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Analysis of State-Level Guidance Regarding School-Based, Universal Screening for Social, Emotional, and Behavioral Risk

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Abstract

Despite recommendations to extend prevention and early intervention related to behavioral health into school settings, limited research has been directed toward understanding how these recommendations have been translated by states into education policies and initiatives. This macro-level information is important toward understanding the priorities that have influence on the processes and practices occurring in local school settings. The current paper describes the findings of a systematic review of state-level websites to identify the extent to which state departments of education have provided specific guidance with regard to the who, what, where, when, and why of universal social, emotional, and/or behavioral screening practices. Although most state websites were found to include some mention of universal screening, in nearly half of cases this was either limited to a brief definition or the information provided was not necessarily specific to social, emotional, and/or behavioral domains. For those state-produced documents which did reference universal screening for social, emotional, and/or behavioral risk, those documents were found to be largely informational in nature (e.g., describing what universal screening is, how it might be conducted) as opposed to providing specific recommendations or mandates for implementation. Furthermore, documents varied widely with regard to the level of specificity provided, from those briefly mentioning universal screening as an essential component of MTSS to those specifically describing how universal screening for social, emotional, and/or behavioral risk may be conducted. Implications of these findings for future research, policy, and practice are discussed.

Keywords: social, emotional, and behavior screening; universal screening; K12 education policies; school-based behavior assessment

Analysis of State-Level Guidance Regarding School-Based, Universal Screening for Social, Emotional, and Behavioral Risk

Population-based surveys have repeatedly found that only one in five young people with diagnosable mental health disorders actually obtain mental health services (Burns et al., 1995; Centers for Disease Control, 2004; U.S. Department of Health and Human Services, 1999), and several different explanations have been put forth in an attempt to explain this gap between the mental health need of children and adolescents and actual service utilization. For one, young people are typically dependent on the adults in their lives to identify mental health concerns and seek out appropriate services (Wu et al., 1999). As such, adults' beliefs regarding mental health disorders (e.g., whether problems are acknowledged) and attitudes toward seeking care (e.g., whether mental health care is perceived as stigmatizing) can either help or hinder access to service (Owens et al., 2002). In addition, families have reported several logistical barriers to mental health care including long waiting lists, lack of insurance coverage, and the need for transportation (Owens et al., 2002). Both researchers and policymakers have argued that one way in which to overcome some of the potential barriers that exist to accessing mental health care in community settings is through the provision of mental health services in school settings (Garrison, Roy, & Azar, 1999; New Freedom Commission on Mental Health, 2003). In addition to the fact that providing care in a familiar setting can help to reduce the perceived stigma of receiving mental health services, bringing services into schools can also help to reduce structural barriers such as lack of insurance coverage, financial burdens, or travel difficulties (Masia-Warner, Nangle, & Hansen, 2006; Owens et al., 2002). Likely given these advantages, population-based surveys have found that schools serve as a primary site for providing mental

health services, delivering between 60 and 80% of psychosocial services to those children who receive them (Burns et al., 1995; Farmer, Burns, Phillips, Angold, & Costello, 2003).

Despite the fact that the U.S. Surgeon General identified schools as being one of the primary "portals of entry" (U.S. Department of Health and Human Services, 1999, p. 23) into the mental health care system, problems with access to care remain. Schools have been recognized as an ideal setting for detecting social, emotional, and behavioral (SEB) problems given their widespread access to the majority of youth (Levitt, Saka, Romanelli, & Hoagwood, 2007); however, the current operational paradigm in most educational settings has largely been "wait to act" until a disorder is well established and has already done considerable harm (National Academies, 2009). This is because the primary avenue by which students continue to be identified for supports and services involves teacher referral and nomination for further evaluation (Stiffler & Dever, 2015). Unfortunately, whereas the majority of academic referrals occur in grades 2 and 3, the referral peak for SEB problems does not occur until students are entering high school (Walker, Nishioka, Zeller, Severson, & Feil, 2000). Although many potential explanations have been put forth to understand why this may be so (e.g., lack of teacher knowledge, variability in teachers' thresholds for problem behavior; Lane, Oakes, & Menzies, 2010), the unfortunate reality is that schools are likely missing a critical period for early intervention for many students by employing such a reactive approach.

One potential remedy to existing challenges associated with proactively identifying and preventing SEB disorders is the implementation of school-based screening. Screening assessments are conducted with the majority of students in a population in order to identify those who may be demonstrating—or at-risk for demonstrating—significant problems. As such, every student is provided equal opportunity to be identified based on risk factors and established

markers for SEB disorders. Numerous professional organizations have endorsed the practice of SEB screening in schools, including the President's Commission on Excellent in Special Education (see U.S. Office of Special Education Programs, U.S. Department of Education), the New Freedom Commission on Mental Health (2003), the National Research Council (2002), and the U.S. Public Health Service (2000). Additionally, legislation, such as the No Child Left Behind Act of 2001 (NCLB), has supported the practice, and the Individuals with Disabilities Education Act (2004) authorizes the use of up to 15% of special education funds for early screening, intervention, and prevention to reduce referrals to special education.

Despite the potential benefits of conducting SEB screening in schools, however, preliminary data suggest that it is simply not occurring. In 2004, the Annenberg Public Policy Center commissioned a survey study of roughly 1,400 mental health professionals working in secondary school settings. Respondents were interviewed regarding perceived effectiveness of their mental health programs, their roles in mental health service delivery, and perceived obstacles to providing adolescents with mental health care. With regard to procedures for identifying and treating at-risk students, results suggested that whereas the majority of schools (66%) had a defined process for referring those students demonstrating clear signs of potential risk, far fewer (37%) had a defined process for identifying these students. Of further concern were findings that only 2% of schools reported conducting universal screening of all students, whereas 26% of schools reported conducting no screening at all (Romer & McIntosh, 2005).

More recently, Bruhn, Woods-Groves, and Huddle (2014) conducted an electronic survey in order to better understand both the prevalence of, and procedures utilized within, SEB screening in K-12 U.S. schools. Of the roughly 300 district-level administrators who responded, only 57 reported conducting universal SEB screening within their buildings, with those schools

implementing Positive Behavioral Interventions and Supports models more likely to report use. Most (64.9%) of these respondents indicated that the decision to conduct SEB screening was made at the district level, and that screening procedures were typically carried out once (38.6%) or twice (22.8%) per year. These findings must be considered tentatively, however, given the low response rate (~2%) from a primarily White (91%) and rural (67%) sample.

Some research to date has explored the limited usage of school-based SEB screening despite the endorsement of professional organizations and the support of legislation. Recent work on the prevention of mental, emotional and behavioral disorders by the National Research Council and the Institute of Medicine (2009) reviewed the contextual challenges to school-based SEB screening. Five main obstacles to screening implementation were identified, as follows: (a) teachers' concerns that their input will be reduced, (b) additional work involved, (c) potential stigmatization of identified students, (d) questions about the validity of discrepant rates of disorders related to gender, race/ethnicity, and economic status, and (e) parental concerns about labeling and consent. Additional barriers specifically related to universal screening include cost reimbursement, availability of trained and qualified staff, and the capacity to provide follow-up services to identified students. Furthermore, in the aforementioned survey of school-based personnel, Bruhn and colleagues (2014) asked those respondents who reported no use of universal screening practices to reflect on the reasons why screening was not conducted. Of those respondents indicating that screening was not implemented, the most common reasons included that they were unaware that screening existed, there was insufficient money in the budget, and the school did not have access to appropriate measures.

Although legitimate philosophical and logistical concerns may influence whether universal screening is conducted, at the same time, Carnine (1997) suggested that major

educational decision making is also influenced by groups such as the researchers who develop new innovations or the professional organizations that endorse particular practices (e.g., National Education Association). Ultimately, however, governmental agencies are the ones that arguably have the greatest influence on school-based operations. In addition to providing general guidance to schools regarding best practices, agencies such as state departments of education are also charged with producing regulations that more directly dictate what should be implemented at the local level (Carnine, 1997). Understanding the degree to which regulation producers (e.g., state departments of education) provide explicit guidance or mandates to school personnel may therefore further explain the current status of SEB screening implementation.

Thus, the goal of this study was to gain a national understanding of state-level policy regarding school-based universal screening to identify those students at-risk for SEB problems. To achieve this goal, we conducted a systematic review of state-level websites to identify the extent to which state departments of education have provided specific guidance regarding the who, what, where, when, and why of universal SEB screening practices.

Method

Procedures

Data for the current study were obtained from a larger systematic review focused on examining whether state-level mission statements, policies, and recommendations address student SEB outcomes, and include specific reference to both assessment and curricular practices. Within the larger review, a mission statement was defined as a document that stated the vision and overarching goals of the State Department of Education or an entity, initiative, or other process located within the State Department of Education. A policy document was defined as a document that specified the procedural requirements, actions, or rules that must be met by

schools, educational professionals, teams, or other educational bodies managed by the state. Key words in policy documents included *must, required to, shall,* and *will*. A recommendation document was defined as a document that explained suggested practices or tools for the implementation of programs, curricula, assessments, or frameworks. As such, key words in recommendation documents included *it is recommended that, should,* and *ought to.* Finally, an informational document was defined as document that outlined the procedures, actions, or tools needed for the implementation of programs, curricula, assessments, or frameworks without providing explicit mandates or recommendations for practice. Keywords in informational documents therefore included *could, may,* and *might.*

Search procedures. Potential documents for inclusion within the larger review were identified through a two-step process. The first step entailed having two researchers (post-doctoral and doctoral students in school psychology) perform a web search of the State Department of Education website for each U.S. state and the District of Columbia. Specifically, a Google search was conducted within the website using the following key terms: "mission statement" OR "vision statement" OR "goal statement" OR policy OR standard OR curriculum OR RFP OR grant OR guideline OR assessment OR screening OR social OR emotional OR behavior OR mental -"social security." For each set of results, the links and brief excerpts were first reviewed to determine their potential relevance to the study. Potentially relevant documents were broadly considered to be those that made reference to student social, emotional and behavioral health including related terms such as trauma, mental health, depression, suicide, social skills, well-being, autism, resilience, self-esteem, and conduct problems. If the excerpt suggested potential relevance to the study purpose, the full website/document was reviewed next. The second step involved identifying any tiered supports website produced by the state by

conducting a Google search using the state's name and the terms "response to intervention/RTI," "multi-tiered system*/MTSS," and "positive behavioral intervention*/PBIS." Beginning from the main menu of the website, researchers explored each first- and sub-level menu option, and clicked on any website or document that had potential relevance to the study, as defined above. Researchers determined whether documents from the tiered supports websites referred to academic supports, SEB supports, or both. When exploring both the state department and tiered supports websites, each search was restricted to identify only those documents produced between 2005 and 2015. In order to ensure that the search was as comprehensive as possible, the initial search process was independently completed by both researchers and all documents identified through either one or both searches were included to ensure a comprehensive review. Any documents of potential relevance to the study were both saved in a PDF format for further review and entered into a master spreadsheet.

Inclusion criteria. In order for the content of an identified document to proceed to be coded, it was necessary to meet five inclusion criteria. First, the document had to be related to regular school-based practices for students in grades Pre-K through 12. This meant that any documents focused on a different population (e.g., birth to 3, post-secondary) or setting (e.g., after school program, online education) were excluded. Second, the document had to apply to the general student population as opposed to a specific group of students. For example, those documents that applied only to students in special education (e.g., with emotional disabilities) or to those students from specific ethnic or language backgrounds (e.g., English Language Learners) were excluded. Third, the document had to be produced by people or organizations directly affiliated with the State Department of Education. Therefore, external links to documents produced by other entities were not included. If, however, an external link led to a document or

website for which there was an explicitly stated collaboration between the state department and another outside agency (e.g., the PBIS of Virginia website is a formal collaboration between the Virginia Department of Education and Old Dominion University), the document was reviewed. Fourth, the document needed to be a finalized version. That is, any documents labeled as working documents or in draft form were excluded. Finally, the document had to reference school-based SEB screening practices.

Coding procedures. Once the documents specifically related to SEB screening were identified, each document was individually coded by one of six trained research assistants, all of whom were graduate students in school psychology. All research assistants first participated in a half-day training designed to ensure that coders understood how to (a) apply the inclusion and exclusion criteria and (b) answer each of the questions related to document content. After providing didactic instruction and facilitating independent coding practice with discussion, the trainer required all coders to complete coding for one practice state to determine interobserver agreement (IOA). Coders completed practice states until IOA was found to meet or exceed 80%; coders were then allowed to proceed to the independent coding of documents.

The documents previously identified during the search process for each state were next reviewed by the research assistants to determine whether they met criteria for inclusion. Those documents that did not meet inclusion criteria were entered into the database; however, no additional information was collected. For those documents found to meet study inclusion criteria, coders responded to a series of closed-response questions designed to capture the specific content of the screening document. Specifically, we were interested in understanding the extent to which states provided information, recommendations, or mandates with regard to (a) how universal screening is conducted (i.e. types of measures used, from whom data are collected,

when assessment occurs, what specific areas are targeted, who is responsible for overseeing assessment), (b) who and how personnel are trained to implement the screening procedure, (c) how screening data are reviewed (i.e., how, how often, by whom), and (d) how screening data are used to identify students and determine next steps (e.g., follow-up assessment, intervention). All identified screening documents were independently reviewed by two coders to ensure reliability; however, no discrepancies were found. A copy of the coding protocol is available from the first author upon request.

All study data were collected and managed using REDCap electronic data capture tools hosted at the University of Connecticut (Harris et al., 2009). REDCap (Research Electronic Data Capture) is a secure, web-based application designed to support data capture for research studies, providing: (a) an intuitive interface for validated data entry; (b) audit trails for tracking data manipulation and export procedures; (c) automated export procedures for seamless data downloads to common statistical packages; and (d) procedures for importing data from external sources.

Results and Discussion

Whereas a total of 2958 documents were retrieved for inclusion within the larger review, a total of 208 documents were found to meet all basic inclusion criteria for the current study, including making reference to school-based SEB screening. For the purpose of this study, our primary interest was in identifying documents that described SEB screening practices implemented in K-12 settings aimed at assessing all students (i.e. universal) to proactively identify at-risk students. As a result, several documents that were initially identified were ultimately excluded from further analysis. First, a total of 18 documents were identified that referenced the use of aggregate screening to identify general needs within a school population or

community. Examples of these types of documents included those describing the use of Office Discipline Referral data to identify problematic areas within the school or those describing the use of anonymous bullying surveys. Second, there were 12 documents that focused on the use of targeted screening, in which an assessment is only conducted with those students identified as demonstrating some level of risk. Examples of these types of documents included those describing behavioral health screenings for those students exhibiting warning sign behaviors or for whom there are existing concerns regarding mental health needs. Third, a total of 33 documents dealt exclusively with students in early education settings. Most of these documents outlined procedures for conducting comprehensive developmental screenings, which include an assessment of social-emotional development, either in preschool or prior to kindergarten entry.

After applying this final filter, all remaining documents were reviewed in order to identify any duplicate information. In all, 21 additional documents were excluded for this reason, leaving a total of 124 unique documents identified across the 50 states and the District of Columbia that specifically related to the use of universal SEB screening practices in K-12 settings (see Table 1). The extent of documentation was found to vary substantially, however, with the number of documents identified within states ranging from 0-9.

Guidance Concerning Use of SEB Screening in Schools

Although there was a total of 9 states for which no mention of universal SEB screening was identified (18%; DC, IN, NC, NE, NV, RI, TN, TX, VT), the majority of states included some reference within either their state department of education or tiered-support website (see Figure 1). As shown in Table 2, nearly all of these states (40/42; 95%) included reference to the use of universal screening within the context of describing multi-tiered systems of support (MTSS) (i.e., RtI, PBIS). Two exceptions included (a) a website from Louisiana's Department of

Education, recommending that all students be screened at least once prior to the 4th grade "for the existence of impediments to a successful school experience….[including] attention deficit disorder…and social and environmental factors that may put a student 'at-risk' (Louisiana Department of Education, n.d.)," and (b) a report from Hawaii outlining that all schools have access to an early warning system that identifies students at-risk and can be used to target interventions (Hawaii State Department of Education, n.d.). The state-produced MTSS documents often described universal screening as the means by which struggling students are proactively identified such that more intensive intervention resources can be appropriately directed. This finding was not altogether unsurprising given increased adoption of MTSS within the U.S. over the past decade. From 2007 to 2011, for example, the percentage of K-12 district administrators reporting implementation of RtI rose from 24 to 94% (Spectrum K12, 2011) and therefore many implementation manuals were developed within this time frame. The level of guidance provided regarding general screening versus SEB screening, however, was found to vary widely across data sources, and is discussed in greater detail next.

General information on universal screening within MTSS context. For roughly one-third of states reviewed (N = 18), documentation included some reference to universal screening. However, despite including explicit mention of the fact that MTSS procedures apply to both academic and behavioral domains, the level of guidance regarding SEB screening was found to be minimal. At the most basic level, screening only received brief mention as constituting an essential component of an MTSS across seven states (14%; see Figure 1). That is, within state-produced documents, it was noted that screening was a core component of MTSS (CA, MA), RtI (GA, MN), or PBIS (NJ, OH, WY); however, no information was provided regarding what screening should entail.

For an additional 11 states (21%; AK, AL, AZ, DE, IA, MI, ND, NY, OK, WI, WV; see Figure 1), some level of guidance was provided regarding procedures for conducting universal screening; however, the information was not necessarily specific to SEB domains. In fact, in several cases, the examples provided were explicitly academic in nature. As one example, after indicating that RtI applies to both academic and behavioral domains, the *Response to Intervention: Guidance for New York State School Districts* document (University of the State of New York and the State Education Department, 2010) noted that "a school district's process to determine if a student responds to scientific, research-based instruction shall include screenings applied to all students in the class to identify those students who are not making academic progress at expected rates" (p. 8). As such, it was unclear whether the outlined procedures for academic screening (e.g., provide training on use of screening tools and interpretation of results, identify students falling below benchmark) were expected to extend to SEB screening as well.

Specific information on universal screening for SEB risk within MTSS context. In contrast to the missing or vague reference to universal SEB screening in just over half of states (53%), a total of 22 states (43%) did provide some level of information regarding universal screening for SEB risk within an MTSS context. As illustrated within Table 3, however, these documents varied widely with regard to the level of specificity. The greatest number of these states (*N* = 16, 31%; AR, CO, CT, ID, IL, MD, ME, MS, MT, NM, OR, PA, SC, UT, VA, WA; see Figure 1) included specific mention of how screening might be conducted for SEB risk within a broader MTSS document. In some cases, these documents were found to be largely informational in nature. Both Connecticut and Maine, for example, provided resource sheets outlining sample assessments that may be used when conducting universal screening across both academic and behavioral domains. In other cases, however, more explicit recommendations were

made regarding how SEB screening might be carried out. Mississippi's *RtI Best Practices Handbook* (2010), for instance, included a section specifically focused on the universal screening of behavior. This section recommended that SEB screening occur 3-4 times per year and that teams meet to review data and make instructional/environmental changes. In addition, the document recommended use of multiple sources of data, and described the use of different methods (e.g., questionnaires, teacher or peer nomination, discipline referrals) to identify at-risk students. Only the state of New Mexico provided a mandate for universal screening within the state rule, noting that "in Tier 1, the public agency must ensure that adequate universal screening in the areas of general health and well-being, language proficiency status, and academic levels of proficiency has been conducted for each student enrolled" (Subsection D of 6.29.1.9 NMAC). No additional information was provided, however, with regard to what screening procedures should look like.

Across an additional six states (12%; FL, KS, KY, MO, NH, SD; see Figure 1), universal screening for SEB risk was described within an MTSS document that was focused specifically on behavior. First, the Kentucky Department of Education's website (n.d.) included a technical assistance manual for identifying students with or at risk of developing emotional and behavioral disabilities. This manual recommended the regular use of school-wide screening; however, specific procedures for screening were not outlined. For New Hampshire, an implementation rubric and procedural flowchart produced by the New Hampshire Center for Effective Behavioral Interventions and Supports (n.d.) outlined recommended procedures for conducting systematic screening using a multi-gated approach (i.e., first teacher nomination then follow-up assessment of highest-ranked students then referral for supports). The remaining four states published guides designed to assist schools in implementing an MTSS model specifically for

behavior. As such, these documents tended to provide a greater level of specificity with regard to recommended assessment procedures. Guides produced by Florida (Florida's Positive Behavior Support Project, 2008, 2011), Kansas (Kansas State Department of Education, 2013a, 2013b), and South Dakota (2014) recommended that students be screened for both internalizing and externalizing behavioral concerns 2-3 times per year, and highlighted potential data sources (e.g. discipline referrals, rating scales, extant school records). Furthermore, examples were also provided regarding how decision rules may be used in the review of SEB screening data in order to determine intervention placement within the Kansas and South Dakota guides. Additionally, Missouri's *Schoolwide Positive Behavior Support Tier 2 Team Workbook* (2014) included a section on systematic and early identification, which described both general approaches to universal SEB screening (e.g., review of existing data, systematic teacher nomination, use of standardized rating scales) as well as specific tools that may be utilized. This document also outlined considerations for conducting universal screening, such as identifying the most appropriate individual(s) to oversee the process, determining how often screening will occur, providing instruction on measure completion, and determining follow-up procedures for identified students.

Information provided regarding universal SEB screening outside of MTSS context. Although the overwhelming majority of documents described universal screening for general SEB risk within an MTSS context, there were five states (12%; CT, KY, VA, WA, WV) within which documents referenced other types of SEB screening.

First, within the state of Connecticut, the document *Guidelines Regarding Physical Health Needs of Students, Optional Adoption of Plans by Local and Regional Boards of Education* (Connecticut State Department of Education, 2007) provided guidance regarding

implementation of Section 10-203a of the Connecticut General Statutes. The document included the policy recommendation that schools conduct proactive screening "at the first indication of poor academic adjustment in relation to social, emotional, developmental, cognitive, or other peer-matched functional measures" (p. 122) to identify behavioral health concerns and risks.

Second, two documents (Kentucky Department of Education, n.d.) described the School-based Behavioral Health Screening Initiative, a joint effort between the Kentucky Department for Behavioral Health and the Kentucky Department of Education to "assist school-based staff in identifying students who may be affected by mental health challenges or substance use disorders." The Global Appraisal of Individual Needs Short Screener (GAIN-SS) was designed to identify those students struggling with one or more behavioral health disorders and was first piloted within the state in 2004. The recommendation made to schools within a Frequently Asked Questions document was that school-based personnel would refer those students with scores exceeding an established threshold to a local behavioral health provider for further assessment.

Two additional documents related to SEB screening were identified for the state of Washington. The first outlined the state's early learning plan to ensure school readiness, which was drafted by the Department of Early Learning in 2007 ("Washington State Early Learning Plan," 2010). One piece of that plan involves the universal screening of students from birth through third grade for both developmental and social-emotional/mental health risks. In addition, two bills (Engrossed Second Substitute House Bill 1500, House Bill 1087) passed in 2011 charged the Office of Superintendent of Public Instruction with developing a model policy outlining the roles and responsibilities of graduation coaches in dropout prevention. Among the

recommended activities for graduation coaches was the analysis of data (e.g., report cards, behavioral/attendance data) to identify at-risk students (Hubert & Furth, 2013).

Two documents (West Virginia School Health Technical Assistance Center, 2012, 2014) described the West Virginia Expanded School Mental Health Initiative, a joint effort between the West Virginia Department of Education and the West Virginia Department of Health and Human Resources to "develop and strengthen policies, practices, and services that promote learning and social-emotional well-being for all of WV's youth through a collaborative process that engages schools, families, and community-based agencies." In 2011, the West Virginia Expanded School Mental Health Steering Team recommended the use of universal screening in order to "identify students at risk for academic failure, dropping out, substance misuse, suicide, and other social and family needs." Although the importance of selecting age-appropriate measures that are both usable (i.e. acceptable, feasible) and psychometrically defensible was emphasized, no recommendations were included with regard to particular measures. The recommendation was made, however, to refer students exceeding screening thresholds to community health providers for follow-up evaluation.

Finally, one Virginia document ("Eating Disorders Awareness," n.d.) provided guidance regarding implementation of Code of Virginia, Section 22.1-273.2, *Parent Educational Information Regarding Eating.* Passed in 2013, this law requires all school boards to provide educational information regarding eating disorders to parents of students in grade 5-12 on an annual basis. Although screening for eating disorder risk is optional, some guidance was provided regarding screening implementation such as advance written notice of families regarding screening, those individuals most qualified to conduct screening (e.g. social worker,

school psychologist, school nurse), and family notification and follow-up regarding risk identification.

Conclusions and Implications for Research, Policy, and Practice

Taken together, this macro-level review to identify the extent to which state departments of education provide SEB screening guidance to K12 schools suggests limited mandates or specific recommendations. In fact, only one state (New Mexico) provided policy to require universal SEB screening. Approximately half of the states provided some level of guiding information regarding universal screening for SEB risk, with the vast majority embedding this guidance within the context of MTSS and a few others focusing on specific issues (e.g., eating disorders). Yet, the specificity of information within available documents to guide processes and practices varied widely by state. The overall status of guidance on SEB screening suggests an emerging area of attention, propelled perhaps in part through increased focus on service delivery through MTSS.

The finding that most states provide information or recommendations surrounding SEB screening rather than issuing a requirement is consistent with the results of Zirkel and Thomas (2010), who conducted a macro-level review of state requirements and recommendations regarding implementation of RtI. Zirkel and Thomas (2010) highlighted several reasons why states may be more reticent to write procedural requirements into law, including that laws are much more difficult to alter in response to changes in the current knowledge base. Particularly given that there is an emerging body of research focused on universal SEB screening in schools, states may feel more cautious about establishing mandates until the evidence base has become more solid. Furthermore, an additional advantage of keeping state-level guidelines fairly vague

or general in nature may be that it allows districts the desired flexibility to customize procedures to fit the local school context (Zirkel & Thomas, 2010).

Limitations of the current macro-level review should be noted when drawing conclusions about the status of policy, process, and practice in universal screening for SEB risk in schools. First, our review represents only a single time point snapshot of the status of education policies and initiatives. Although this review represents an initial starting point, there is expectation that SEB screening and assessment will continue to evolve, particularly in light of the Every Student Succeeds Act (ESSA) of 2015. In addition to authorizing the use of existing funding streams to improve student mental and behavioral health, such as through SEB screening, ESSA requires states to include at least one non-academic indicator of student success within their accountability systems. The law provides examples of non-academic indicators such student engagement and school climate; however, ultimately allows states the freedom to select indicators of their choice. As such, states may choose to incorporate universal assessments of student social-emotional skills as a way of more broadly measuring student success. Illinois passed legislation in early 2017 (SB 565, Public Act 99-0927) that will require SEB screening for children as part of school entry examinations and the question now exists as to whether other states will follow. Second, our document search procedures were designed to ensure standardization across states by limiting the current review to department of education and state-level MTSS. It is possible, however, that districts may receive additional guidance from the state through other avenues, such as direct communications, which are not reflected in the current review. In addition, local practice may be influenced to a similar or even greater degree by policies at the county or district level, forces which are not accounted for in the current study.

Despite these limitations, the results of this study offer important implications for future research, policy, and practice. Although the finding that limited guidance has been provided at the state level may help to explain the overall low levels of SEB screening implementation identified to date (Bruhn et al., 2014; Romer & McIntosh, 2004), additional work is needed in order to understand what factors are actually influential in determining whether SEB screening is implemented at the local level. Guidance provided by state departments of education may have less of a direct influence on school-based practice than has been assumed herein. Although we agree with Carnine (1997) in noting that one major education decision-making group is regulation producers (e.g. governmental agencies), we also acknowledge the important role that the influence producers (e.g. professional organizations), knowledge producers (e.g. researchers), and knowledge consumers (e.g. practitioners) may play. As such, there may be utility in exploring the correspondence between both state and district level guidance and school level practices. Furthermore, as discussed previously, several potential barriers to screening implementation (e.g., resources, stigmatization) have been identified; however, the extent to which each of these factors actually influences applied decision making is still unknown. Research that explores stakeholder beliefs regarding both the usability of, and potential barriers to, universal screening for SEB risk is therefore warranted.

Finally, despite the fact that school-based, universal SEB screening has been touted as a key facilitator of access to behavioral health services by both researchers and professional organizations, results of the current investigation revealed a highly variable degree of emphasis on SEB screening by state departments of education. As suggested by Zirkel and Thomas (2010), states may be hesitant to prescribe procedures for universal SEB screening to allow for flexibility in local decision making (e.g., allowing schools to identify the most relevant screening targets).

It seems reasonable to expect, however, that all schools should, at minimum, have access to the same basic information regarding universal SEB screening (e.g., how often procedures may be conducted, what tools may be used) regardless of their geographic location. The fact that universal SEB screening received such limited mention across many states is of concern, given the charge to state departments of education to provide the necessary leadership and resources to support local school districts and the students they serve. We have highlighted a handful of guidance documents within this review that specifically focus on how an MTSS model may be implemented for behavior (Florida's Positive Behavior Support Project, 2008, 2011; Kansas State Department of Education, 2013a, 2013b; South Dakota, 2014; Missouri Department of Elementary and Secondary Education, 2014) that we hope may serve as models both for those individuals responsible for providing direction as well as those school-based practitioners seeking guidance. We also hope that the findings of this review will spur conversations at both the state and local levels regarding what additional supports are needed to promote sustainable adoption of universal SEB screening practices.

Compliance with Ethical Standards

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References

Bruhn, A. L., Woods-Groves, S., & Huddle, S. (2014). A preliminary investigation of emotional and behavioral screening practices in K-12 schools. *Education and Treatment of Children, 37*, 611-634.

Burns, B. J., Costello, E. J., Angold, A., Tweed, D., Stangl, D., Farmer, E. M., & Erklani, A. (1995). Children's mental health service use across service sectors. *Health Affairs, 14*, 147-159. doi: 10.1377/hlthaff.14.3.147

Carnine, D. (1997). Bridging the research-to-practice gap. *Exceptional Children, 63*, 513-521.

Centers for Disease Control. (2004). *National Center for Health Statistics: National health interview survey*. Washington, DC: Author.

Connecticut State Department of Education (2007). *Guidelines regarding physical health needs of students, optional adoption of plans by local and regional boards of education*. Retrieved from http://www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Guidelines_CSH.pdf

"Eating disorders awareness in the public school setting" (n.d.). Retrieved from http://www.doe.virginia.gov/support/health_medical/eating_disorders/eating_disorders_awareness_in_public_school_setting.pdf

ESSA (2015). Every Student Succeeds Act of 2015, Pub. L. No. 114-95 § 114 Stat. 1177 (2015-2016).

Farmer, E. M., Burns, B. J., Phillips, S. D., Angold, A., & Costello, E. J. (2003). Pathways into and through mental health services for children and adolescents. *Psychiatric Services, 54*, 60−66. doi: 10.1176/appi.ps.54.1.60

Florida's Positive Behavior Support Project (2008). Response to Intervention for Behavior (RtI: B): A technical assistance paper. Retrieved from http://flpbs.fmhi.usf.edu/pdfs/RtIB%20Technical%20Assistance%20Paper.pdf

Florida's Positive Behavior Support Project (2011). Implementing a multi-tiered system of support for behavior: A practical guide. Retrieved from http://flpbs.fmhi.usf.edu/pdfs/RtIB%20guide%20101811_final.pdf

Garrison, E. G., Roy, I. S., & Azar, V. (1999). Responding to the mental health needs of Latino children and families through school-based services. *Clinical Psychology Review, 19*, 199–219. doi: 10.1016/S0272-7358(98)00070-1

Harris, P. A., Taylor, R., Thielke, R., Payne, J., Gonzalez, N., & Conde, J. G. (2009). Research electronic data capture (REDCap): A metadata-driven methodology and workflow process for providing translational research informatics support. *Journal of Biomedical Informatics, 42*, 377-81. doi: 10.1016/j.jbi.2008.08.010

Hawaii State Department of Education (n.d.). *Race to the Top: Accomplishments in Education Reform*. Retrieved from http://www.hawaiipublicschools.org/DOE%20Forms/Press%20Release%20items/RTTYear2Report.pdf

Hubert, M., & Furth, S. (2013). *E2SHB 1599 OSPI model graduation coach policy 2013*. Retrieved from http://www.k12.wa.us/LegisGov/2013documents/ModelGradCoachesPolicy

Kansas State Department of Education. (2013a). *Kansas Multi-Tier System of Supports: Building Leadership Team Implementation Guide-Behavior*. Topeka, KS: Kansas MTSS Project, Kansas Technical Assistance System Network. Retrieved from

http://kansasmtss.org/pdf/Implementation_Guides/Behavior-Building-Leadership-Implementation-Guide.pdf

Kansas State Department of Education. (2013b). *Kansas Multi-Tier System of Supports: Structuring Guide: Module 2 Behavior*. Topeka, KS: Kansas MTSS Project, Kansas Technical Assistance System Network. Retrieved from http://kansasmtss.org/pdf/Structuring-Guides/Structuring-Module-2-Behavior-Guide.pdf

Kentucky Department of Education (n.d.). Kentucky Emotional-Behavioral Disability: Technical assistance manual. Retrieved from http://www.state.ky.us/agencies/behave/bi/ebddef.html

Kentucky Department of Education (n.d.). School based behavioral health screening initiative (SBBHSI). Retrieved from http://education.ky.gov/educational/int/Pages/School-Based-Behavioral-Health-Screening-Initiative-%28SBBHSI%29.aspx

Kentucky Department of Education (n.d.). School-based behavioral health screening initiative: Frequently asked questions. Retrieved from http://education.ky.gov/educational/int/Documents/SBBHSI%20Frequently%20Asked%20Questions.pdf

Lane, K., Oakes, W., & Menzies, H. (2010). Systematic screenings to prevent the development of learning and behavior problems: Considerations for practitioners, researchers, and policy makers. *Journal of Disability Policy Studies, 21(3),* 160-172. doi:10.1177/1044207310379123

Levitt, J. M., Saka, N., Romanelli, L. H., & Hoagwood, K. (2007). Early identification of mental health problems in schools: The status of instrumentation. *Journal of School Psychology*, 45, 163-191. doi:10.106/j.jsp.2006.11.005

Louisiana Department of Education (n.d.). *A guide to dyslexia in Louisiana*. Retrieved from https://www.louisianabelieves.com/docs/default-source/academics/a-guide-to-dyslexia-in-louisiana.pdf?sfvrsn=4

Maryland State Department of Education. (2008). *A Tiered Instructional Approach to Support Achievement for All Students: Maryland's Response to Intervention Framework.* Retrieved from http://www.marylandpublicschools.org/NR/rdonlyres/D182E222-D84B-43D8-BB81-6F4C4F7E05F6/17125/Tiered_Instructional_ApproachRtI_June2008.pdf

Masia-Warner, C., Nangle, D. W., & Hansen, D. J. (2006). Bringing evidence-based child mental health services to the schools: General issues and specific populations. *Education and Treatment of Children, 29,* 165-172.

Mississippi Department of Education (2010). *Response to Intervention Best Practices Handbook.* Retrieved from https://districtaccess.mde.k12.ms.us/curriculumandInstruction/Response%20to%20Intervention/Best_Practices_Handbook_June_2010.pdf

Missouri Department of Elementary and Secondary Education. (2014). *Missouri Schoolwide Positive Behavior Support Tier 2 Team Workbook*. Columbia, MO: Missouri SWPBS. Retrieved from http://pbismissouri.org/wp-content/uploads/2012/04/Tier-2-2016-Workbook_No-7.pdf

National Academies. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. M. E. O'Connell, T. Boat, and K. E. Warner (Eds.), Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Washington, DC: Author.

National Research Council. (2002). *Minority Students in Special and Gifted Education*. M.S. Donovan and C.T. Cross (Eds.), Committee on Minority Representation in Special Education, Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.

New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America*. Final Report DHHS Pub., Vol. SMA-03-3832, Author, Rockvillle, MD.

New Hampshire Center for Effective Behavioral Interventions and Supports (n.d.). New Hampshire Center for Effective Behavioral Interventions and Supports systematic screening procedures benchmarking worksheet. Retrieved from http://www.nhcebis.seresc.net/universal_ssbd

New Hampshire Center for Effective Behavioral Interventions and Supports (n.d.). NH CEBIS process for designing systematic screening. Retrieved from http://www.nhcebis.seresc.net/universal_ssbd

Owens, P. L., Hoagwood, K., Horwitz, S. H., Leaf, P. J., Poduska, J. M., Kellam, S. G., & Ialongo, N. S. (2002). Barriers to children's mental health services. *Journal of the American Academy of Child & Adolescent Psychiatry, 41,* 731-738. doi: 10.1097/00004583-200206000-00013

Romer, D. & McIntosh, M. (2005). The roles and perspectives of school mental health professionals in promoting adolescent mental health. In D. Evans, E. Foa, R. Gur, H. Hendin, C. O'Brien, M. Seligman, and B. Walsh (Eds.), *Treating and Preventing Adolescent Mental Health Disorders: What We Know and What We Don't Know* (pp. 598-615). New York: Oxford University Press, Inc.

"South Dakota multi-tiered systems of support (MTSS): Implementing a behavioral model process guide" (2014). Retrieved from http://doe.sd.gov/oess/documents/SDMTSS_14.pdf

Stiffler, M. C., & Dever, B. V. (2015). Current systems of identification and the case for mental health screening. In *Mental Health Screening at School* (pp. 27-38). Switzerland: Springer International.

University of the State of New York and the State Education Department (2010). *Response to Intervention: Guidance for New York State school districts*. Retrieved from http://www.p12.nysed.gov/specialed/RTI/guidance-oct10.pdf

U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, SAMSHA, CMHS, NIH, NIMH.

U.S. Public Health Service. (2000). *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. Rockville, MD: U.S. Department of Health and Human Services.

Walker, H. M., Nishioka, V. M., Zeller, R., Severson, H. H., & Feil, E. G. (2000). Causal factors and potential solutions for the persistent under-identification of students having emotional or behavioral disorders in the context of schooling. *Assessment for Effective Intervention, 26,* 29-40.

"Washington State Early Learning Plan" (2010). Retrieved from http://www.k12.wa.us/EarlyLearning/pubdocs/WashingtonEarlyLearningPlan

West Virginia School Health Technical Assistance Center (2012). Expanded school mental health in West Virginia: Early identification. Retrieved from

https://livewell.marshall.edu/mutac/wp-content/uploads/2011/08/ESMH-Component-3-Early-Identification-2-8-12.pdf

West Virginia School Health Technical Assistance Center (2014). Expanded school mental health in West Virginia: Early identification. Retrieved from http://wvde.state.wv.us/counselors/documents/ESMHComponent3EarlyIdentificationMHScreening81114.pdf

Wu, P., Hoven, C. W., Bird, H. R., Moore, R. E., Cohen, P., Alegria, M., ...Roper, M. T. (1999). Depressive and disruptive disorders and mental health service utilization in children and adolescents. *J. Am. Acad. Child Adolescent Psychiatry, 38*, 1081-1090. doi: 10.1097/00004583-199909000-00010

Zirkel, P. A., & Thomas, L. B. (2010). State Laws and Guidelines for Implementing RTI. *Teaching Exceptional Children, 43*, 60-73.

Table 1.
Data Sources, By State, Included in Study[1]

State	Brief Description of Source	Website
AK	Use of universal screening within MTSS	https://education.alaska.gov/esea/rti/docs/RTI_Definitions.pdf https://education.alaska.gov/esea/rti/docs/Alaska_RTI_Guidance.pdf
AL	Use of universal screening within MTSS	http://web.alsde.edu/general/RESPONSE_TO_INSTRUCTION.pdf
AR	Use of universal screening within MTSS	http://www.signetwork.org/file_attachments/130/download
AZ	Use of universal screening within MTSS	https://www.azed.gov/wp-content/uploads/PDF/PBIS_TA_Paper_030310.pdf http://www.azed.gov/mtss/
CA	Use of universal screening within MTSS	http://www.cde.ca.gov/ci/cr/ri/mtsscomprti2.asp http://www.cde.ca.gov/ci/cr/ri/mtsscomponents.asp http://www.cde.ca.gov/ci/cr/ri/rticorecomponents.asp
CO	Use of universal screening within MTSS	https://www.cde.state.co.us/sites/default/files/documents/rti/downloads/pdf/rubrics_school.pdf http://www.cde.state.co.us/mtss/dssa http://www.cde.state.co.us/sites/default/files/documents/rti/downloads/pdf/rtiguide.pdf https://www.cde.state.co.us/mtss/mtssessentialcomponentsdefinitionsjune2016 https://www.cde.state.co.us/mtss/whatismtss
CT	Describes specific behavioral screening tools that may be used	http://www.sde.ct.gov/sde/lib/sde/pdf/curriculum/cali/elementary_assessments_4-9-12.pdf http://www.sde.ct.gov/sde/lib/sde/pdf/curriculum/cali/secondary_assessments_4-9-12.pdf
	Describes use of screening within coordinated approach to school health	http://www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Guidelines_CSH.pdf
	Use of universal screening within MTSS	http://www.sde.ct.gov/sde/lib/sde/pdf/curriculum/cali/topical_brief_1.pdf http://www.sde.ct.gov/sde/cwp/view.asp?a=2618&q=322020 http://pbis.serc.co/index.php/?option=com_content&view=article&id=25 http://www.sde.ct.gov/sde/lib/sde/pdf/pressroom/SRBI_full.pdf
DE	Use of universal screening within MTSS	http://www.doe.k12.de.us/domain/72
FL	Use of universal screening within MTSS for behavior	http://flpbs.fmhi.usf.edu/pdfs/RtIB%20guide%20101811_final.pdf http://flpbs.fmhi.usf.edu/pdfs/RtIB%20Technical%20Assistance%20Paper.pdf

	Use of universal screening within MTSS	http://www.florida-rti.org/floridaMTSS/RtI.pdf http://www.fldoe.org/core/fileparse.php/7539/urlt/strivingreaders.pdf http://www.fldoe.org/core/fileparse.php/7590/urlt/0107233-y2006-8.pdf http://floridarti.usf.edu/resources/format/pdf/Teacher's%20Guide%20to%20Problem%20Solving%20Within%20The%20MTSS%20Framework.pdf
GA	Use of universal screening within MTSS	http://www.gadoe.org/Curriculum-Instruction-and-Assessment/Curriculum-and-Instruction/Documents/RTI%20document%20Full%20Text.pdf https://www.gadoe.org/Curriculum-Instruction-and-Assessment/Special-Education-Services/Documents/PBIS/ PBIS%20Final%20white%20paper_%20Sept%204.pdf http://archives.gadoe.org/DMGetDocument.aspx/Response%20to%20Intervention%20Student%20Achievement%20Oct%202011.pdf?p=6CC6799F8C1371F62E73B73604299B7B3848567EA4E6AC015A424285AAFF3923&Type=D http://archives.gadoe.org/DMGetDocument.aspx/GA%20Virtual%20Online%20Interventions.pdf?p=6CC6799F8C1371F6CF0E55EAD3FA2CEEF1C602DD778D0172D50D25BBF1E98FD5&amp%3bType=D
	Roles of social workers in school-based screening	https://www.gadoe.org/Curriculum-Instruction-and-Assessment/CTAE/Documents/School-Social-Worker-Pyramid.pdf
HI	Use of universal screening within MTSS	http://www.hawaiipublicschools.org/DOE%20Forms/Press%20Release%20items/RTTYear2Report.pdf
IA	Use of universal screening within MTSS	https://www.educateiowa.gov/sites/files/ed/documents/Response%20to%20Intervention%20(RtI)%20Guidance.pdf
ID	Use of universal screening within MTSS	http://www.rtictrl.org/files/ID%20RTI%20Guidance%20Final.pdf
IL	Use of universal screening within MTSS	https://www.isbe.net/Documents/rti_faq.pdf https://www.isbe.net/Documents/rti_state_plan.pdf https://www.isbe.net/Pages/Positive-Behavioral-Intervention.aspx https://www.isbe.net/Documents/sped_rti_framework.pdf https://www.isbe.net/Pages/Response-to-Intervention.aspx http://www.illinoisrti.org/i-rti-network/for-educators/understanding-rti-mtss/using-data https://www.isbe.net/Documents/sbptf_report_030111.pdf https://www.isbe.net/Documents/faq_sped_entitlement_rti.pdf

KS	Use of universal screening within MTSS for behavior	http://kansasmtss.org/pdf/Structuring-Guides/Structuring-Module-2-Behavior-Guide.pdf http://kansasmtss.org/pdf/Implementation_Guides/Behavior-Building-Leadership-Implementation-Guide.pdf
	Use of universal screening within MTSS	http://www.ksde.org/Portals/0/SES/PH/PH-Ch02.pdf http://kansasmtss.org/pdf/mtssdocs/Kansas%20MTSS%20Innovation%20Configuration%20Matrix.pdf
KY	Use of mental health screener within School-based Behavioral Health Screening Initiative	http://education.ky.gov/educational/int/Pages/School-Based-Behavioral-Health-Screening-Initiative-%28SBBHSI%29.aspx http://education.ky.gov/educational/int/ksi/documents/ksirtiguidancedocument.pdf http://education.ky.gov/educational/int/Documents/SBBHSI%20Frequently%20Asked%20Questions.pdf
	Use of universal screening within MTSS	http://education.ky.gov/educational/int/ksi/pages/ksitiers.aspx http://education.ky.gov/educational/int/ksi/pages/faq-ksi.aspx http://www.state.ky.us/agencies/behave/bi/ebddef.html
LA	Use of screening to identify impediments to a successful school experience (e.g., disorders, environmental factors)	https://www.louisianabelieves.com/docs/default-source/academics/a-guide-to-dyslexia-in-louisiana.pdf?sfvrsn=4
MA	Use of universal screening within MTSS	http://www.doe.mass.edu/apa/sss/mtss/blueprint/default.html
MD	Use of universal screening within MTSS	http://www.marylandpublicschools.org/NR/rdonlyres/D182E222-D84B-43D8-BB81-6F4C4F7E05F6/17125/Tiered_Instructional_ApproachRtI_June2008.pdf
ME	Describes specific behavioral screening tools that may be used	http://www.maine.gov/doe/rti/screening/grades-k6.html http://www.maine.gov/doe/rti/screening/grades-k6.html http://www.maine.gov/doe/rti/screening/grades-6-8.html http://www.maine.gov/doe/rti/screening/grades-8-12.html http://www.maine.gov/doe/rti/screening/grades-9-12.html
	Use of universal screening within MTSS	http://maine.gov/doe/rti/
MI	Use of universal screening within MTSS	https://www.michigan.gov/documents/mde/Response_to_Intervention_362712_7.pdf
MN	Use of universal screening within MTSS	http://education.state.mn.us/MDE/EdExc/BestPrac/RespInterv/ https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=57&cad=rja&uact=8&ved=0CEQQFjAGODI&url=https%3A%2F%2Feducation.state.mn.us

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MO	Use of universal screening within MTSS	http://pbismissouri.org/wp-content/uploads/2012/04/Tier-2-2016-Workbook_No-7.pdf
MS	Use of universal screening within MTSS	https://districtaccess.mde.k12.ms.us/curriculumandInstruction/Response%20to%20Intervention/Best_Practices_Handbook_June_2010.pdf https://districtaccess.mde.k12.ms.us/curriculumandInstruction/Response%20to%20Intervention/Element%20Matrices/Tier_1_EEM_June_2010.pdf
MT	Use of universal screening within MTSS	http://opi.mt.gov/Programs/SchoolPrograms/Rti/GetStarted.html
ND	Use of universal screening within MTSS	https://www.nd.gov/dpi/uploads/194/1.EssentialComponentsSummary.pdf https://www.nd.gov/dpi/uploads/194/ImprovingStudentSuccessthroughNDMultiTierSystemofSupportsFINAL.pdf
NH	Use of universal screening within MTSS	http://www.nhcebis.seresc.net/universal_ssbd http://education.nh.gov/innovations/rti/documents/framework.pdf http://education.nh.gov/innovations/rti/documents/guide.pdf http://www.nhcebis.seresc.net/universal_pbis
	Flowchart outlines NH process for universal screening	http://www.nhcebis.seresc.net/universal_ssbd
	Outlines general and measure-specific procedures for universal screening	http://www.nhcebis.seresc.net/universal_ssbd
NJ	Use of universal screening within MTSS	http://www.njpbs.org/school_wide_pbs/implemented.htm
NM	Mandates all students screened for social and behavioral health	http://www.ped.state.nm.us/sat3tier/sat3tierModelComplete.pdf#page=97 http://www.ped.state.nm.us/RtI/dl09/Understanding%20Response%20to%20Inter.pdf http://ped.state.nm.us/ped/RtIdocs/RtI_Manual%20_11.26.14.pdf http://ped.state.nm.us/ped/RtI_intervention.html http://ped.state.nm.us/ped/RtI_links.html
	Use of universal screening within MTSS	http://www.ped.state.nm.us/div/acc.assess/assess/dl/misc/RtIManualFinalCombo2006%2012-06.pdf http://www.ped.state.nm.us/qab/downloads/sat/file2.pdf

NY	Use of universal screening within MTSS	http://www.p12.nysed.gov/specialed/RTI/guidance-oct10.pdf http://www.p12.nysed.gov/specialed/RTI/guidance/instruction.htm
OH	Use of universal screening within MTSS	http://education.ohio.gov/getattachment/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources/Ohio-Positive-Behavior-Interventions-Network-1/PBIS-and-Mental-Health-White-Paper-final-12-31-13.pdf.aspx http://education.ohio.gov/getattachment/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources/Ohio-Positive-Behavior-Interventions-Network-1/PBIS-FAQs-and-Myths.pdf.aspx
OK	Use of universal screening within MTSS	http://ok.gov/sde/sites/ok.gov.sde/files/RtIGuidanceDoc.pdf
OR	PBIS document recommends screening instruments and schedules	http://www.oregonrti.org/
PA	Use of universal screening within MTSS	http://www.pattan.net/category/Resources/PaTTAN%20Publications/Browse/Single/?id=4dc09560cd69f9ac7fc50000
SC	Use of universal screening within MTSS	http://ed.sc.gov/scdoe/assets/file/programs-services/173/documents/CombinedDoc.pdf http://ed.sc.gov/scdoe/assets/file/programs-services/173/documents/Section_IV_UniversalScreen.pdf http://ed.sc.gov/scdoe/assets/file/programs-services/173/documents/Section_I_3TierModel.pdf
	Administrative roles in universal screening	http://ed.sc.gov/scdoe/assets/file/programs-services/173/documents/Section_II_AdminRoles.pdf
SD	Use of universal screening within MTSS	http://doe.sd.gov/oess/mtss.aspx http://doe.sd.gov/oess/documents/RtIteacher.pdf http://doe.sd.gov/oess/documents/SDMTSS_14.pdf http://doe.sd.gov/oess/mtss.aspx
UT	Use of universal screening within MTSS	http://www.schools.utah.gov/umtss/handbook/Handbook.aspx
VA	Use of universal screening within MTSS	http://www.doe.virginia.gov/instruction/virginia_tiered_system_supports/resources/vtss_guide.pdf http://www.doe.virginia.gov/support/virginia_tiered_system_supports/response_intervention/special_ed_eligibility_faq.pdf http://www.doe.virginia.gov/support/virginia_tiered_system_supports/response_intervention/universal_screening_component.pdf

		http://www.doe.virginia.gov/support/virginia_tiered_system_supports/response_intervention/responsive_instruction.pdf
	Use of screening to identify students with eating disorders	http://www.doe.virginia.gov/support/health_medical/eating_disorders/eating_disorders_awareness_in_public_school_setting.pdf
WA	Use of universal screening within MTSS	http://www.k12.wa.us/rti/pubdocs/washingtonrtimanual.pdf http://www.k12.wa.us/StudentDiscipline/BestPractice/pubdocs/PreventativeInterventions.pdf http://www.k12.wa.us/StudentDiscipline/BestPractice/pubdocs/SchoolClimate.pdf
	Use of screening by graduation coaches to identify students at risk of not graduating	http://www.k12.wa.us/LegisGov/2013documents/ModelGradCoachesPolicy.pdf
	Use of social-emotional screening to identify students birth-3rd grade	http://www.k12.wa.us/EarlyLearning/pubdocs/WashingtonEarlyLearningPlan.pdf
WI	Use of universal screening within MTSS	https://dpi.wi.gov/sites/default/files/imce/rti/pdf/rtiselfassess.pdf https://dpi.wi.gov/sites/default/files/imce/rti/pdf/rti-guiding-doc.pdf https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/pscandc.pdf http://www.wisconsinrticenter.org/assets/files/GuidanceForSelectingAnInterventionOrAdditionalChallenge9-2012.pdf
	Screening as one role for social workers	https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/sswpgroles.pdf https://dpi.wi.gov/sites/default/files/imce/sspw/doc/sswservices.doc
WV	Use of screening for mental health and substance misuse	https://livewell.marshall.edu/mutac/wp-content/uploads/2011/08/ESMH-Component-3-Early-Identification-2-8-12.pdf
	Use of screening as part of suicide prevention	http://wvde.state.wv.us/counselors/documents/ESMHComponent3EarlyIdentificationMHScreening81114.pdf
	Use of universal screening within MTSS	http://wvde.state.wv.us/spl/Documents/spl_guidance_document.pdf https://wvde.state.wv.us/spl/Documents/Profile_District_revised-1-24-13.pdf
WY	Use of universal screening within MTSS	http://edu.wyoming.gov/in-the-classroom/special-programs/pbis/

Note. [1] = when possible, web links have been updated to reflect changes to previous websites

Table 2.

Overview of SEB Screening Document Coding, by State

	General MTSS		**Behavior-Specific MTSS**		**Other**
State	Basic definition	General MTSS document w/ non-behavior specific examples	General MTSS document w/ behavior specific examples	Behavior specific document w/ behavior specific examples	
AK		+			
AL		X			
AR			X		
AZ	X	X			
CA	+				
CO	+	+	X		
CT	X	X	+		Behavioral/ Mental Health
DC					
DE		X			
FL	+	X	X	+	
GA	+	X			
HI					Notes that all schools have access to an early warning system
IA		X			
ID			X		
IL	+	+	X		
IN					
KS		+		+	
KY	X	X	X	X	Behavioral/ Mental Health
LA			X		Specifies screening targets for grades K-3
MA	X				

MD			X		
ME	X		+		
MI		X			
MN	+				
MO				X	
MS			+		
MT			X		
NC					
ND	X	X			
NE					
NH	+	X	X	+	
NJ	X				
NM	+	X	+		
NV					
NY		+			
OH		+			
OK		X			
OR			X		
PA			X		
RI					
SC		+	X		
SD	+	X	X		
TN					
TX					
UT			X		
VA	X	+	X		Eating Disorders
VT					
WA	X		X		Behavioral/ Mental Health
WI	+	X			
WV	X	X			Behavioral/ Mental Health
WY	X				

Note. + indicates more than one document identified

Table 3.

Detailed Information Regarding Content of Universal SEB Screening Documents

State	Status[1]	Target	Grade(s)	Frequency	Tools	Basis for decision(s) and follow up
AR	R				ODRs, records, rating scales	
CO	R				ODRs	
CT	R	Provides example (e.g., risky behaviors)			ODRs, records, surveys,	
FL	R	Internalizing and externalizing behaviors		2-3x/yr	ODRs, teacher nomination, records, rating scales	
ID	R				ODRs, records, rating scales	
IL	R				ODRs, suspensions/ expulsions	
KS	R	Internalizing and externalizing behaviors		3x/yr	ODRs, rating scales, records, suspensions/ expulsions	Cutoff scores for decisions; Provides examples of decision rules for determining intervention
KY	R	Internalizing and externalizing problems				
LA	R	Impediments to successful school experience (i.e. ADHD, social/ environmental factors)	K-3			
MD	R				ODRs	
ME	I				ODRs, rating scales	
MO	R	Internalizing and externalizing behaviors		At least annually	Provides detailed descriptions of how ODRs, teacher	Provides examples of decision rules for determining intervention

					nomination, rating scale, records may be used. Provides specific information regarding specific rating scales	
MS	R			3-4x/yr	ODRs, rating scales, teacher nomination	
MT	R				ODRs	
NH	R	Internalizing and externalizing behaviors			Multiple-gated screening (i.e. teacher nomination, rating scales)	Cutoff scores for decisions
NM	M	Social and behavioral health				
OR	R			3x/yr	ODRs, records, rating scales, suspensions/ expulsions	Provides examples of decision rules for determining intervention
PA	R	Emotional, social, and behavioral outcomes	9-12			
SC	R	Prosocial skill development		3x/yr		
SD	R	Internalizing and externalizing behaviors		3x/yr	ODRs, records, ratings scales, suspensions/ expulsions; Provides specific rating scale example	Provides examples of decision rules for determining intervention
UT	I				Provides specific rating scale example	
VA	R	Internalizing and externalizing behaviors		3x/yr	ODRs, rating scales	
WA	I			3x/yr	ODRs, rating scales	

Note. [1] R = Recommended; M = Mandated; I = Information only

Figure Captions

Figure 1. Percentage of states in which at least one document made specific type of reference to universal SEB screening