTON

FEBRUARY 2023
THE CASE FOR SCHOOL MENTAL HEALTH

Rates of youth mental health problems are at historically high rates and rising.

- 1 in 5 youth have social, emotional, and behavioral problems that impair their learning (Fabiano & Evans, 2019; Merikangas et al., 2010).
- There has been a 33% increase in the rate of students reporting depression and anxiety since 2010. The most alarming trends are seen for students of color: suicide rates among Black youth, for example, have doubled since 2014.
- The COVID-19 pandemic exacerbated stressors for youth. Over one-third of Washington high school students reported feeling worried about friends and family contracting COVID-19, and over half felt depressed or sad "most days" in the year after returning to school (Kilmer et al., 2022).

The situation is even more dire in Washington than the country as a whole.

- Twenty percent of Washington adolescents 12-17 have a major depressive episode in a given year, compared to 16% nationally (SAMHSA, 2021).
- Washington's Healthy Youth Survey data show one in 10 students in 8th, 10th and 12th grades attempted suicide in the past year, while four in ten students in the 10th and 12th grades felt so sad and hopeless that they stopped doing their usual activities (WA State Health Care Authority, 2022).

Providing comprehensive mental health services is critical to student academic success, school safety, and the well-being of our young people.

School mental health is associated with positive mental health outcomes for children and youth.

- A review of 43 studies found that school-based services are effective at decreasing mental health problems. Group (Tier 2) and individualized (Tier 3) services have been particularly successful (Sanchez et al., 2017).

Research shows that schools are the most common place young people seek and receive mental health services.

- Children and youth receive mental healthcare in schools more frequently than any other setting, more than mental health clinics or doctors' offices (Duong, Bruns et al., 2020).
- Research shows school mental health services can close gaps in access for underserved and marginalized populations (Lyon et al., 2013).

MULTI-TIERED SYSTEM OF SUPPORT (MTSS)



School mental health is most effective when provided through a multi-tiered system of supports (MTSS) that integrates effort from both school-employed and community mental health professionals.

An integrated MTSS covers the full continuum of student needs, enabling schools to promote mental wellness for all students, identify and address problems before they escalate or become chronic, and provide increasingly intensive, data-driven services for individual students as needed.

The Interconnected Systems Framework (ISF) is being implemented in Washington as an example of an evidence-based approach for installing school mental health within MTSS.

Learn more about MTSS on the [Washington Office of Superintendent of Public Instruction's website](#).



TAKING EFFECTIVE SCHOOL MENTAL HEALTH TO SCALE IN WASHINGTON

Washington State's schools and students need decisive action by its legislature and policymakers. These recommendations were identified in a [state auditor's report on K-12 Student Behavioral Health in Washington](#). This report's key finding was that few schools are able to adopt recommended core elements of effective school mental health. The report found Washington's current approach is **fragmented, with no single entity in charge or accountable**. Not only do Washington's school districts **lack adequate resources and staffing** to develop comprehensive behavioral health systems, they **receive little oversight, guidance, and training**.

2023 POLICY & FUNDING RECOMMENDATIONS

Designate a lead state agency in charge of ensuring student access to the full continuum of school behavioral health services. This entity can work with state, district, and ESD partners and other child-serving agencies, as well as higher education, community organizations, and family partners to build coalitions for positive policy, professional development, and funding changes.

Establish and resource a plan for providing consistent, high-quality training and technical assistance statewide on school mental health. A designated statewide training and TA lead organization would provide Washington schools, districts, and mental health providers with the training and guidance they need to implement effective school mental health strategies across the continuum from prevention to targeted intervention. Such an entity could also support accountability by monitoring progress and outcomes and aid in the development of effective local funding strategies.

Eliminate Isolation and Reduce Use of Restraint. Isolation and restraint are used far more often than necessary and have shown no compelling evidence for benefiting students. We support [House Bill 1479](#) / [Senate Bill 5559](#), which seek to eliminate isolation and reduce the use of chemical and mechanical restraints in schools.

Eliminate harmful disciplinary practices. Suspension, expulsion, public humiliation and shaming need to be replaced with culturally relevant, positive, proactive, instructional, equitable and restorative practices. Positive behavior supports reduce the need for exclusionary discipline while bolstering school climate and student mental health and well-being.

SCHOOL MENTAL HEALTH IN WASHINGTON

2014

Authorizing State
Legislation for recognition,
screening and response to
emotional or behavioral
distress

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](#).

SCHOOL MENTAL HEALTH IN WASHINGTON

2014

Authorizing State Legislation for recognition, screening and response to emotional or behavioral distress

2014

State Legislation for Model District Plan
RCW 28A.320.1271

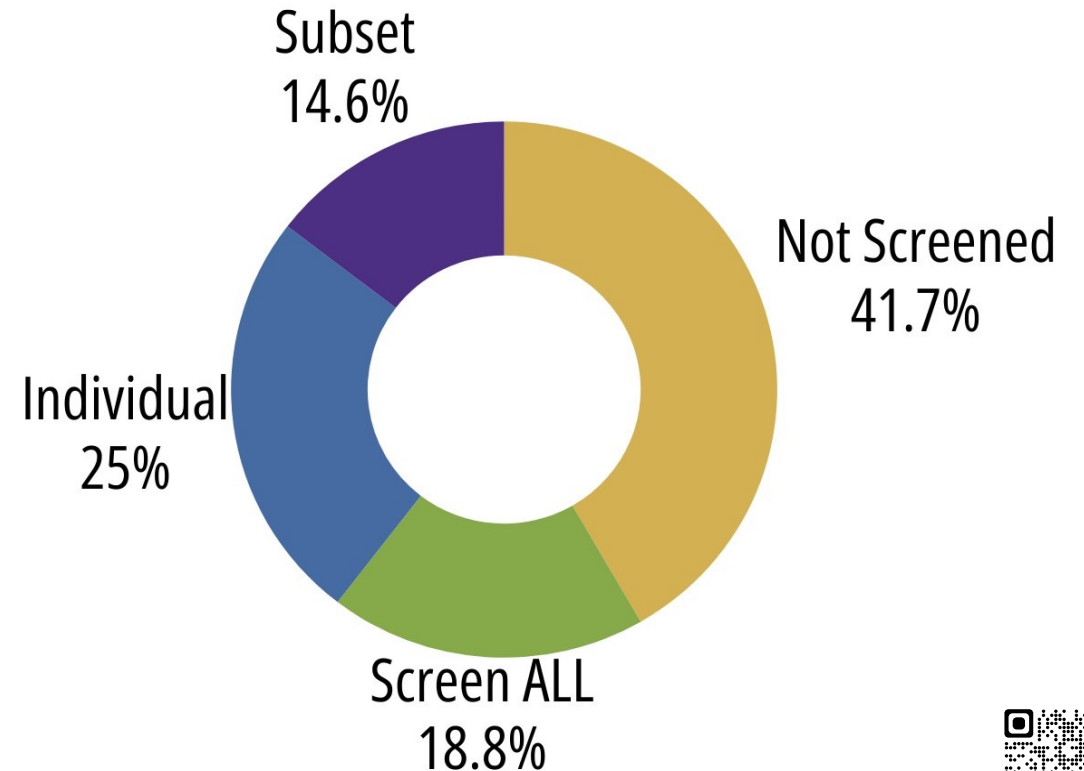
2021

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



FINDINGS | BEHAVIORAL HEALTH AUDIT

Universal screening is the basic foundation for behavioral health systems, because screening identifies needs and early symptoms before they become disruptive to the students' life and harder to treat.



FINDINGS



Behavioral health supports and services available to students **DEPEND ON WHAT SCHOOLS ARE ABLE TO PROVIDE AT THE LOCAL LEVEL**



The state's approach to student behavioral health is **FRAGMENTED AND LACKS SUFFICIENT RESOURCES**



Office of the
Washington
State Auditor
Pat McCarthy

SCHOOL MENTAL HEALTH IN WASHINGTON

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

RECOMMENDATIONS FOR OSPI



- Revise its district plan template to more closely follow state requirements.
- To achieve this, it should address a **broader understanding of “emotional or behavioral distress” beyond suicidality.**
- OSPI should then communicate the change to school districts.



RECOMMENDATIONS FOR OSPI



Washington Office of Superintendent of
PUBLIC INSTRUCTION

*Model District Template:
Student Social, Emotional
and Behavioral, and Mental
Health Recognition,
Screening, and Response.*



Washington Office of Superintendent of
PUBLIC INSTRUCTION

TABLE OF CONTENTS

Introduction.....	1
RCW 28A.320.127 Compliance Checklist.....	2
Definitions and Terms.....	3
Screening.....	3
Universal v. Focused Screening.....	3
Formal v. Informal Screening.....	3
Comparison to Existing Screening Practices.....	3
Recognition, Referral, and Response.....	4
Ethical and Legal Considerations.....	4
Consent.....	4
Privacy and Protected Information.....	4
Model District Template.....	6
Appendices.....	18
Appendix A: Acknowledgements.....	18
Appendix B: Additional Information and Resources.....	19
Appendix C: Evidence-Based Screening Tools.....	20
Appendix D: Training Opportunities for Staff.....	22
Appendix E: Sample Active Consent for Screening.....	23
Appendix F: Sample Passive Consent for Screening.....	24
Legal Notice.....	25

MODEL DISTRICT TEMPLATE

MODEL DISTRICT TEMPLATE	
1. Team-Driven Shared Leadership Section	
Requirements:	
<ul style="list-style-type: none"> Identify the district leadership team responsible for this plan Identify how to use expertise of staff trained in recognition, screening, and referral 	
Recommendations:	
<ul style="list-style-type: none"> The team responsible for this plan can be an existing group rather than creating a new team 	
Resources:	
<ul style="list-style-type: none"> National Center for School Mental Health (NCSMH) School Mental Health Quality Guide: Teaming 	
a. What district leadership team is responsible for adopting and leading this plan?	
<input type="checkbox"/> An existing team: <ul style="list-style-type: none"> <input type="checkbox"/> Crisis Response Team <input type="checkbox"/> ISF, MTSS, or PBIS Team <input type="checkbox"/> Restorative Practices Team <input type="checkbox"/> Section 504 Team <input type="checkbox"/> Special Education Team <input type="checkbox"/> Other: 	<input type="checkbox"/> A new multidisciplinary team: <ul style="list-style-type: none"> • [Name and/or Position] • [Name and/or Position] • [Name and/or Position] • [Name and/or Position] • [Name and/or Position]
b. What district departments must be involved in approving and implementing this plan?	
<input type="checkbox"/> Assessments and Testing <input type="checkbox"/> Behavioral Health/Mental Health Services <input type="checkbox"/> Business and Finance <input type="checkbox"/> Career and Technical Education <input type="checkbox"/> Communications <input type="checkbox"/> Discipline <input type="checkbox"/> Diversity, Equity, and Inclusion <input type="checkbox"/> Enrollment <input type="checkbox"/> Health Services and School Nurses <input type="checkbox"/> Human Resources <input type="checkbox"/> Information and Technology <input type="checkbox"/> Parent/Family Representatives	<input type="checkbox"/> Risk Management/Legal <input type="checkbox"/> School Administrators <input type="checkbox"/> School Counseling and Guidance <input type="checkbox"/> School Psychologists <input type="checkbox"/> School Safety and Security <input type="checkbox"/> School Social Workers <input type="checkbox"/> Student or Youth Representative <input type="checkbox"/> Special Education <input type="checkbox"/> Superintendent and Cabinet <input type="checkbox"/> Teachers Union <input type="checkbox"/> Other(s):
c. What is the district's capacity of Education Staff Associates (ESAs) with knowledge, experience, or training related to SEBMH screening, recognition, and response?	
Requirements:	

WHAT IS UNIVERSAL SCREENING?



WHAT IS UNIVERSAL SCREENING?

**Diagnostic
Prescriptive
Evaluative**

WHAT IS UNIVERSAL SCREENING?

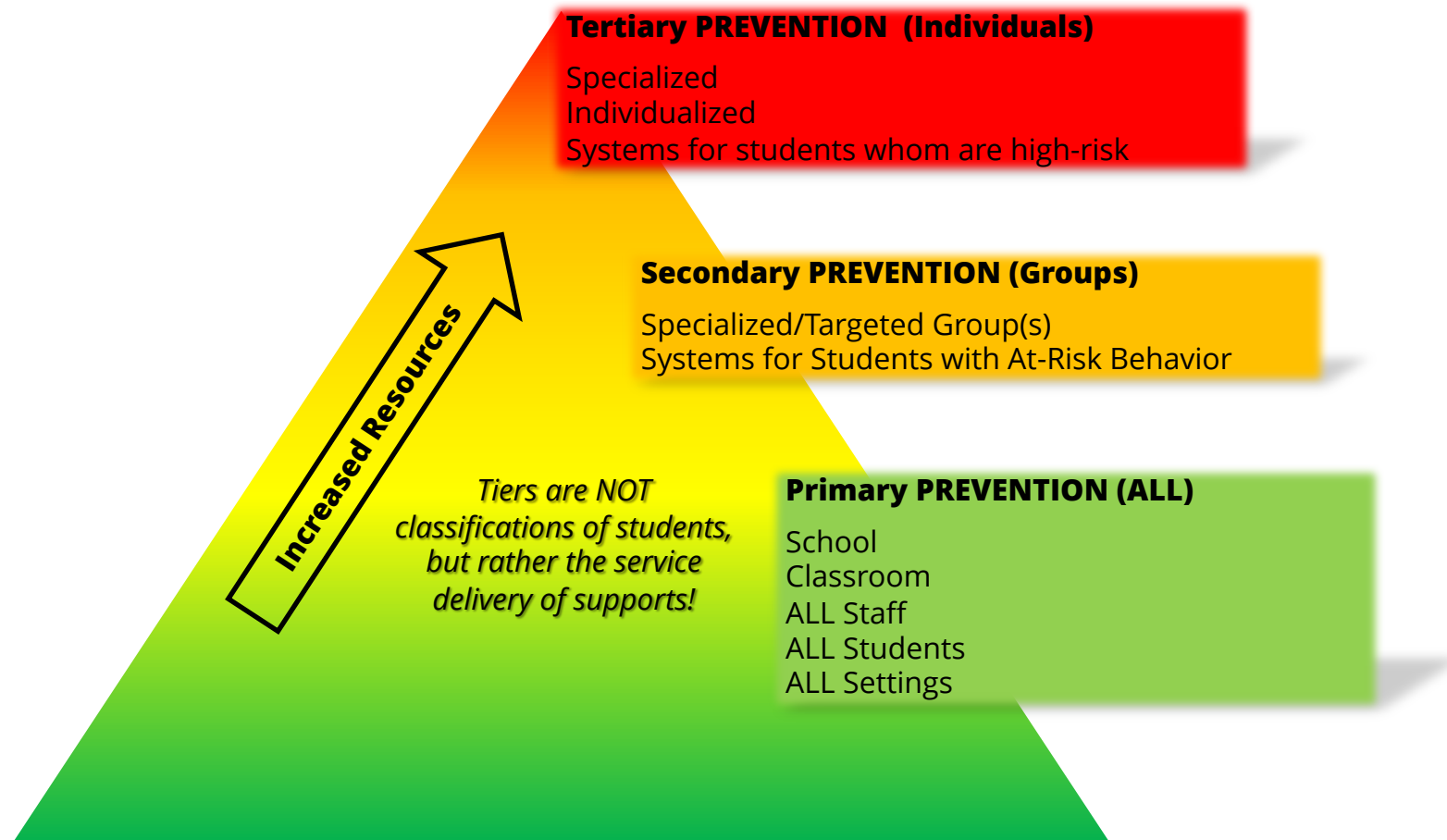
Systematic screening is a proactive procedure for detecting students who may require supports beyond primary (tier 1) prevention efforts at the earliest signs of concern. Systematic screening involves several key features (Lane & Walker, 2015):

- **Universal:** all students attending a school are screened
- **Repeated:** fall, winter, and spring each year
- **Proactive:** used to examine overall level of students' performance (e.g., internalizing and externalizing behaviors; by district, school, grade, and class levels) and inform decisions about appropriate supports for students with relevant secondary (Tier 2) and tertiary (Tier 3) needs
- **Psychometrically sound:** reliable and valid for the intended population

WHY SCREEN?

- Enhance comprehensive continuums of support
- Identify students' strengths and needs
- Improve access to and benefit from mental health services
- Make economically sound decisions
- Prevention and early intervention
- ...It's required by Washington state law.

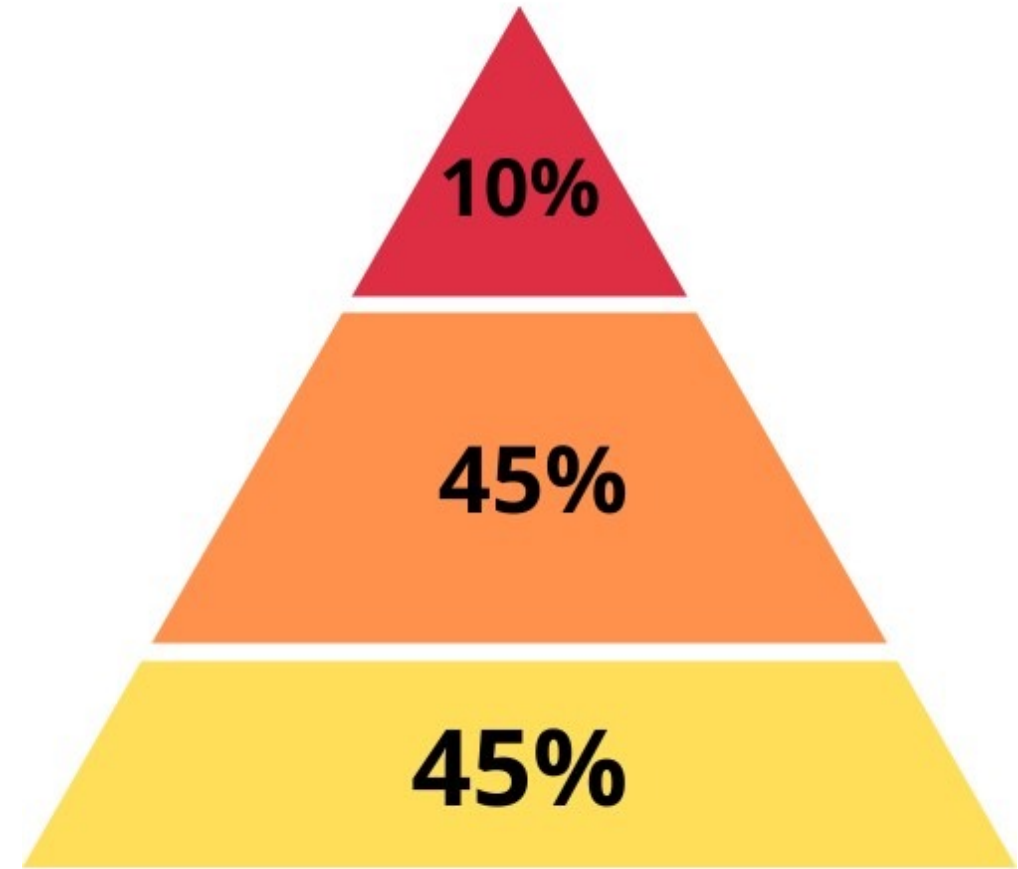
IT'S PART OF OUR COMPREHENSIVE SYSTEM!



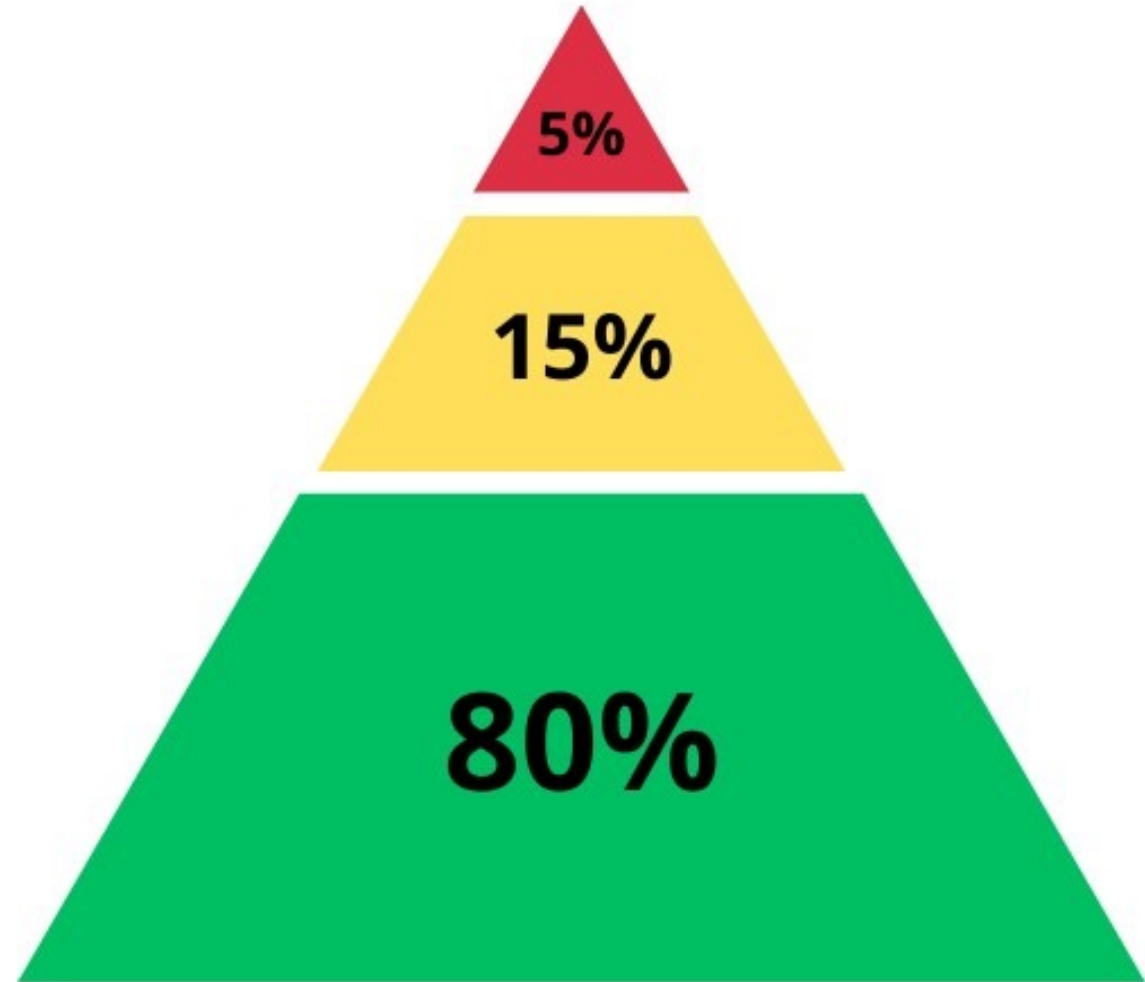
WHAT CAN WE LEARN FROM A UNIVERSAL SCREENER?

To what extent is
our Tier 1 supporting
all students?

WHAT CAN WE LEARN FROM A UNIVERSAL SCREENER?



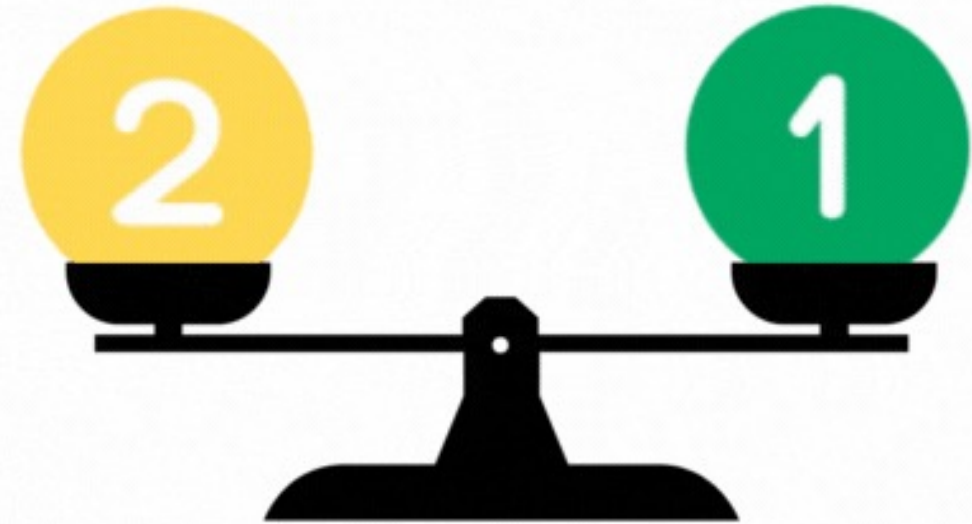
WHAT CAN WE LEARN FROM A UNIVERSAL SCREENER?



WHAT CAN WE LEARN FROM A UNIVERSAL SCREENER?

Early Identification & Prevention

Refine



WHAT DO WE SCREEN FOR?

Universal screening allows for the **early identification** of students who may need additional behavior support, including those exhibiting both **EXTERNALIZING & INTERNALIZING** patterns of problem behavior (Eklund et al., 2017; Kilgus & Eklund, 2016; Oakes et al., 2016).

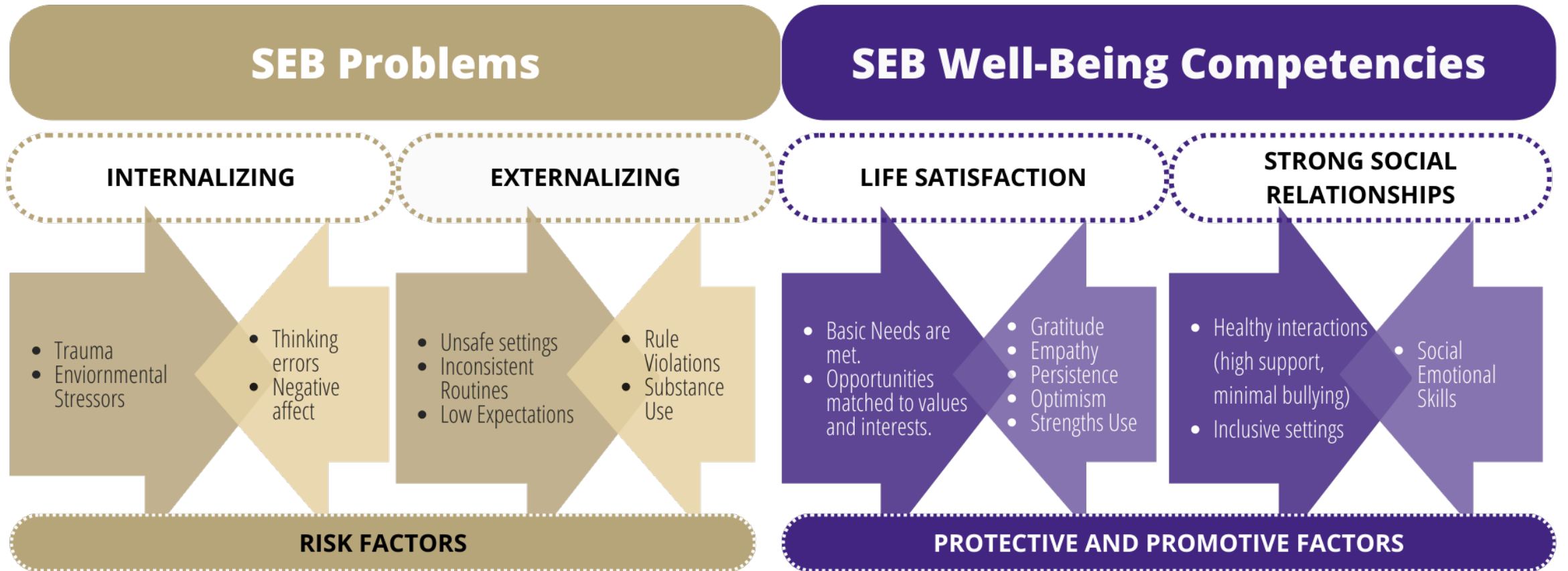
Internalizing & Externalizing are a broad classification of children's behaviors and disorders based on their reactions to stressors.

Externalizing behaviors and disorders are characterized primarily by actions in the external world, such as acting out, antisocial behavior, hostility, and aggression.

Internalizing behaviors and disorders are characterized primarily by processes within the self, such as anxiety, somatization, and depression.

-APA Dictionary of Psychology

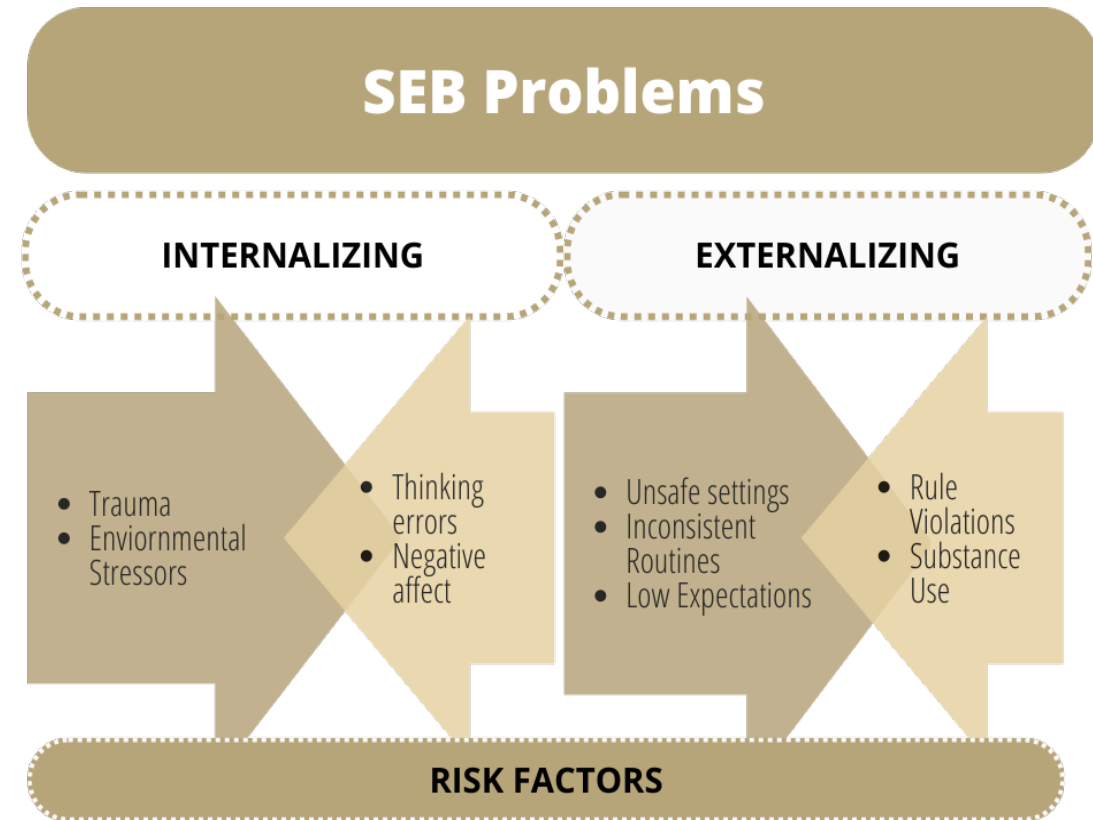
MENTAL HEALTH CONTINUUM



Example Intervention Targets for Promoting Complete Mental Health;
Adapted from Suldo & Romer, 2016.

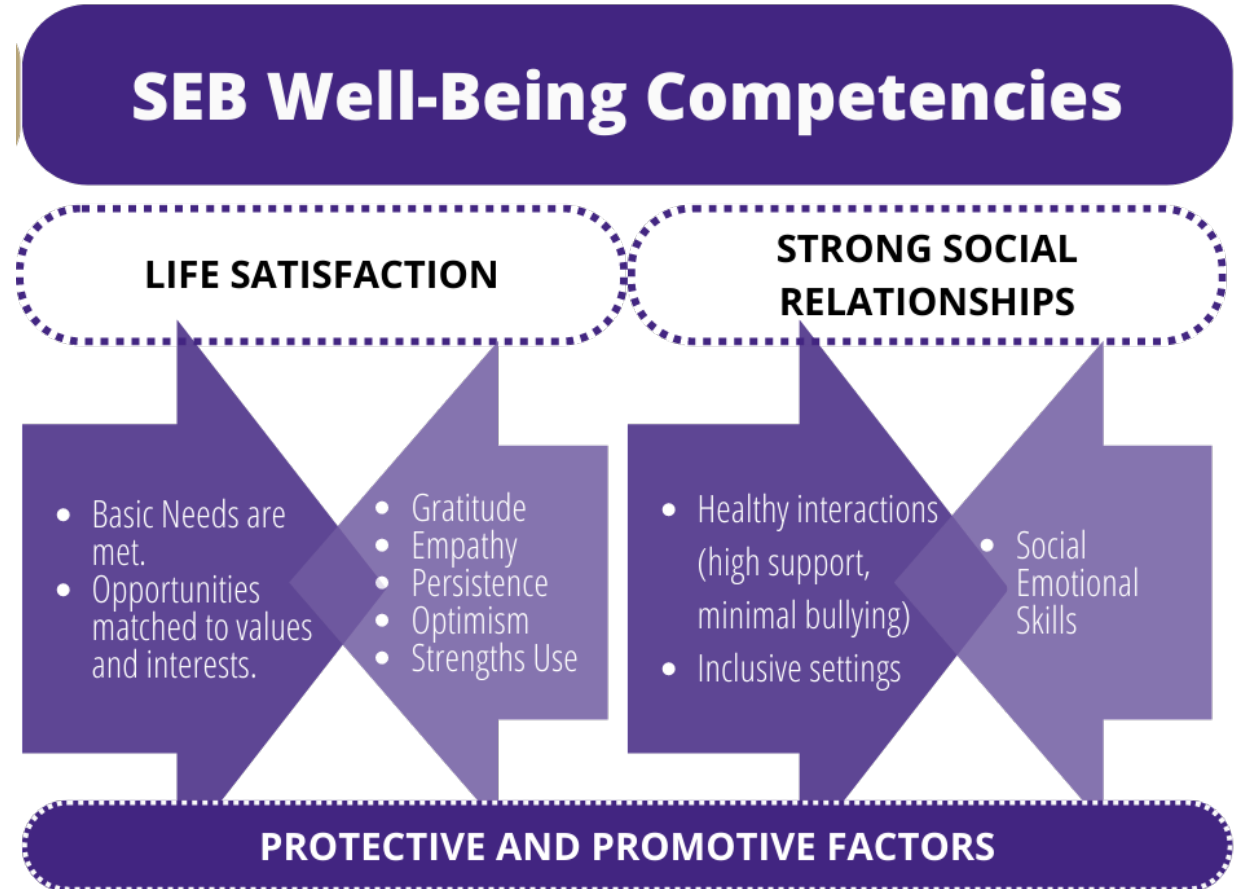
THE ABSENCE OF SEB PROBLEMS DOES NOT INFER:

- Wellness
- The presence of positive emotional states (e.G., Happiness)
- ...meaning it's not synonymous with complete mental health.
- **Screening for Risk Factors is important, but it's not the only thing we should be screening for because it only gives us the ability to identify students when a symptom has already occurred.**



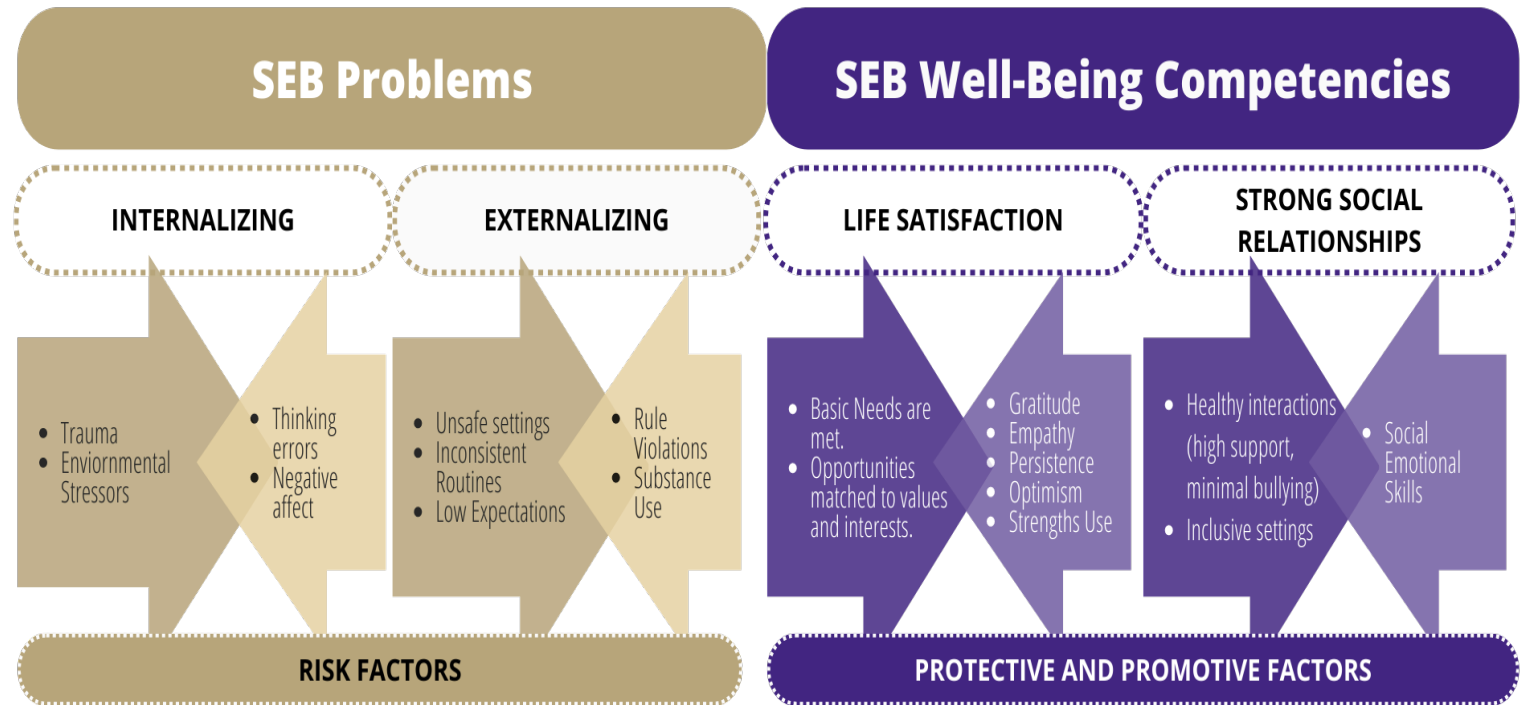
- PRESENCE OF WELL-BEING = **INCREASED OUTCOMES:**

- Academic attitudes
- Perceptions of overall physical health
- Social support and satisfaction with relationships
- Identity development



MENTAL HEALTH CONTINUUM CONCLUSIONS

- Screening for Risk Factors alone gives us a limited understanding of mental health (Greenspoon & Saklofske, 2001; Keyes, 2009).
- Dual-factor model can help us detect students who may need SEB supports but can also help us detect students before need of an intervention (Keyes, 2009).



WHO COMPLETES THE SCREENER?

**Diagnostic
Prescriptive
Evaluative**



KEY FEATURES

Systematic screening is a proactive procedure for detecting students who may require supports beyond primary (Tier 1) prevention efforts at the earliest signs of concern. Systematic screening involves several key features (Lane & Walker, 2015):

- **Universal:** ALL STUDENTS attending a school are screened
- **Repeated:** fall, winter, and spring each year
- **Proactive:** used to examine overall level of students' performance (e.g., internalizing and externalizing behaviors; by district, school, grade, and class levels) and inform decisions about appropriate supports for students with relevant secondary (Tier 2) and tertiary (Tier 3) needs
- **Psychometrically sound:** reliable and valid for the intended population

CRITICAL FEATURES

INCREASES THE LIKELIHOOD OF
PROMOTING POSITIVE OUTCOMES



INCREASES THE LIKELIHOOD OF
HARM/ NEGATIVE IMPACT



CRITICAL FEATURES

INCREASES THE LIKELIHOOD OF PROMOTING POSITIVE OUTCOMES

Supported and informed by youth and family (MULTI-INFORMANT)

Monitors the continuum of SEB well-being (DUAL-FACTOR)

Used to inform continuous problem-solving across the continuum of supports (e.g., tier 1 system, instructional supports, etc.)

Used to identify student who may benefit from early SEB interventions supports

INCREASES THE LIKELIHOOD OF HARM/ NEGATIVE IMPACT

Selecting a tool that screens for a specific diagnosis (or using for diagnostic purposes)

Assessing for suicide/self-harm by adding a single-item

Uses teacher, student, or parent nomination in isolation

Uses for high-stakes decision-making (i.e. referrals, report cards, etc.)

KEY FEATURES OF UNIVERSAL SEBMH SCREENING

EXAMPLES

Increase the likelihood of SEBMH screening impacting **POSITIVE** outcomes

- Monitors SEB health (i.e., high levels of SEB well being and low levels of SEB problems)
- Supported and informed by youth and family
- Used in conjunction with other student data to increase accuracy of decisions
- Assumes a clearly defined population such as all students within a school
- Aligned with universal programming to meet the needs of all students within the defined population
- Informs continuous problem solving (i.e., problem identification, analysis, intervention planning and evaluation) for improved SEB outcomes across continuum of supports
- Identifies students who may benefit from early SEB intervention
- Uses instruments that are psychometrically defensible and tested with populations similar to the school population
- Examines SEB constructs aligned with the vision, mission, and priorities of school mental health programming
- Individuals with mental health expertise (i.e., assessment, intervention, and relevant ethical and legal considerations) inform the SEB screening implementation and intervention decision-making processes
- Ongoing consultation with legal and data system administrators to ensure compliance with legal mandates and policies
- Data systems and follow-up procedures established and communicated prior to collecting SEB screening data

NON-EXAMPLES



Increase the likelihood of SEB screening resulting in **NEGATIVE IMPACT** or **CAUSING HARM**

- Screens for symptoms of a specific diagnosis or use of assessments developed for diagnostic purposes
- Assesses for suicide or self-harm only using single item
- Purpose is not well defined and/or communicated to youth, families, staff, and other stakeholders
- Conducted using selected items or measures without sufficient evidence
- Data collected only for some students but not others
- Limited or no follow-up following data collection
- Used to make high-stakes (e.g., change in placement) or diagnostic decisions
- Uses teacher, parent, or student nomination data in isolation
- Review of academic and behavioral data only
- Parents and youth are not well informed; appropriate consent and assent is not obtained
- Mandated rather than selected based on the strengths and needs of the population and matched to the priorities and vision of the school community

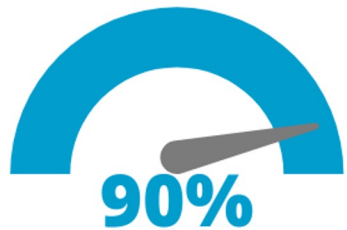
Tacoma School District

28,455

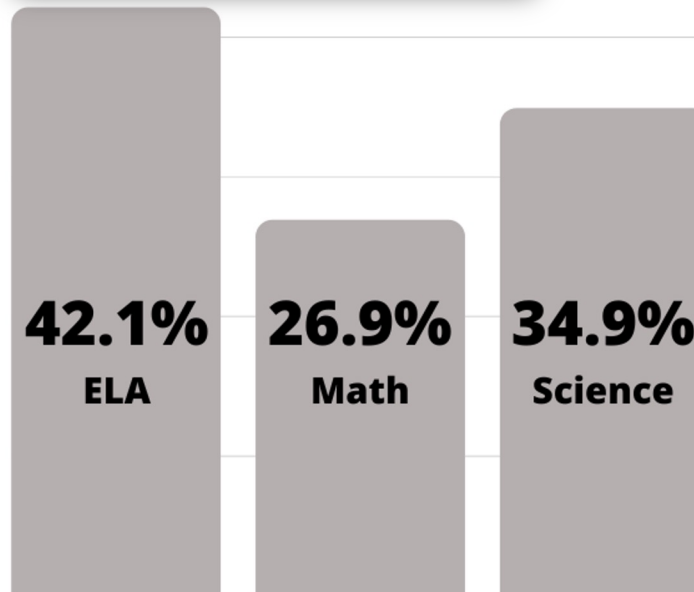
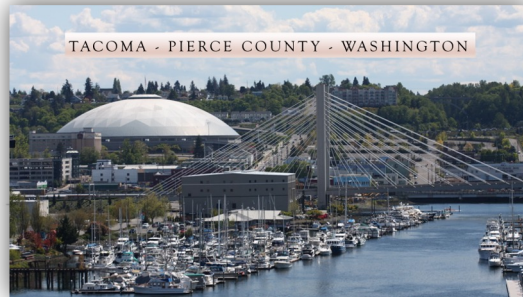
Students

1,744

**Classroom
Teachers**



Grad Rate



3.6%

of students excluded



64.9%

students of color



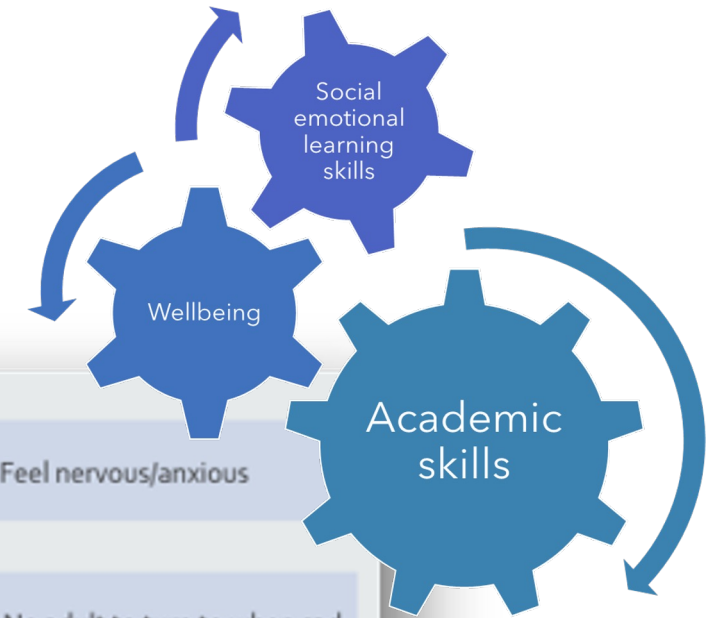
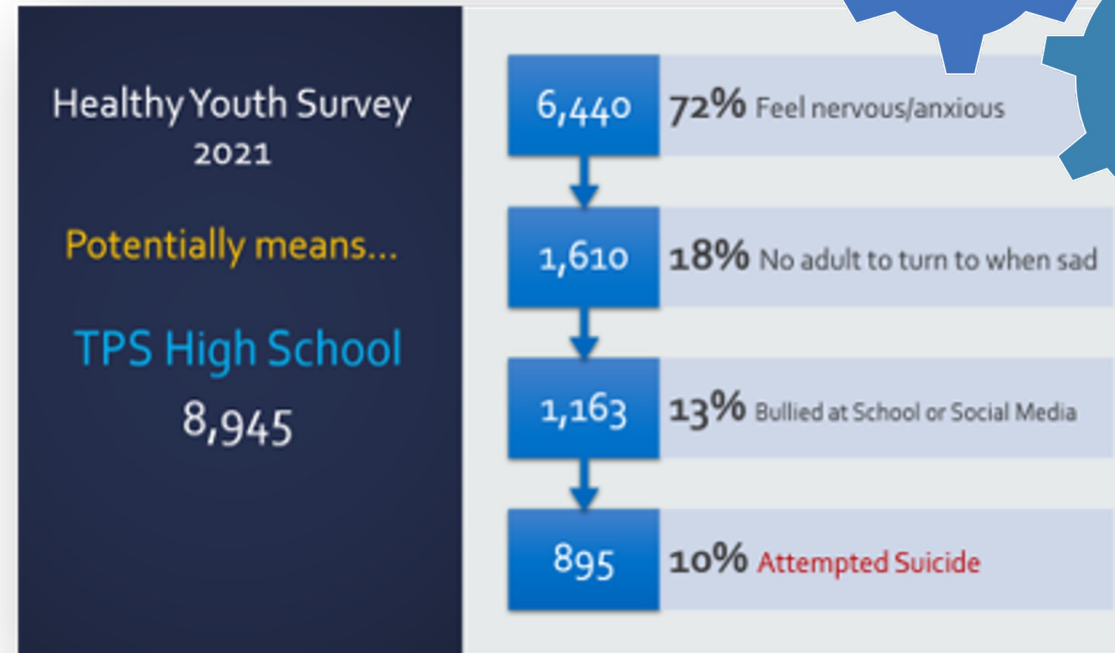
44.1%

low-income

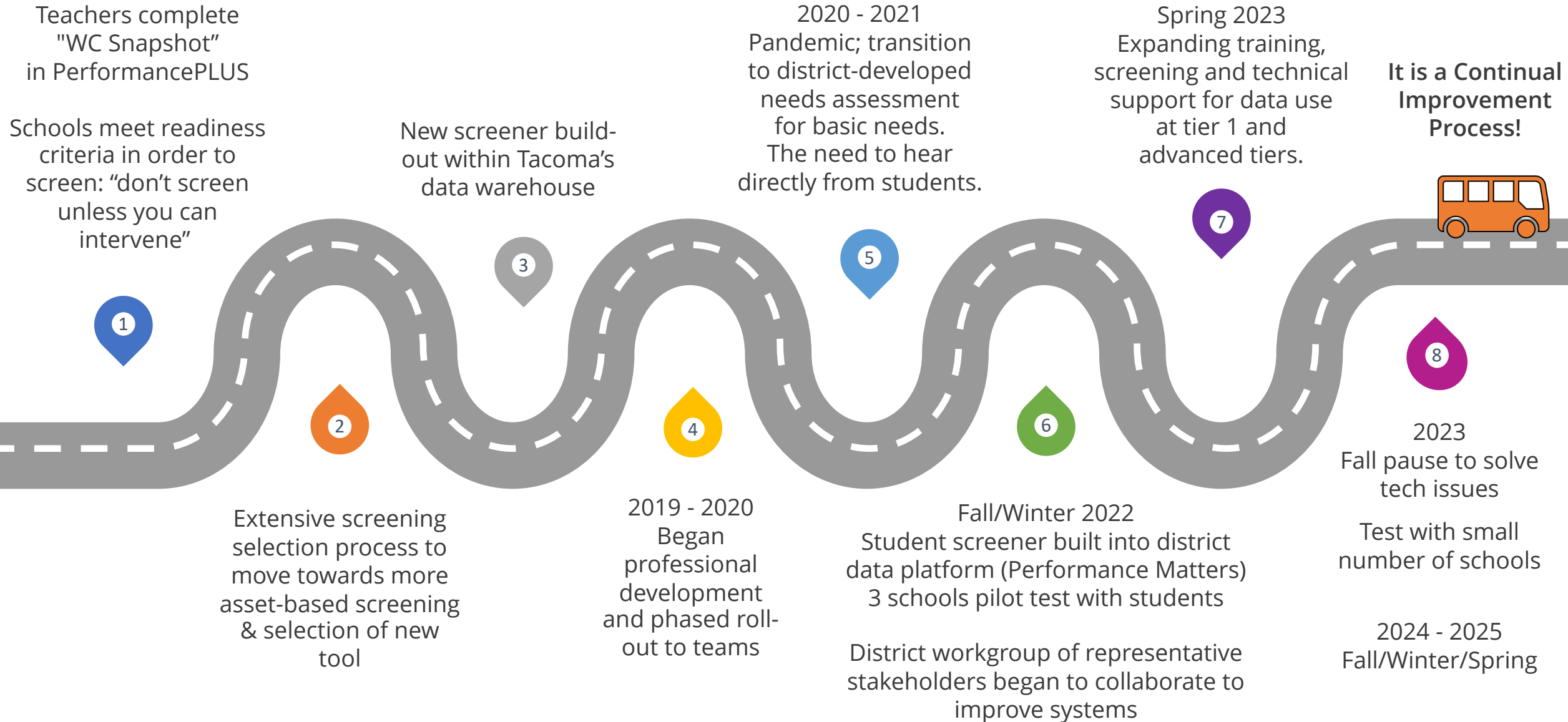


WHY WE SCREEN:

- **Concerns around student well-being:** we are morally obligated to intervene earlier
- **Define school success with multiple metrics:** not just academic success, mutually supportive



THE JOURNEY OF UNIVERSAL SCREENING IN TACOMA

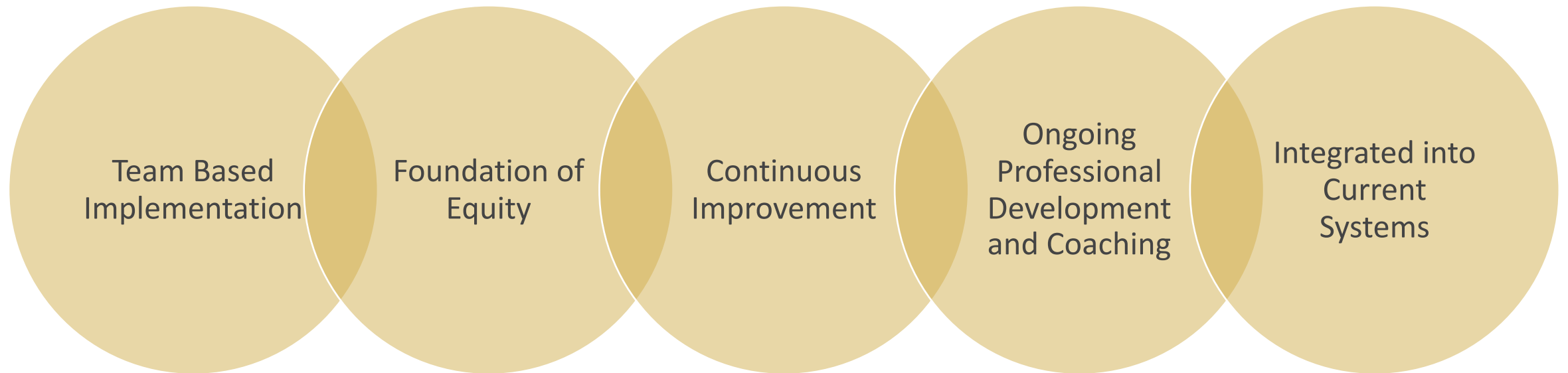


THE JOURNEY OF UNIVERSAL SCREENING IN TACOMA

Experiences Growth:

- From adult perceptions to student report
- From “identifying students” to assessing tier 1 supports and identify needed adjustments to improvement overall wellness
- To gain understanding and consistency across the district

Consistent Throughout Our Journey:



OUR CONSIDERATIONS WHEN SELECTING A SCREENER:

- Cost
- Scoring and reporting
- Student perspective
- Ability to easily look at alongside other data
 - Built into our current systems

SYSTEMS & PRACTICES: CONTINUOUS IMPROVEMENT AND COLLABORATION

- **District workgroup:**
 - Partners from University of Washington, Tacoma
 - School psychologist
 - Counselors
 - Teachers
 - Assessment team
 - DART (data analytics and research team)
- Selection, systems, review data, feedback
- Support for teams and teachers: facilitation guide, follow up activities, videos, tech support
- Learning: equity by design article



[Image description: Masculine-presenting elementary student of Color in a six-photo collage, with six different facial expressions.]



Equity by Design: Equity-Oriented Social, Emotional, and Behavioral Screening

Faith G. Miller
Emma Murphy
Amanda L. Sullivan

EQUITY BY DESIGN KEY TAKE AWAYS

Identify the
focus of screening
efforts

Adopt a
comprehensive
and integrated
approach

Remember
language matters

Ensure
appropriate use

Consider
contextual
appropriateness

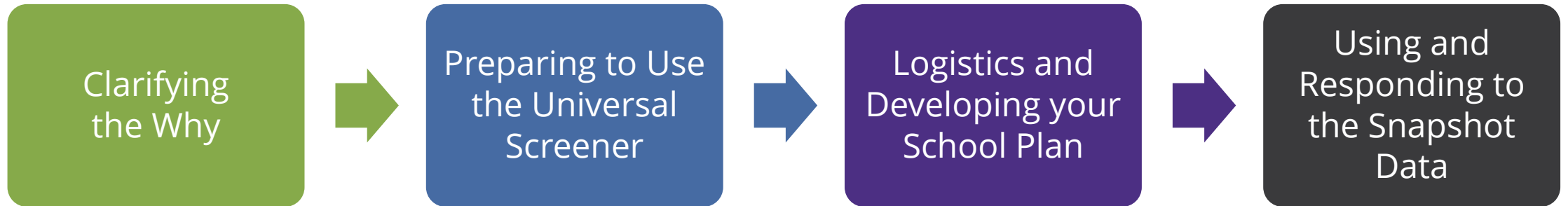
Understand
limitations

Leverage
collaboration

PREPARING TO SCREEN DISTRICT-WIDE SYSTEMS AND PRACTICES:

- **District Supports:**
 - District calendar with windows, and professional learning
 - Technical support/coaching
 - Communication: examples for staff/families/students, website, videos
 - Opt-out form
 - Facilitation/proctor guide with follow up activities
 - Gather ongoing feedback
- **Piloting and schools-opt in**
 - Intentionally started small to be able to make adjustments
 - Each school is in one of the implementation stages
- **Professional Development**
 - Why/awareness, how/build capacity, logistics, data reports, using data,
 - Paired with coaching

UNIVERSAL SCREENING VIDEO SERIES AND RESOURCES



Why Video

Why PowerPoint Template

Preparing Video

Preparing PowerPoint to use with your team

Tier 1 and Tier 2 Intervention Inventory Worksheet

Planning Logistics Video

Planning and Logistics PowerPoint

Team Planning Checklist

Data Protocol Video

Using Data PowerPoint

How to Pull Data Reports

Data Protocol and Note Catcher

UNDERSTANDING THE DIFFERENT WHOLE CHILD DATA POINTS:

SEL Survey

Has been used for SEL CAP

Measures
SEL competencies

Strengths based

Inform adult practice/
guide SEL instruction

Universal Screening

Used for Tier 1 wellness and
Tier 2 needs identification

Validated and reliable
measure

Includes both absence of
problems and presence of
skills

Other Data

Discipline

Attendance

Grades

Referrals/Requests for Assistance

Climate Survey

See Whole Child 5 W Document for more.

[Resource: Understanding the Differences: SEL Competence Assessment and Social, Emotional and Behavioral \(SEB\) Assessment - FINAL 8/16/21 \(wi.gov\)](#)



SMART
School Mental Health Assessment
Research & Training Center



PREPARING TO USE THE UNIVERSAL SCREENER

Logistics to Screen

School checklist

- Steps for your school to take
 - Decisions: when, who, how
 - Collaboration
 - Communication: Duplicate Opt Out Form (email mail point of contact)
 - Teacher directions and proctor guide

Reflection and Strengthening Current Practices/Systems

1. Inventory of current Tier 1 practices
2. Tier 2 Intervention Inventory

Connection to 3 subscales:

- Social
- Academic Behavior/Engagement
- Emotional

EXAMINING CURRENT PRACTICES: TIER 1

Guiding Question 1: What do you already do to help support these subscale areas at the Tier 1 level?

(Consider schoolwide and classroom)

Social Behavior Domain	Academic Behavior Domain	Emotional Behavior Domain

EXAMINING CURRENT PRACTICES: TIER 2

KEY POINTS:

- Entrance criteria
- Total capacity – compare to total number expected to need tier 2 supports

Tier 2 Intervention Inventory									
						School _____	Date _____		
Intervention Inventory									
<p>Tier 2 (targeted) interventions: are implemented for students who have not responded to universal interventions. A Tier 2 intervention is intended to efficiently serve multiple students at one time. Tier 2 interventions should also be readily available for student participation quickly after referral (<7 days). While matching Tier 2 interventions to student needs is important, Tier 2 interventions should not require a significant amount of individualized assessment or intervention planning. A coordinator with the adequate time and resources to manage student referrals to the intervention and coordinate implementation is necessary, as is a data system for evaluation of student progress and efficacy of the intervention.</p> <p>Using this form for Tier 2 Interventions:</p> <p>(1) List your current interventions with as much detail as you have</p> <p>(2) SAEBRS domains: list possible connection to domains Social Behavior, Academic Behavior, Emotional Behavior if known</p>									
Tier II Intervention	SAEBRS Domains: Social, Academic, or Emotional	Capacity (# of students)	Who coordinates intervention?	Describe students who would be good fit for intervention	What data is used to evaluate student outcomes? (progress monitor)	Enrollment/ entrance criteria (specify data)	Exit criteria and fade plan	Current Fidelity	



SUPPORTS AVAILABLE DURING SCREENING

During Screening Windows

- Tech support available
- Facilitation PowerPoint for teachers to use with students includes:



Why We Screen Video

Confidentiality and Consent

Instructions and Navigation Tips

Follow Up Activities (calming and energizing)

Opportunity to Provide Feedback

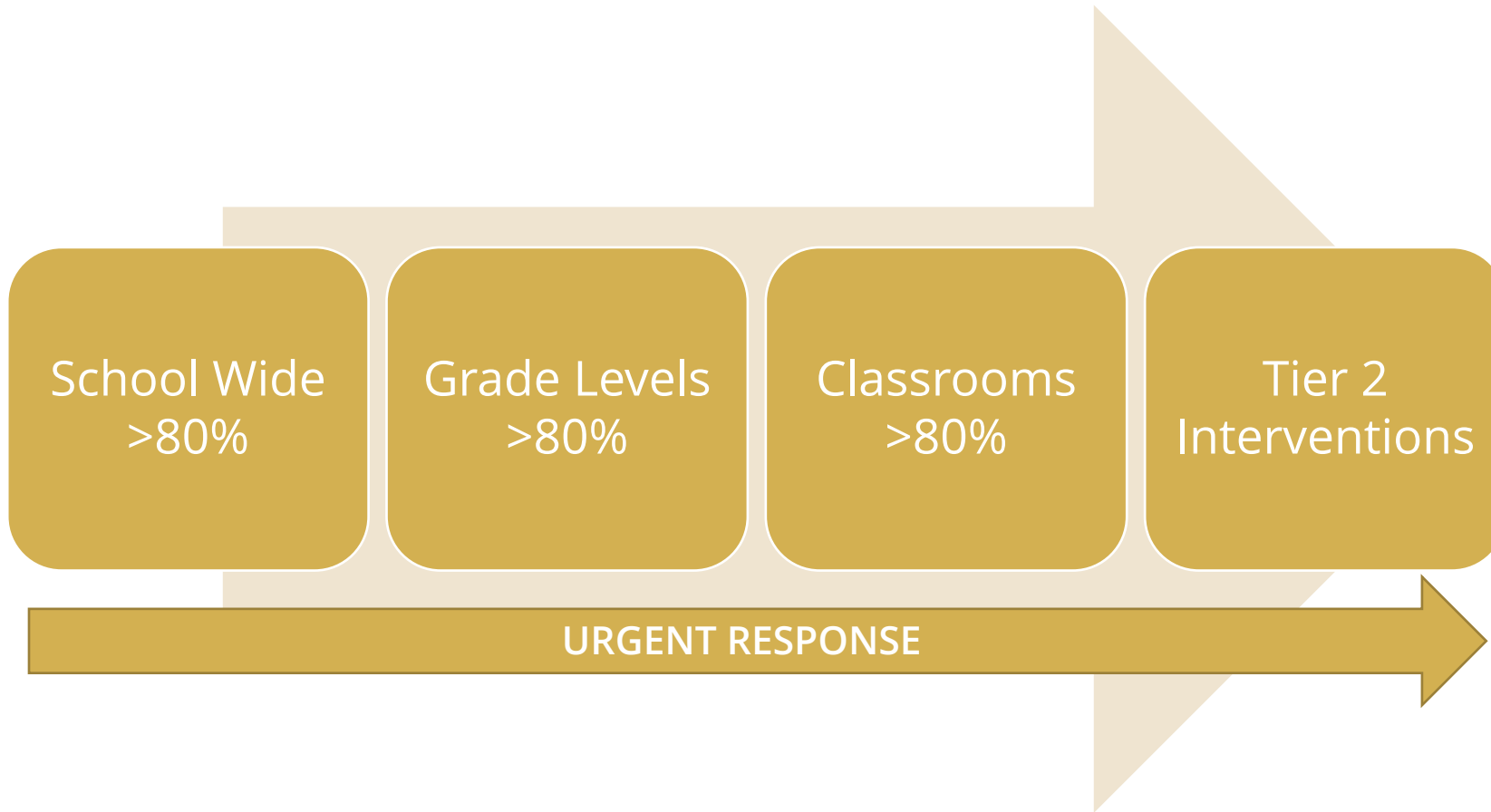
FOLLOWING SCREENING

- Additional professional development and coaching
- Triangulated with other data
- Feedback collecting using forms
- Determine supports for system or students

DATA PROTOCOL STEP 1:

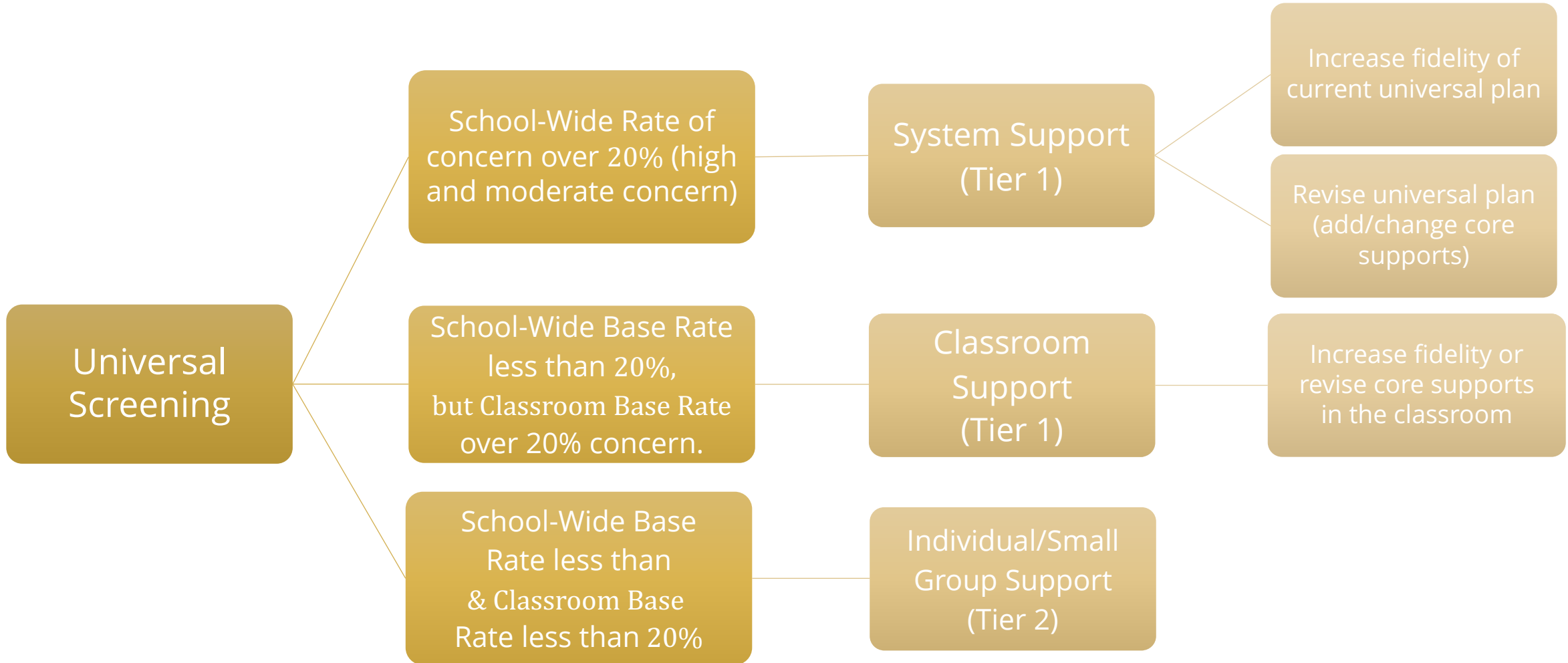
Do we need to support the system or the student?

(Determine the level at which to implement the intervention)



DATA PROTOCOL STEP 1: Do we need to support the system or the student?

(Determine the level at which to implement the intervention)



SYSTEMS & PRACTICES: PAUSE PROTOCOL

EQUITY DECISION PROTOCOL

Pause: Take a moment to think through your decision.

Ask: Is this decision we are about to make anti-racist?

Understand: What will be the impact of this decision on oppressed communities? What **historical context** needs to be considered?

Seek: Who is “at the table” making this decision? Who is missing? **Pause** and take some time to seek and center missing perspectives.

Equity Lens: Is the decision we are making focused on what is fair or what is just?

The
Antiracist
PAUSE

Personal
Proactive
Proposed

CHALLENGES/BARRIERS

Technical Concerns

Built into district assessment platform

Trauma Informed

Worked to build understanding around SEB universal screening vs. screening for trauma

Legal Concerns

Consulted with legal team-type of questions
Voluntary is key- no required questions
Informed passive consent

Overwhelm

Use data to determine level of intervention
(Tier 1 school, grade, or class level)

KEY LEARNINGS



KEY TAKE-AWAYS

Go slow to go far – systems change does not happen overnight.

Focus on continuous improvement.

Universal screening is best practice – reliable, efficient, effective.

We can always intervene – Tier 1 & Tier 2.

Q&A



YOUR FEEDBACK IS IMPORTANT

EVAL LINK | <https://ttc-gpra.org/P?s=313830>

Certificates of attendance and Washington in-service forms can be accessed after completing the evaluation.

2024
SPEAKER
SERIES



HOSTED BY NORTHWEST MHTTC
CO-SPONSORED BY UW SMART CENTER

FOSTERING BELONGING IN STAFF RECRUITMENT AND RETENTION



VIRTUAL LEARNING | WEDNESDAY, JANUARY 17, 2024

10AM - 11:15AM AKT ▶ 11AM - 12:15PM PT ▶ 12PM - 1:15PM MT

NIKOLE Y. HOLLINS-SIMS, Ed.D.

EDUCATIONAL STRATEGIST/CONSULTANT

HOLLINS-SIMS CONSULTATION

2024
SPEAKER
SERIES



HOSTED BY NORTHWEST MHTTC
CO-SPONSORED BY UW SMART CENTER

BECOMING – THE JOURNEY OF A CHANGE AGENT



VIRTUAL LEARNING | THURSDAY, FEBRUARY 8, 2024

10AM - 11:15AM AKT ▶ 11AM - 12:15PM PT ▶ 12PM - 1:15PM MT

NIKOLE Y. HOLLINS-SIMS, Ed.D.

EDUCATIONAL STRATEGIST/CONSULTANT

HOLLINS-SIMS CONSULTATION

Free Online Courses on Health-e-Knowledge!

The MHTTC Network has developed online courses currently available through [Healthknowledge.org](https://www.healthknowledge.org)

HealthKnowledge.org offers high-quality, on-demand or instructor-led courses that are open to the public. Courses are **free** for a certificate of completion, and [yearly membership options](#) are available for purchase to gain access to other HealthKnowledge resources and earn unlimited CE credits.

The goals of our free online courses are to:

- Expedite the adoption and implementation of evidence-based practices for mental health prevention, treatment, and recovery services
- Increase awareness, knowledge, and skills of the mental health workforce
- Provide free, accessible training and technical assistance



MARI MEADOR

Implementation Coach
mmeador1@uw.edu

RAYANN SILVA

Training & Technical Assistance Coordinator
rsilva83@uw.edu

KRISTI GREENAWAY CIRIGNANO

District Coordinator
kgreen3@tacoma.k12.wa.us

DISCLAIMER

- This presentation was prepared for the Northwest Mental Health Technology Transfer Center under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA).
- All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Northwest MHTTC. This presentation will be recorded and posted on our website.
- At the time of this presentation, Miriam Delphin-Rittmon served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.
- This work is supported by grant SM 081721 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

CONNECT WITH US | NWMHTTC
VIA OUR WEBSITE, EMAIL OR SOCIAL



<https://bit.ly/NWSMH>



nwsmh@uw.edu



<https://bit.ly/NWSMHsignup>



[@Northwestmhttc](https://www.facebook.com/Northwestmhttc)



[@NorthwestMHTTC](https://twitter.com/NorthwestMHTTC)



CONNECT WITH US | UW SMART CENTER
VIA OUR WEBSITE, EMAIL OR SOCIAL



uwsmart@uw.edu



<https://smartcenter.uw.edu/>



[@SMARTCtr](https://twitter.com/SMARTCtr)

