National PBIS Leadership Forum | October 22 - 23, 2025 | Hilton Chicago @PBISForum #pbisforum

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

Presenters:
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Kathleen Lynne Lane, University of Kansas

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

The National PBIS Leadership Forum is a technical assistance activity of the Center on PBIS

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Learning Objectives

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

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Agenda

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

Institute of Education Sciences, U.S. Department of Education
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Ci3T

Welcome and Introductions

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Meet our team!

Tona McGuire

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Kathleen Lynne Lane

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Systematic Screening in Tiered Systems

Kathleen Lynne Lane

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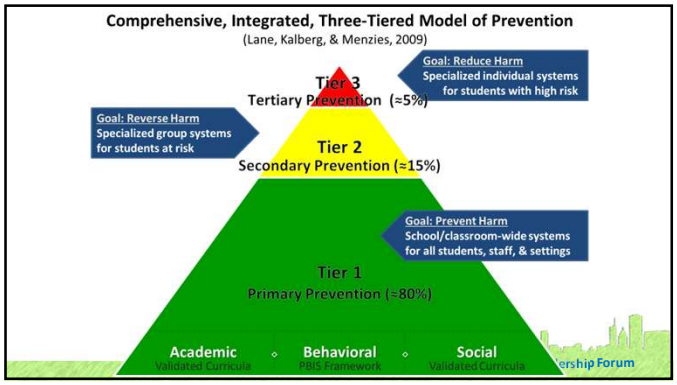

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Ci3T Implementation Professional Learning Series

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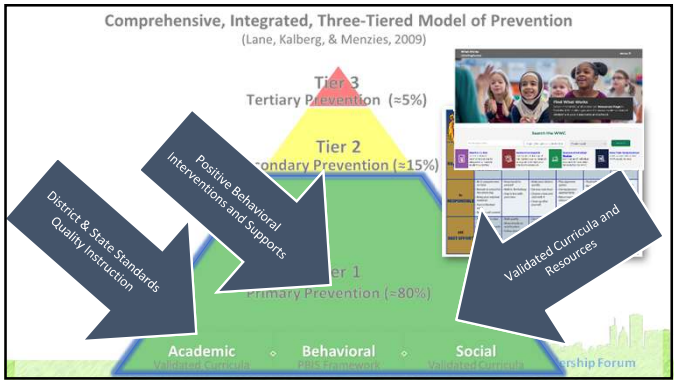

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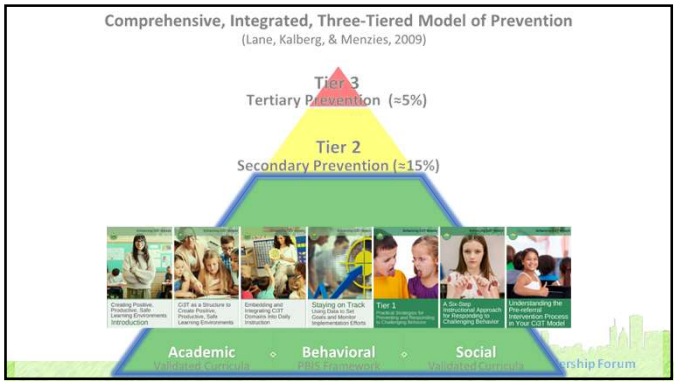
Comprehensive, Integrated, Three-Tiered Model of Prevention
(Lane, Kalberg, & Menzies, 2009)
Tier 3
Tertiary Prevention (≈5%)
Tier 2
Secondary Prevention (≈15%)
Academic
Behavioral
Social

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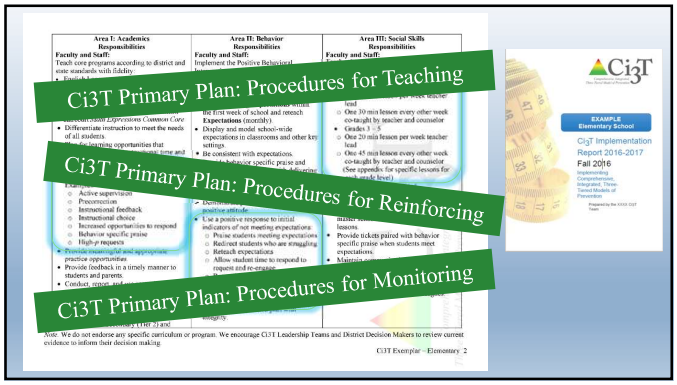
Ci3T Primary Plan: Procedures for Teaching
Ci3T Primary Plan: Procedures for Reinforcing
Ci3T Primary Plan: Procedures for Monitoring

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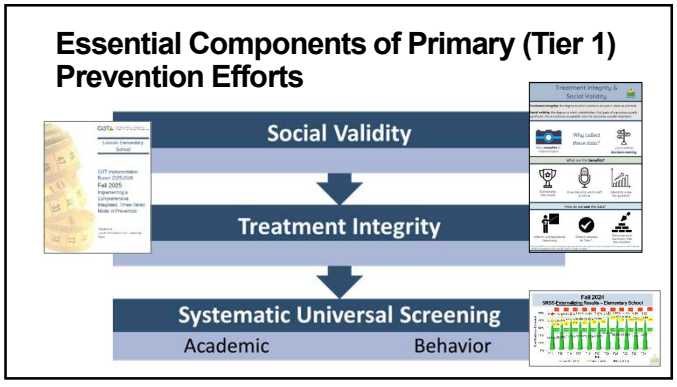
Essential Components of Primary (Tier 1) Prevention Efforts
Social Validity
Treatment Integrity
Systematic Universal Screening
Academic
Behavior

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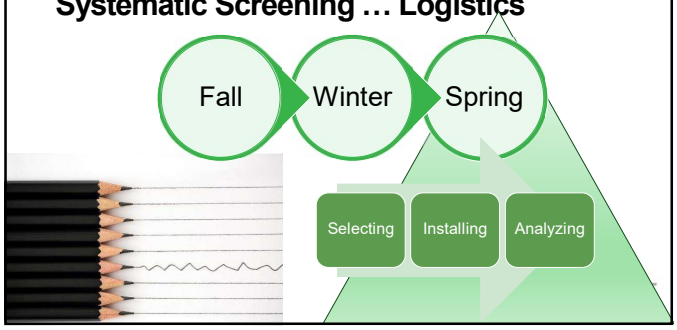
Systematic Screening … Logistics



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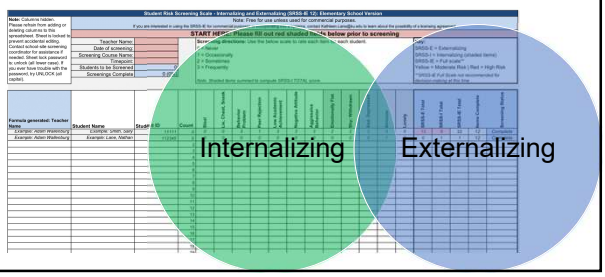
Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE; Drummond, 1994; Lane & Menzies, 2009)

Elementary



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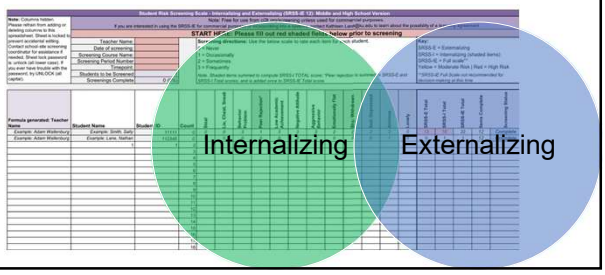
Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE; Drummond, 1994; Lane & Menzies, 2009)

Secondary



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SRSS-IE Scores Predict Student Outcomes

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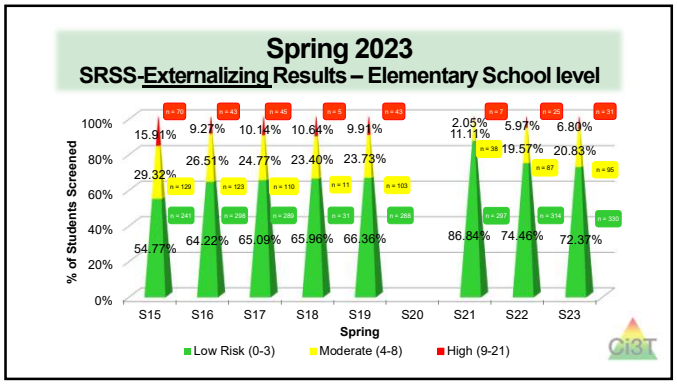

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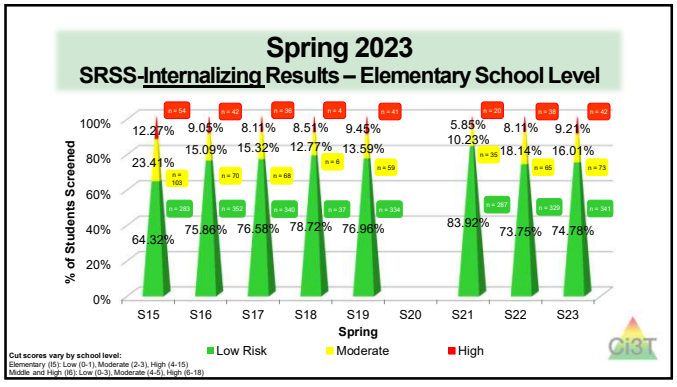

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Spring 2023
SRSS-Internalizing Results – Elementary Grade Level

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

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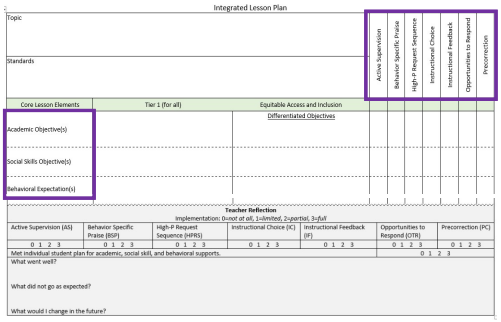
Planning for Integrated Instruction


Integrated Lesson Plan

Topic

Standards

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

Core Lesson Elements | Tier 1 (for all) | Equitable Access and Inclusion

Differentiated Objectives

Academic Objective(s)

Social Skills Objective(s)

Behavioral Expectation(s)

Teacher Reflection

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

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

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

What went well?

What did not go as expected?

What would I change in the future?

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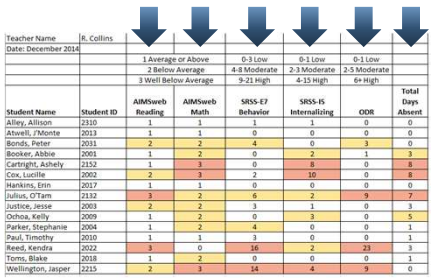
Examining Academic and Behavioral Data



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

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

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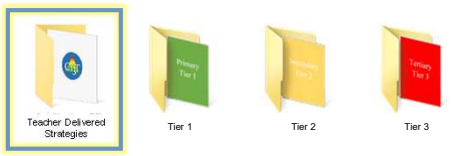
Building a Ci3T Tier Library



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Low-Intensity Strategies

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

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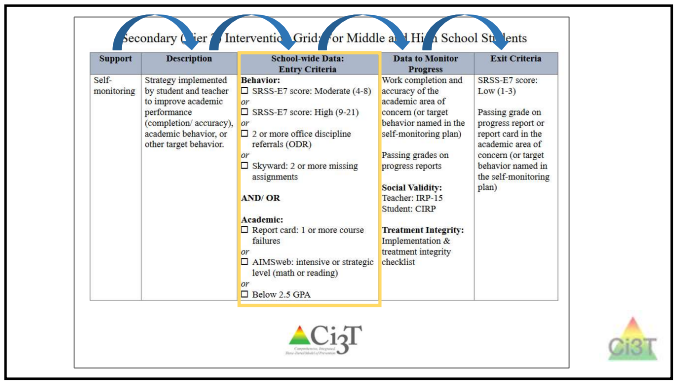
Secondary (Tier 2) Intervention Grid for Middle and High School Students
Support
Description
School-wide Data: Entry Criteria
Data to Monitor Progress
Exit Criteria
Self-monitoring
Strategy implemented by student and teacher to improve academic performance (completion/ accuracy), academic behavior, or other target behavior.
Behavior:
☐ SRSS-E7 score: Moderate (4-8)
or
☐ SRSS-E7 score: High (9-21)
or
☐ 2 or more office discipline referrals (ODR)
or
☐ Skyward: 2 or more missing assignments
AND/ OR
Academic:
☐ Report card: 1 or more course failures
or
☐ AIMSweb: intensive or strategic level (math or reading)
or
☐ Below 2.5 GPA
Work completion and accuracy of the academic area of concern (or target behavior named in the self-monitoring plan)
Passing grades on progress reports
Social Validity:
Teacher: IRP-15
Student: CIRP
Treatment Integrity:
Implementation & treatment integrity checklist
SRSS-E7 score: Low (1-3)
Passing grade on progress report or report card in the academic area of concern (or target behavior named in the self-monitoring plan)
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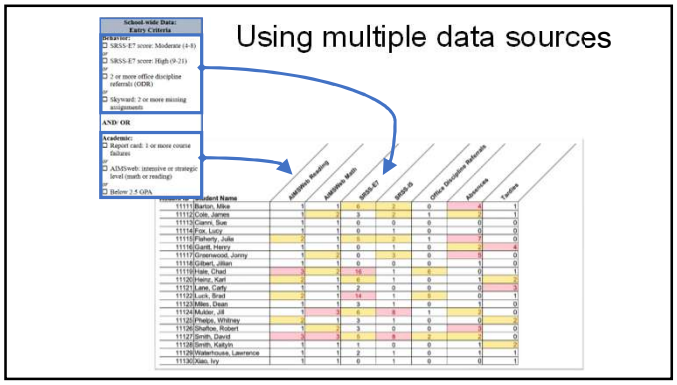
Using multiple data sources
School-wide Data: Entry Criteria
Behavior:
☐ SRSS-E7 score: Moderate (4-8)
or
☐ SRSS-E7 score: High (9-21)
or
☐ 2 or more office discipline referrals (ODR)
or
☐ Skyward: 2 or more missing assignments
AND/ OR
Academic:
☐ Report card: 1 or more course failures
or
☐ AIMSweb: intensive or strategic level (math or reading)
or
☐ Below 2.5 GPA
Student Name
AIMSWeb Reading
AIMSWeb Math
SRSS-E7
SRSS-IS
Office Discipline Referrals
Absences
Tardies
11111 Barton, Mike 1 1 6 3 0 4 1
11112 Cole, James 1 3 3 0 1 1 1
11113 Cierni, Sue 1 1 0 0 0 0 0
11114 Fox, Lucy 1 1 0 1 0 0 0
11115 Flaherty, Julie 2 1 6 2 1 7 0
11116 Gantt, Henry 1 1 0 1 0 2 4
11117 Greenwood, Jonny 1 3 0 3 0 0 0
11118 Gilbert, Jillian 1 1 0 0 0 1 0
11119 Hale, Chad 3 3 16 1 0 0 1
11120 Heinz, Kari 2 1 0 1 0 1 2
11121 Lane, Carly 1 1 2 0 0 0 3
11122 Lack, Brad 2 1 14 1 0 0 1
11123 Miles, Dean 1 1 3 1 0 1 0
11124 Mulder, Jill 1 3 6 3 1 2 0
11125 Phelps, Whitney 2 1 3 1 0 0 2
11126 Shafroe, Robert 1 3 3 0 0 2 0
11127 Smith, David 3 1 0 5 2 2 0
11128 Smith, Kellyn 1 1 1 0 0 1 2
11129 Waterhouse, Lawrence 1 1 2 1 0 1 1
11130 Xiao, Ivy 1 1 0 1 0 0 1

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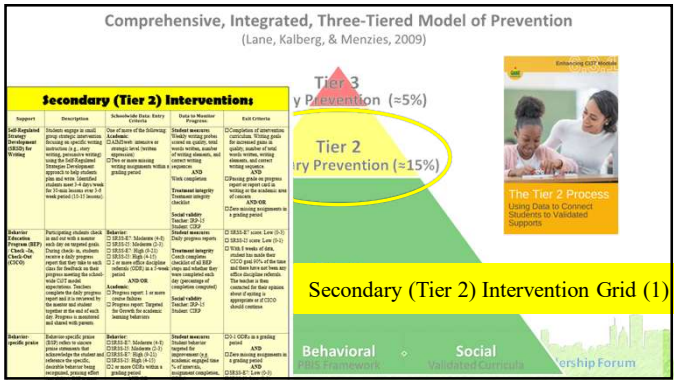
Comprehensive, Integrated, Three-Tiered Model of Prevention
(Lane, Kalberg, & Menzies, 2009)
Secondary (Tier 2) Interventions
Tier 3
Tier 2
Secondary (Tier 2) Intervention Grid (1)
The Tier 2 Process
Using Data to Connect Students to Validated Supports
Behavioral
PBIS Framework
Social
Validated Curricula

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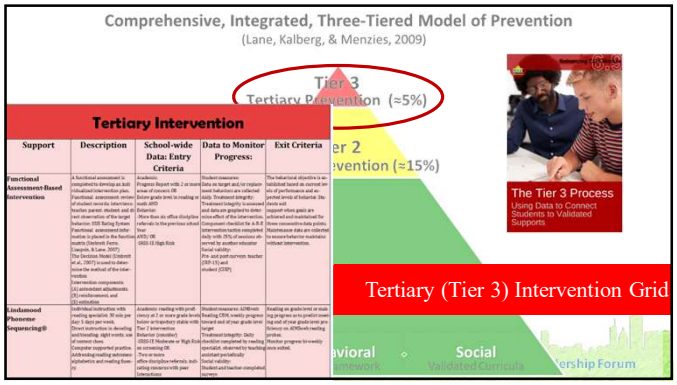
Comprehensive, Integrated, Three-Tiered Model of Prevention
(Lane, Kalberg, & Menzies, 2009)
Tier 3
Tertiary Intervention
Support
Description
School-wide Data: Entry Criteria
Data to Monitor Progress:
Exit Criteria
Functional Assessment-Based Intervention
Lindamood Phoneme Sequencing®
The Tier 3 Process
Using Data to Connect Students to Validated Supports
Tertiary (Tier 3) Intervention Grid
Social

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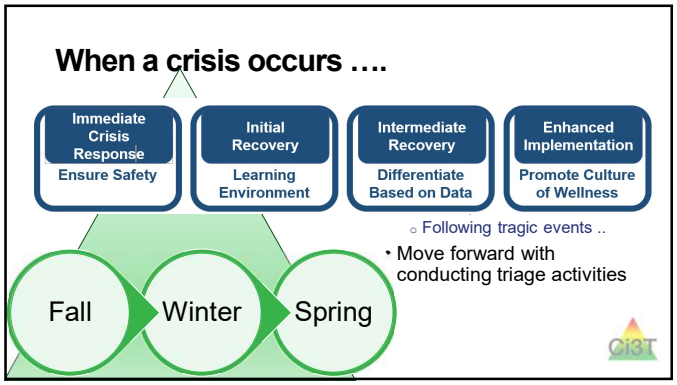
When a crisis occurs ….
Immediate Crisis Response
Ensure Safety
Initial Recovery
Learning Environment
Intermediate Recovery
Differentiate Based on Data
Enhanced Implementation
Promote Culture of Wellness
Following tragic events ..
Move forward with conducting triage activities
Fall
Winter
Spring
Ci3T

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Triage and Recovery Phase Efforts
Tona McGuire

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Integrating Psychological Triage into School Screening

Tona McGuire, Ph.D.

PBIS Leadership Conference Oct 2025

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

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

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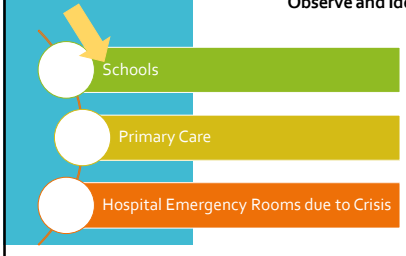
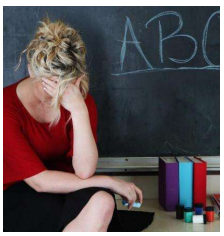
Youth Enter Mental Health Care Via "Touchpoints" and Systems of Care: Schools are Primary to This With Broader Capacity to Observe and Identify At-Risk Youth





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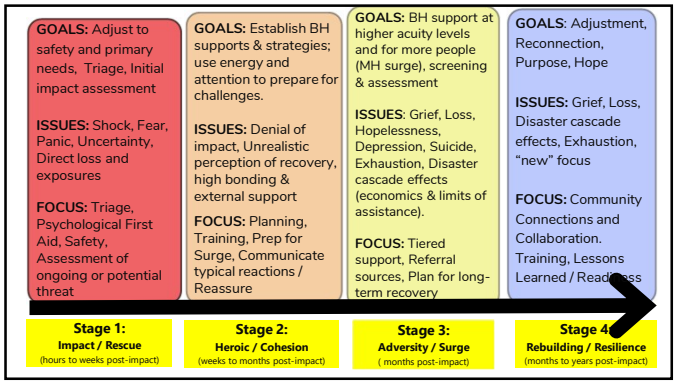

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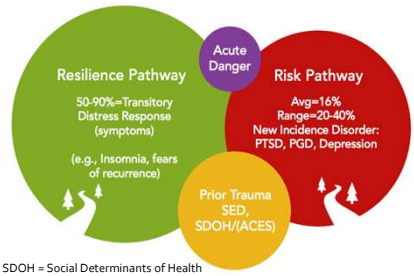
Risk and Resilience Post-Event



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

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Normative and Non-Clinical Reactions

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

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

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Post-Traumatic Stress Disorder

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

Once established, PTSD is frequently:

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

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Rapid Triage of Experience vs. Distress Symptoms

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

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

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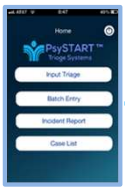
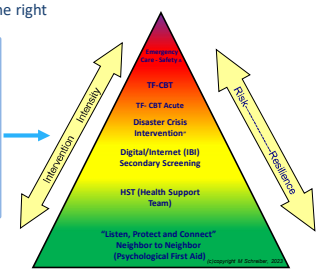
Matching Intervention to Level of Risk

Goal:

Promote the right amount of support to the right children





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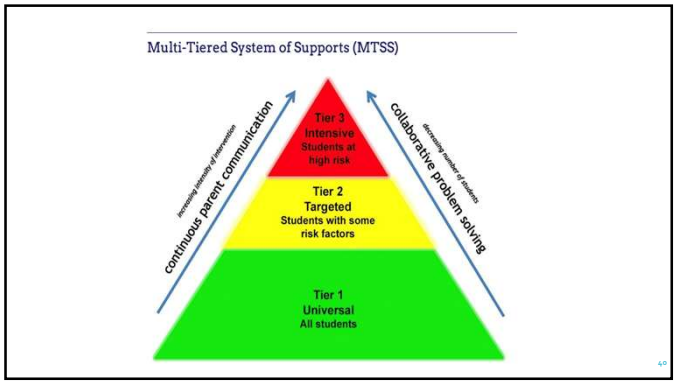
Multi-Tiered System of Supports (MTSS)
Tier 3
Intensive
Students at high risk
Tier 2
Targeted
Students with some risk factors
Tier 1
Universal
All students
continuous parent communication
collaborative problem solving

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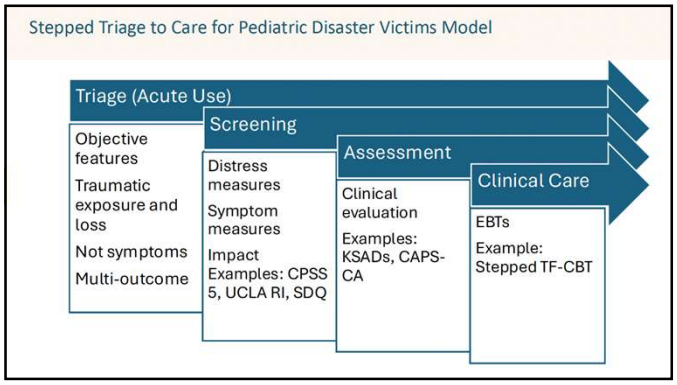
Stepped Triage to Care for Pediatric Disaster Victims Model
Triage (Acute Use)
Objective features
Traumatic exposure and loss
Not symptoms
Multi-outcome
Screening
Distress measures
Symptom measures
Impact
Examples: CPSS 5, UCLA RI, SDQ
Assessment
Clinical evaluation
Examples: KSADs, CAPS-CA
Clinical Care
EBTs
Example: Stepped TF-CBT

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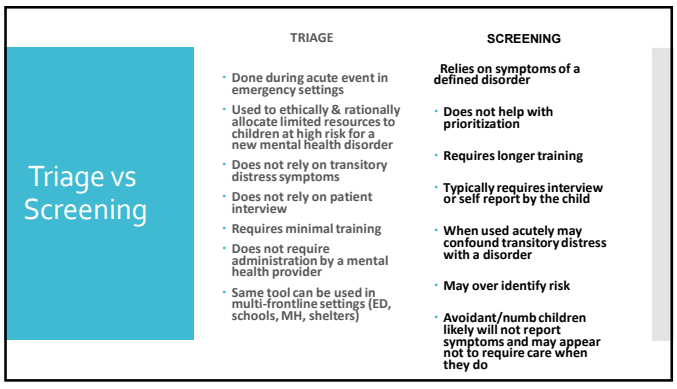
Triage vs Screening
TRIAGE
Done during acute event in emergency settings
Used to ethically & rationally allocate limited resources to children at high risk for a new mental health disorder
Does not rely on transitory distress symptoms
Does not rely on patient interview
Requires minimal training
Does not require administration by a mental health provider
Same tool can be used in multi-frontline settings (ED, schools, MH, shelters)
SCREENING
Relies on symptoms of a defined disorder
Does not help with prioritization
Requires longer training
Typically requires interview or self report by the child
When used acutely may confound transitory distress with a disorder
May over identify risk
Avoidant/numb children likely will not report symptoms and may appear not to require care when they do

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Psychological Simple Triage and Rapid Treatment (PsySTART)©

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

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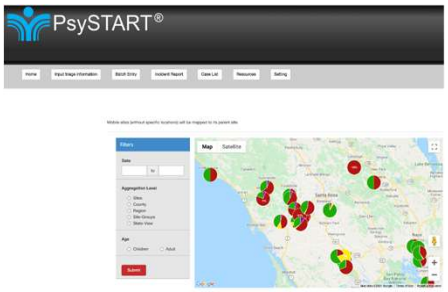
De-identified and Aggregated Data can provide situational awareness in large events



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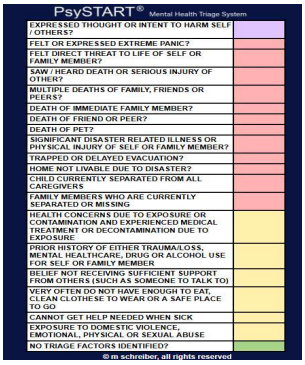
In the immediate Impact of a Crisis Event or Disaster Start Here

Identify trauma exposure and traumatic loss



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What Happens After Positive Triage?

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For An Individual Child

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

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Increasing Access when Mental Health Resources are Insufficient

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

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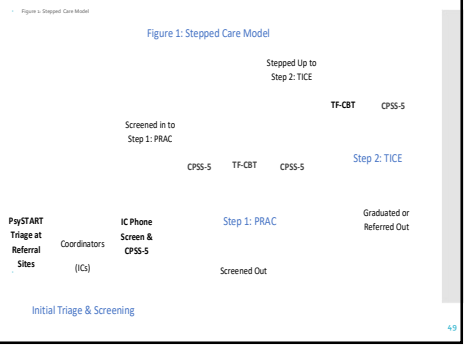
How Does Stepped Triage to Care Work?



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Thank you!
Questions?
tlmcg01@gmail.com

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

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

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

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Inclusionary Practices Resources
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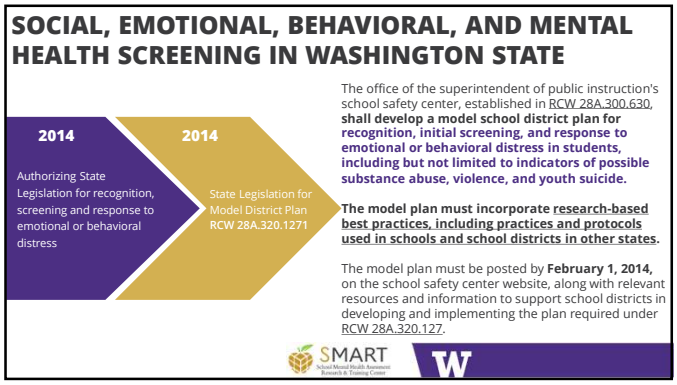
SOCIAL, EMOTIONAL, BEHAVIORAL, AND MENTAL HEALTH SCREENING IN WASHINGTON STATE
2014
Authorizing State Legislation for recognition, screening and response to emotional or behavioral distress
2014
State Legislation for Model District Plan RCW 28A.320.1271
The office of the superintendent of public instruction's school safety center, established in RCW 28A.300.630, shall develop a model school district plan for recognition, initial screening, and response to emotional or behavioral distress in students, including but not limited to indicators of possible substance abuse, violence, and youth suicide.
The model plan must incorporate research-based best practices, including practices and protocols used in schools and school districts in other states.
The model plan must be posted by February 1, 2014, on the school safety center website, along with relevant resources and information to support school districts in developing and implementing the plan required under RCW 28A.320.127.
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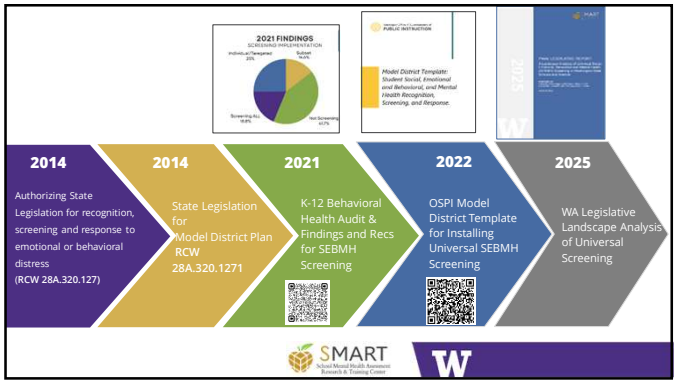
2021 FINDINGS
Model District Template: Student Social, Emotional and Behavioral, and Mental Health Recognition, Screening, and Response.
2014
Authorizing State Legislation for recognition, screening and response to emotional or behavioral distress (RCW 28A.320.127)
2014
State Legislation for Model District Plan RCW 28A.320.1271
2021
K-12 Behavioral Health Audit & Findings and Recs for SEBMH Screening
2022
OSPI Model District Template for Installing Universal SEBMH Screening
2025
WA Legislative Landscape Analysis of Universal Screening
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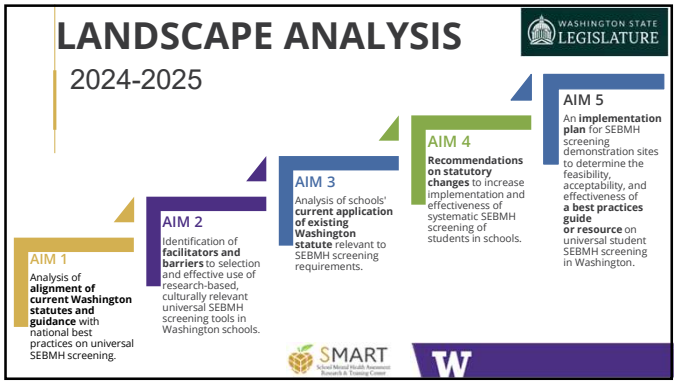
LANDSCAPE ANALYSIS
2024-2025
WASHINGTON STATE LEGISLATURE
AIM 1
Analysis of **alignment of current Washington statutes and guidance** with national best practices on universal SEBMH screening.
AIM 2
Identification of **facilitators and barriers** to selection and effective use of research-based, culturally relevant universal SEBMH screening tools in Washington schools.
AIM 3
Analysis of schools' **current application of existing Washington statute** relevant to SEBMH screening requirements.
AIM 4
Recommendations on statutory changes to increase implementation and effectiveness of systematic SEBMH screening of students in schools.
AIM 5
An **implementation plan** for SEBMH screening demonstration sites to determine the feasibility, acceptability, and effectiveness of **a best practices guide or resource** on universal student SEBMH screening in Washington.
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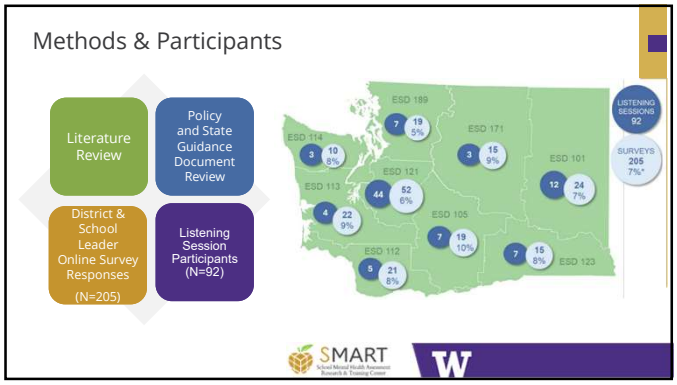
Methods & Participants
Literature Review
Policy and State Guidance Document Review
District & School Leader Online Survey Responses (N=205)
Listening Session Participants (N=92)
ESD 189
ESD 171
ESD 114
ESD 101
ESD 121
ESD 113
ESD 105
ESD 112
ESD 123
LISTENING SESSIONS 92
SURVEYS 205
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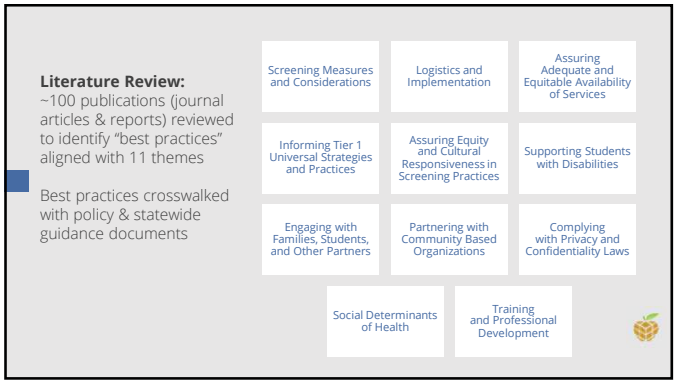
Literature Review:
~100 publications (journal articles & reports) reviewed to identify "best practices" aligned with 11 themes
Best practices crosswalked with policy & statewide guidance documents
Screening Measures and Considerations
Logistics and Implementation
Assuring Adequate and Equitable Availability of Services
Informing Tier 1 Universal Strategies and Practices
Assuring Equity and Cultural Responsiveness in Screening Practices
Supporting Students with Disabilities
Engaging with Families, Students, and Other Partners
Partnering with Community Based Organizations
Complying with Privacy and Confidentiality Laws
Social Determinants of Health
Training and Professional Development

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WASHINGTON STATE EDUCATION DOCUMENTS REVIEWED

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

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21 Unique Laws & Codes Relevant to Universal Screening Reviewed

RCWS

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

WACS

180-16-220	Supplemental basic education program approval requirements
392-172A-03055	Specific learning disability-determination
392-172A-03065	Referral and timelines for initial evaluations

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

FINDINGS

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Substantial Support for Screening

- "Anything that can be brought forward that puts us in a proactive mode versus a reactive mode for the health and well-being of our students and our children and our families is a plus"
  -Family Listening Session Participant
- "I think when it's feasible and we're able to utilize universal screening tools, there can be huge impacts on equity and access"
  -District Administrators Listening Session Participant
- "It is incredibly valuable to screen as many students as we possibly can. We are a small district, and know our students very well, so often the screening tool matches with what we know/see. However, there are times it does not and by having the screening data available when we meet with students, we are able to have deeper conversations with some students who were not sure who to go to or how to share what has been on their minds. Very effective tool."
  -District Leader Survey Respondent

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Lack of clear definition and shared understanding

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

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

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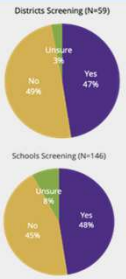
Inconsistent implementation

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



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Structural Barriers

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

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

District Leader Survey Respondent

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RECOMMENDATIONS

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

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

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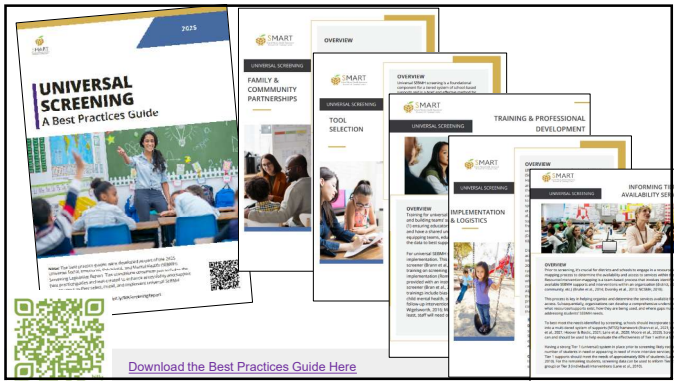
Learning about Universal Mental Health Screening Implementation in Washington

LINK TO REPORT

66



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Scaling Up Universal Screening: Training and Technical Assistance

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

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Ci3T

Closing Out and Moving Forward

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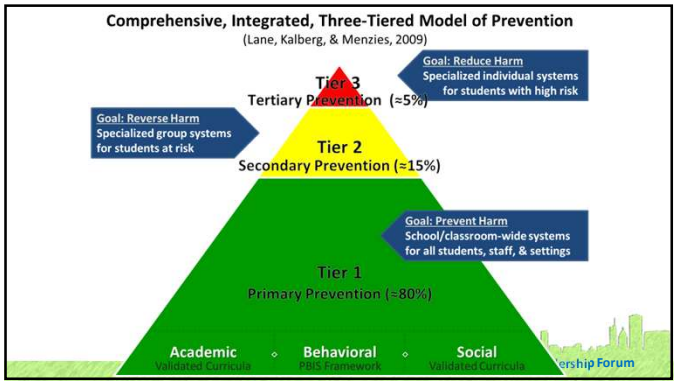
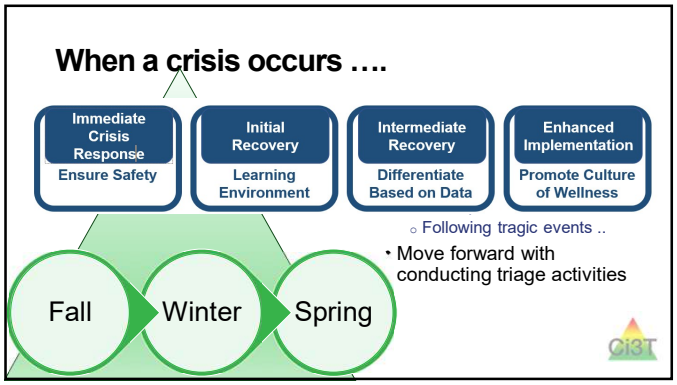

Comprehensive, Integrated, Three-Tiered Model of Prevention
(Lane, Kalberg, & Menzies, 2009)
Goal: Reduce Harm
Specialized individual systems for students with high risk
Tier 3
Tertiary Prevention (≈5%)
Goal: Reverse Harm
Specialized group systems for students at risk
Tier 2
Secondary Prevention (≈15%)
Goal: Prevent Harm
School/classroom-wide systems for all students, staff, & settings
Tier 1
Primary Prevention (≈80%)
Academic
Validated Curricula
Behavioral
PBIS Framework
Social
Validated Curricula

70


When a crisis occurs ….
Immediate Crisis Response
Ensure Safety
Initial Recovery
Learning Environment
Intermediate Recovery
Differentiate Based on Data
Enhanced Implementation
Promote Culture of Wellness
Following tragic events ..
Move forward with conducting triage activities
Fall
Winter
Spring
Ci3T

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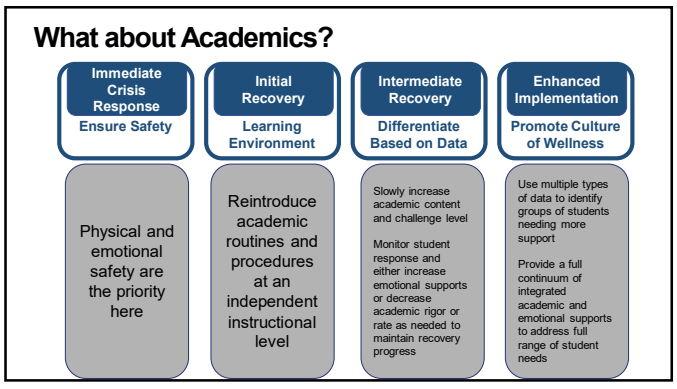
What about Academics?
Immediate Crisis Response
Ensure Safety
Initial Recovery
Learning Environment
Intermediate Recovery
Differentiate Based on Data
Enhanced Implementation
Promote Culture of Wellness
Physical and emotional safety are the priority here
Reintroduce academic routines and procedures at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

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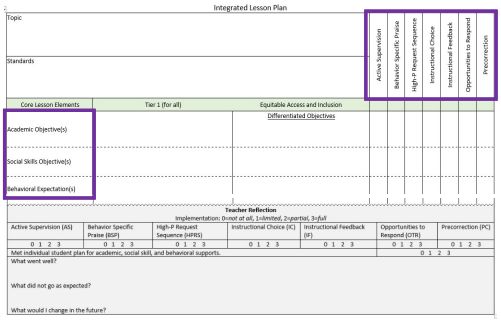
Planning for Integrated Instruction



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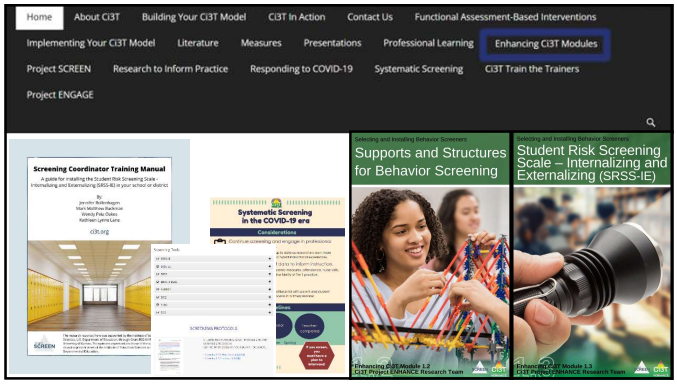
Enhancing Ci3T Modules

74



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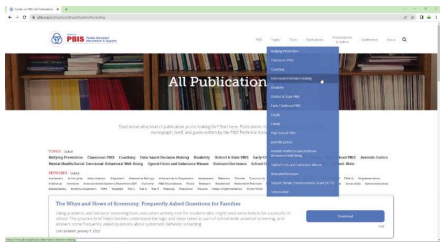
Resources for screening: PBIS.org…



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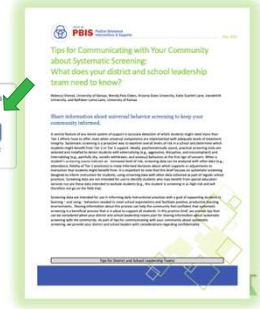
Tips for Communicating with Your Community about Systematic Screening



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

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Please Complete this Session's Evaluation

10/22

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

Four options, pick one!

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