Exploring the Alignment of Behavior Screening Policies and Practices in U.S. Public School Districts

Emily R. Auerbach, MA (Corresponding Author) Graduate Student

Department of Educational Psychology

University of Connecticut

249 Glenbrook Rd., Unit 3064

Storrs, Connecticut 06268

Phone: (860) 989-4626

Email: emily.auerbach@uconn.edu

Sandra M. Chafouleas, PhD, Board of Trustees Distinguished Professor

Department of Educational Psychology

University of Connecticut

249 Glenbrook Rd., Unit 3064

Storrs, Connecticut 06268

Phone: (860) 486-6868

Email: sandra.chafouleas@uconn.edu

Amy M. Briesch, PhD, Associate Professor

Department of Counseling and Applied Educational Psychology

Northeastern University

404 International Village

Boston, Massachusetts 02155

Phone: (617) 373-8291

Email: a.briesch@neu.edu

Stephanie J. Long, MS, Graduate Student

Department of Counseling and Applied Educational Psychology

Northeastern University

404 International Village

Boston, Massachusetts 02155

Phone: (617) 373-8291

Email: long.st@husky.neu.edu

ABSTRACT

BACKGROUND: Although recent studies provide information regarding state-level policies and district-level practices regarding social, emotional, and behavioral screening, the degree to which these policies influence screening practices is unknown. As such, the purpose of this

exploratory study was to compare state- and district-level policies and reported practices around school-based social, emotional, and behavioral screening.

METHODS: Data for the present study were obtained from three sources: (a) a recent systematic review of state department of education websites; (b) a national survey of 1,330 U.S. school districts; and (c) a web search and review of policy manuals published by the 1,330 school districts. Comparative analyses were used to identify similarities and differences across state and district policies and practices.

RESULTS: Of the 1,330 districts searched, 911 had policy manuals available for review; 87 of these policy manuals, which represented 10 states, met inclusion criteria and were thus included in analyses. Discrepancies were found across state and district policies and across state social, emotional, and behavioral screening guidance and district practices, but consistencies did exist across district policies within the same state.

CONCLUSION: District-level guidance around social, emotional, and behavioral screening appears to be limited. The present findings suggest a disconnect between state- and district-level social, emotional, and behavioral screening guidance and district reported practices, which signifies the need to identify the main influences on district- and school-level screening practices.

Keywords: social-emotional screening; behavior assessment; state and district policy; school-based practice

Research suggests that although a large number of children and adolescents meet the diagnostic criteria for mental health disorders, only a fraction receive mental health services.[1-6] For educators, a major problem regarding this dearth of support for young people's social, emotional, and behavioral concerns is the possible interference with positive academic

outcomes.[7-9] Fortunately, many social, emotional, and behavioral disorders can be prevented if

risk factors and indicators are identified early.[10] Because prevention and early intervention are

critical for addressing social, emotional, and behavioral concerns and disorders, researchers and

national organizations have called to extend these practices into schools.[9,11,12] School systems are

an ideal setting for identifying social, emotional, and behavioral concerns, given their

widespread access to children and adolescents.[9] And, strategies to increase receipt of evidence-

based assessment, programs, and practices through providing mental health services in schools

have been associated with improvements.[13]

Regarding identification of students who are at risk for or exhibiting social, emotional,

and behavioral concerns, one recommended school-based approach is through universal

screening. In the context of schools, universal screening has been defined as "the systematic

assessment of all students in a given population in order to identify students at risk of emotional,

behavioral or related difficulties."[14(p108)] Universal school-based screening for mental health

concerns can increase the receipt of mental health services by children and adolescents who need

support because potential problems are identified before they reach the point of necessitating

critical intervention.[8] As such, professional organizations and agencies such as the President's

Commission on Excellence in Special Education, the U.S. Public Health Service, and the

National Research Council have supported the use of school-based universal social, emotional,

and behavioral screening.[10,15,16]

Although universal screening options have proliferated over the last decade, issues

around what is happening in school-based screening policies and practices remain.[17] For

example, Bruhn, Woods-Groves, and Huddle[18] surveyed a national sample of K-12

administrators to explore the prevalence of social, emotional, and behavioral screening in the

U.S. and barriers to social, emotional, and behavioral screening implementation. Results of the survey indicated that approximately 87% of administrators surveyed reported not using social, emotional, and behavioral screening tools.[18] In addition, nearly 65% of administrators reported that the decision to implement social, emotional, and behavioral screening was made by their district, compared to about 4% who reported that it was a state-level decision.[18] Overall, Bruhn et al.[18] concluded that issues related to access and awareness were most commonly cited as reasons for not engaging in social, emotional, and behavioral screening, which suggests a need to increase policy- and decision-makers' understanding and awareness around the importance of social, emotional, and behavioral screening.

Adding to the evidence supporting this need, a recent study highlighted the current landscape of guidance provided by State Departments of Education to Local Education Agencies regarding early identification of social, emotional, and behavioral concerns. Briesch, Chafouleas, and Chaffee[15] conducted a systematic review of state department of education websites to explore the level of guidance provided by state departments of education around social, emotional, and behavioral screening practices. Findings indicated that overall, specific guidance from state departments of education was limited, with fewer than 50% of states providing any information regarding universal screening for students at risk for social, emotional, and behavioral concerns.[15] Additionally, results indicated wide variability across states and across data sources in terms of the extent of procedural guidance provided for social, emotional, and behavioral screening practices.[15]

Although the study by Briesch and colleagues[15] provides interesting information regarding state-level policies across the United States, what is unknown is the degree to which these policies influence school-based practice at the local level. The purpose of this study was

therefore to explore the alignment between state department of education policies and both district-level policies and reported practices in school-based social, emotional, and behavioral screening.

METHODS

Data for this study were obtained from three sources. First, existing data were used from the systematic review conducted in 2015 by Briesch et al.[15] of state department of education websites. Within this study, the level of guidance provided by each state regarding social, emotional, and behavioral screening practices was classified as either providing (a) no mention, (b) basic definitional information, (c) recommending use of social, emotional, and behavioral screening, or (d) mandating use of social, emotional, and behavioral screening (see Briesch et al.[15] for a full description of procedures). Across the 50 states and the District of Columbia, it was most common for states to recommend use of social, emotional, and behavioral screening (38%), provide basic definitional information (42%), or to make no mention of social, emotional, and behavioral screening (18%); however, one state (New Mexico) mandated social, emotional, and behavioral screening.

Second, existing data were also used from a national survey of 1,330 U.S. school districts sampled from the Common Core of Data Local Education Agency Universe Survey (National Center for Education Statistics, 2013-14). As part of a comprehensive survey, districts were provided multiple response items, and asked to indicate the one that best represented their general approach to social, emotional, and behavioral screening.[15] These response options were then collapsed into three categories to determine whether the district reported engaging in: (1) no social, emotional, and behavioral screening; (2) targeted social, emotional, and behavioral

screening (ie, screening a select group or groups of students); or (3) universal social, emotional, and behavioral screening (ie, screening the general student population).

Third, data were collected by conducting a review in the fall of 2016 to identify the policy manuals/handbooks published by the 1,330 school districts described above. As a first step in locating district-level policy manuals or handbooks, a Google search was conducted to identify each district's web address. Then, the district web site was searched for the district's policy manual or policy handbook. Specifically, from the website's homepage, coders reviewed first- and sub-level menu options and clicked on any link that related to policy. Once the web address for the policy manual or handbook was identified, the link was saved in a master spreadsheet. If the manual or handbook was readily available in one file, this file was saved in a Portable Document Format (PDF). Otherwise, the manual or handbook was reviewed, and potentially relevant sections were saved in a PDF for further review. All saved PDF files were entered into the master spreadsheet.

Inclusion Criteria

The same inclusion criteria used for coding state policies in Briesch et al.[15] were used for coding district policies. Briefly, for an identified policy to be coded, it needed to meet five inclusion criteria: the policy had to (1) relate to typical school-based practices for students in grades Pre-K through 12; (2) apply to the general student population, meaning not specifically for students in Special Education, English Language Learners, etc.; (3) be produced by people or organizations directly affiliated with the district; (4) be a finalized version; and (5) reference school-based social, emotional, and behavioral screening.

District Policy Coding Procedures

Aspects of the coding system used in Briesch et al.[15] were extended to the current study. Once the district policies related to social, emotional, and behavioral screening were identified, each policy was individually coded by two trained graduate research assistants in school psychology. The research assistants participated in a three-hour training to ensure understanding of how to apply the inclusion criteria and how to answer each of the questions related to document content. The policies identified for each district were reviewed by these research assistants to determine whether they met the inclusion criteria. Policies that did not meet inclusion criteria were still entered into the database, but no other information was coded. For policies that did meet the inclusion criteria, coders answered a series of questions designed to summarize the content of the screening policy (eg, What types of measures were used to collect screening data? What specific social, emotional, and behavioral areas are targeted by screening?). After the district policy coding was completed, included district policies were reviewed a second time by the research assistants to determine whether language about screening was only informational, indicated a recommended screening practice, or mandated social, emotional, and behavioral screening using the definitions from Briesch et al.[15] All study data were collected and managed using Microsoft Excel.

Data Analysis

The procedures outlined by Briesch et al.[15] for analyzing information provided by states around social, emotional, and behavioral screening were employed in the analysis of district data. Specifically, district data were analyzed to determine the amount of information provided regarding screening. Then, screening data obtained from both the survey of districts and the coding of district policies was linked to the state policy information identified in Briesch et al.[15] social, emotional, and behavioral screening information was compared across districts and their

corresponding states, as well as across districts within the same state. Specifically, researchers first compared the status (ie, mandated, recommended, or information only) of state and district policy documents and then compared the status of district policy documents within each state.

RESULTS

Of the 1,330 districts included in the search, 911 had policy manuals available for review. Similar to Briesch et al.,[15] we were primarily interested in identifying policy manuals from typical K-12 settings that included reference to social, emotional, and behavioral screening practices implemented universally (ie, for all students) that attempt to identify students at-risk for social, emotional, and behavioral concerns. Policy manuals that referenced screening for specific populations (ie, Special Education, English Language Learners, etc.), reactive behavioral intervention or management (ie, Office Discipline Referrals, responses to bullying incidents, or screening for students already exhibiting social, emotional, and behavioral concerns), or screening only for children in early childhood settings were excluded from further analysis (N = 824). As a result, 87 policy manuals were found to meet inclusion criteria, and were included in the comparison of state and district policies and the comparison of district policies and district practices.

State/District Policy Comparison

The 87 included policy manuals were pulled from districts across 10 states (California, Florida, Louisiana, Maine, Mississippi, Montana, New Mexico, Pennsylvania, Washington, and Wisconsin). District social, emotional, and behavioral screening information fell into one of four categories: (1) mandates screening targets (ie, ADHD, social/environmental risk factors) for grades K-3 (Louisiana); (2) general multi-tiered systems of support (MTSS) document with non-behavior specific examples (California, New Mexico, Wisconsin); (3) general MTSS document

with behavior specific examples (Maine, Mississippi, Montana, Pennsylvania, Washington); and (4) behavior specific document with behavior specific examples (Florida). Interestingly, within a given state, all the district manuals that made mention of social, emotional, and behavioral screening fell into the same category (ie, all references to social, emotional, and behavioral screening within Florida recommended that it be implemented within a behavior-specific document with behavior specific examples; see Table 1).

social, emotional, and behavioral screening information provided in the district policy manuals varied both within and across states regarding the level of specificity. For example, guidance around social, emotional, and behavioral screening varied from general information about screening (ie, California, Mississippi, New Mexico, Washington) to recommended (ie, Florida) or mandated (ie, Louisiana, Maine, Montana, Pennsylvania, Wisconsin) policies. Further, in seven states, the level of guidance provided in state-level documents was inconsistent with the level of guidance provided in district-level documents. Across five of these states (Louisiana, Maine, Montana, Pennsylvania, Wisconsin), local policy was more stringent than the state guidance. For example, although screening was recommended at the state level in Louisiana, the following language in district policy manuals indicated that social, emotional, and behavioral screening was mandated: "Every student in grades kindergarten through third shall be screened, at least once, for the existence of impediments to a successful school experience….Such impediments shall include…social and environmental factors that put a student 'at risk.'" However, in the remaining two states (Mississippi, New Mexico), the local policy was found to be more lenient than state guidelines. For example, although New Mexico's state policy mandates universal social, emotional, and behavioral screening, language in a New Mexico district policy states: "Health services provided by the district may include but are not

limited to preventive services, behavioral health services, screenings and referrals..." In addition, within some states, social, emotional, and behavioral screening was included in general district policies or district policies specific to social, emotional, and behavioral concerns, whereas others discussed screening as a part of response to intervention (RtI)/MTSS policies or procedures. Although discrepancies were found across state and district policies regarding language around social, emotional, and behavioral screening, some consistency was present across district policies within a given state. For example, several (N = 8) districts in Maine used the following language verbatim in their policies around general education intervention procedures: "Provision of research-based general education interventions targeted at the child's presenting academic and/or behavioral concerns as determined by screening results…"

Policy-Practice Comparison

Of the 1,330 districts within the 50 states and Washington D.C. sampled for the survey, responses were received from districts within 34 states. The classification of state-level social, emotional, and behavioral screening guidance (ie, information only, recommended, or mandated) contained in documents from these 34 states was obtained from Briesch et al.[15] Of the 34 states, nine were classified as providing information only, 24 were classified as providing recommendations for social, emotional, and behavioral screening, and one was classified as mandating social, emotional, and behavioral screening. The number of districts within each category that provided a response to the survey question about social, emotional, and behavioral screening practices were: 109 districts from the nine states providing information only; 200 districts from the 24 states providing recommendations; and 2 districts from the one state that mandated social, emotional, and behavioral screening. As shown in Table 2, in the only state to include mandated universal screening policy (New Mexico), administrators from the two

sampled districts reported engaging in targeted screening but perhaps not fully universal screening. In states that recommended universal social, emotional, and behavioral screening, 36% of districts reported engaging in either universal or targeted screening, compared to 29% of districts within states that only provided information.

DISCUSSION

School systems have been called upon to engage in prevention and early intervention practices for social, emotional, and behavioral concerns, specifically universal social, emotional, and behavioral screening.[9-15] However, gaps remain between school-based social, emotional, and behavioral screening initiatives and receipt of services by youths[6,13,17], indicating a disconnect between social, emotional, and behavioral screening recommendations and practices occurring in U.S. schools.[6,14,16,17] As a first step to address this gap, a recent study explored the extent to which state departments of education provide guidance to local education agencies around social, emotional, and behavioral screening and found that less than half of states provide specific information regarding universal social, emotional, and behavioral screening.[15] As a next step in this work, the current study explored the impact of state-level policies on district-level policies and practices. The goal of the present study was therefore to compare state-level social, emotional, and behavioral screening guidance with both district-provided guidance and district-reported practices around social, emotional, and behavioral screening, with several interesting findings identified.

First, it was notable that only 20% of states were identified as containing districts with social, emotional, and behavioral screening policies. Furthermore, even within the 10 states that were included in the current study, results indicated that the majority of districts made no reference to social, emotional, and behavioral screening within their policy manuals, with the

two exceptions being Louisiana (in which 78% of districts mandated social, emotional, and behavioral screening) and Pennsylvania (in which 55% of districts mandated social, emotional, and behavioral screening). This finding is not surprising given that a recent survey found that 97% of respondents reported no use of social, emotional, and behavioral screening in K-12 schools.

Second, as found in Briesch et al.,[15] findings indicate that although some consistency existed across district policies within the same state, the level of social, emotional, and behavioral screening guidance provided in district policies varied across states. Additionally, for the majority of states, inconsistencies were found in the level of guidance provided in district-level policies and state-level documents. In half of these states, district-level policies provided more detailed social, emotional, and behavioral screening guidance than the state-level document. There also seem to be inconsistencies between state social, emotional, and behavioral screening guidance and district practices. For example, the percentage of districts reporting use of universal social, emotional, and behavioral screening was roughly similar in those states in which social, emotional, and behavioral screening guidance was simply informational versus recommended practice. As suggested by Zirkel and Thomas[19] and Briesch et al.,[15] state departments of education may provide minimal procedural guidance around social, emotional, and behavioral screening in an attempt to foster decision making at the district and local levels. This implies that perhaps district-level and local policies may have greater influence on district social, emotional, and behavioral screening practices. However, given the results of the present study, district-level social, emotional, and behavioral screening guidance appears to be limited. Taken together, there is a need to identify the primary influences on district- and building-level social, emotional, and behavioral screening practices. Researchers, policymakers, and educators

would then be able to direct attention to these influences in an effort to reduce the gap between the need and receipt of mental and behavioral health services among children and adolescents.

Limitations

Some limitations of this study need to be considered. First, each district website and policy manual search was only conducted by one individual, and thus inter-rater agreement was not assessed, which poses the risk of bias. Second, the district-level search was restricted to policy manuals or handbooks, which limits the breadth of information available for review. As such, it is possible that districts categorized as providing no screening information may provide social, emotional, and behavioral screening guidance in a document other than the district policy manual. The question remains as to whether district policy manuals or handbooks contain the most relevant information about district-level social, emotional, and behavioral screening guidance. Further, the extent to which districts utilize state-level social, emotional, and behavioral screening guidance is still unknown. If the majority of districts across the U.S. are using state-level social, emotional, and behavioral screening documents, this could explain the low percentage of districts that create and disseminate their own social, emotional, and behavioral screening policies. Third, the district policy search and coding took place one year after the state policy search and coding conducted in Briesch et al.,[15] which could account for some of the variability.

IMPLICATIONS FOR SCHOOL HEALTH

School-based universal screening for early identification and prevention of social, emotional, and behavioral concerns has been advocated as part of addressing the need for access to mental health services.[3,6,15] Universal social, emotional, and behavioral screening has the potential to direct mental health services to the students who need them much earlier than

traditional systems of teacher referral. If both identification of risk and intervention can occur earlier in a student's life at school, there is a greater likelihood of altering a potentially negative trajectory. That said, the findings of the present study indicate that the majority of local education agencies are not currently providing guidance to schools around universal social, emotional, and behavioral screening. Further, district-level representatives from the majority of sampled districts reported that their districts are not engaging in universal social, emotional, and behavioral screening practices.

These findings have important implications for state and local policymakers, district and school administrators, and researchers. For example, changes in state and local policies to incorporate procedural guidance on social, emotional, and behavioral screening may need to be prioritized. In the meantime, district and school administrators can work to implement universal social, emotional, and behavioral screening in their schools and identify appropriate responses to screening so that youth can receive appropriate evidence-based services. Future research should determine whether state or local policy has a greater influence on universal social, emotional, and behavioral screening implementation and the appropriate targets for systems-level intervention.

Human Subjects Approval Statement

Due to the nature of this study, no human subjects' approval was required.

ACKNOWLEDGEMENTS

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TABLES

Table 1. **Comparison of state and district policies around social, emotional, and behavioral screening.**

Category	State	State Universal Screening Guidance	Districts (N)	% Districts I	% Districts R	% Districts M	% Districts - No Screening Info
Mandates screening targets (i.e. ADHD, social/environmental risk factors) for grades K-3	LA	R	9	0%	0%	78%	22%

General MTSS document w/ non-behavior specific examples	CA	I	68	27%	0%	0%	73%
	NM	M	6	17%	0%	0%	83%
	WI	I	71	0%	0%	3%	97%
General MTSS document w/ behavior specific examples	ME	I	23	0%	0%	35%	65%
	MS	R	20	15%	0%	0%	85%
	MT	R	21	0%	0%	5%	95%
	PA	I	74	0%	0%	55%	45%
	WA	I	32	9%	0%	0%	91%
Behavior specific document with behavior specific examples	FL	R	12	0%	8%	0%	92%

Note. I = information only; R = recommended; M = mandated

Table 2. **Alignment between district practices and state policy information regarding universal social, emotional, and behavioral screening.**

Universal Screening Guidance	States	Districts (N)	% No Screening Reported	% Targeted Screening Reported	% Universal Screening Reported
Information only	AZ, DE, IA, MI, OK, WI, ME, UT, WA	109	71%	18%	11%
Recommended	AK, AL, AR, CO, CT, FL, ID, IL, KS, KY, LA, MD, MO, MS, MT, ND, NH, NY, OR, PA, SC, SD, VA, WV	200	64%	27%	9%
Mandated	NM	2	0%	100%	0%