Washington Office of Superintendent of
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Model District Template: Student Social, Emotional and Behavioral, and Mental Health Recognition, Screening, and Response.

2020

MODEL DISTRICT TEMPLATE

Student Social, Emotional and Behavioral, and Mental Health Recognition, Screening, and Response

2022

Martin Mueller
Assistant Superintendent of Student Engagement and Support

Prepared by:

- **Ann Gray**, OSPI Behavioral Health and Suicide Prevention Program Specialist
  ann.gray@k12.wa.us | 360-725-6071
- **Megan Reibel**, University of Washington Forefront Suicide Prevention
  mreibel@uw.edu | 206-769-9916
- University of Washington School Mental Health Assessment Research and Training (SMART) Center's Training and Technical Assistance Core
  smarttac@uw.edu | 206-221-1988

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TABLE OF CONTENTS

Introduction 1
RCW 28A.320.127 Compliance Checklist 2
Definitions and Terms 3
- Screening 3
  - Universal v. Focused Screening 3
  - Formal v. Informal Screening 3
  - Comparison to Existing Screening Practices 3
- Recognition, Referral, and Response 4
- Ethical and Legal Considerations 4
  - Consent 4
  - Privacy and Protected Information 4

Model District Template 6
Appendices 18
- Appendix A: Acknowledgements 18
- Appendix B: Additional Information and Resources 19
- Appendix C: Evidence-Based Screening Tools 20
- Appendix D: Training Opportunities for Staff 22
- Appendix E: Sample Active Consent for Screening 23
- Appendix F: Sample Passive Consent for Screening 24

Legal Notice 25

INTRODUCTION

Revised Code of Washington (RCW) 28A.320.127 requires that all K–12 school districts adopt a plan to screen, recognize, and respond to indicators of social, emotional, behavioral, and mental health (SEBMH) such as, but not limited to, sexual abuse, substance use, violence, or youth suicide.

This document guides districts to carry out the screening process for students and to refer and respond for appropriate intervention in a manner that is consistent with research-based practices and compliant with the law.

District leadership teams are meant to complete the Model District Template, pages 9–19 of this document, to plan and implement screening. The District Model Template guides team to:

1. Identify one or more indicators of SEBMH to measure
    a. For example: emotional or behavioral distress; exposure to trauma, abuse, or neglect; resilience; risk of violence; risk of suicide; substance use
2. Identify the student population(s) the district plans to screen
3. Involve all school personnel in supporting students SEBMH
4. Recognize students at-risk, based on screening results or warning signs, and respond appropriately
5. Review districts' capacity to respond to SEBMH needs with school and community resources

RCW 28A.320.127 COMPLIANCE CHECKLIST

RCW 28A.320.127 Compliance Checklist	
☐	1. Adopt the Model District Template (pages 9–19 of this document) to screen SEBMH indicators such as, but not limited to: a. Emotional or behavioral distress b. Sexual abuse c. Substance use d. Suicide risk e. Violence
☐	2. Annually provide this school's Student Social, Emotional and Behavioral, and Mental Health Recognition, Screening, and Response Plan to all staff
☐	3. Identify community partners for health, mental health, substance use, and social support services
☐	a. At minimum one Memoranda of Understanding (MOU) with such agency or organization
☐	4. Identify how to use expertise of staff trained in screening, referral, and response
☐	5. Identify plan for postvention after an incident of violence, report of sexual abuse, or suicide
☐	6. Identify required staff training on duty to report physical abuse or sexual misconduct
☐	7. Identify supplemental staff training in areas related to SEBMH
☐	8. Procedure for crisis response if a student is imminent danger to self or others
☐	9. Procedure for staff to recognize and respond to concerns or warning signs of SEBMH distress
☐	10. Procedure for staff to respond to reports of sexual contact by staff, volunteer, or family member
☐	a. Protocols for staff interaction child protective services, parents/guardians, law enforcement
☐	b. Protocols for guardian notification after allegation of sexual misconduct

DEFINITIONS AND TERMS

Common language and shared understanding of terms are foundational to the success of the SEBMH screening process. The following are referenced frequently throughout this document:

- Interconnected Systems Framework (ISF)
- Mental Health (MH)
- Multi-Tiered Systems of Support (MTSS)
- Positive Behavioral Interventions and Supports (PBIS)
- Social, Emotional, Behavioral, Mental Health (SEBMH)
- Social-Emotional Learning (SEL)

Screening

In the context of SEBMH, the screening process serves to identify students at risk of or experiencing MH conditions, and to provide schools with the opportunity to respond with appropriate referrals and evidence-based interventions

Universal v. Focused Screening

Districts may plan screening to be universal, focused, or indicated.

- Universal—All students at all schools
- Focused—Select groups by classroom, grade, or special program status
- Indicated—Individual factors
    - For example: exposure to trauma, history of substance use

Formal v. Informal Screening

Question 20 of the Model District Template guides districts to select formal screening tools.

- A ***formal*** screening tool is typically a structured set of criteria (checklist, questionnaires, rating scales) with standard scoring.
- ***Informal*** screening is typically less structured and may consist of open-ended interviews and/or observations.

Comparison to Existing Screening Practices

K–12 districts should already be familiar with the screening process in the contexts of dyslexia, hearing, and vision. In the context of vision, school nurses or trained adults may administer screening to a focused group (by grade) or indicated students (recognized signs of vision deficits). If the results reflect that a student may need further support, then school personnel notify the parent/guardian to recommend further assessment by a physician or optometrist and refer for services beyond the scope of education (glasses or contacts). The school may also implement supports such as preferred seating at the front of the classroom or printed copies of handouts and presentations.

In the context of SEBMH, districts may administer screening tools (such as those in Appendix C) to be completed by students, parents/guardians, and/or school staff, to assess emotional or behavioral indicators. Districts may choose to screen universally, select a focused group, or indicated individuals. If results indicate that a student may be at-risk of or experiencing distress, then school personnel may

notify the parent/guardian and recommend further assessment by a physician or MH specialist and refer for services beyond the scope of education (individual or family therapy, mental health treatment). The school may also implement supports such as check-ins or mentoring with staff, classroom breaks to cope with distress, or creation of safe spaces.

Recognition, Referral, and Response

Upon recognizing that a student is at risk of or experiencing SEBMH concerns (whether by results from screening, or signs of emotional or behavioral distress) schools may notify the parent/guardian and refer the student for school-based services or to community services. If a student is an imminent danger to self or others (indicators of self-harm, suicidal ideation, or act of violence) schools must immediately respond with appropriate assessment and referral. Select examples of referral/response mechanisms include:

- Check-ins or mentoring with school personnel
- Individual meetings with students/families
- Referral to community organizations for health, MH, and/or social services
- Referral to school personnel (counselor, nurse, psychologist, social worker)
- Small group interventions for students

When referring families to community organizations, it is recommended that districts establish effective referral pathways with clear procedures for managing referrals that allow for exchange and sharing of information.

Ethical and Legal Considerations

Screening must be completed in a manner consistent with federal and state laws. The process may raise ethical or legal concerns around communication, confidentiality, and family/student rights. Consider:

- Confidentiality and storage of documents and screening results, and who will access the information
- District capacity to follow-up with all students identified to be at-risk or in need of response
- District response if students are identified to be of imminent risk of harm to themselves or others

Consent

Before the screening process, legal guardian(s) must consent, either actively (in writing) or passively (notice with an option to decline). The Protection of Pupil Rights Amendment (PPRA) protects the rights of students participating in "protected information surveys," including those concerning mental or psychological problems of the student or student's family. Appendix E and Appendix F are sample consent forms.

Privacy and Protected Information

The Family Educational Rights and Privacy Act (FERPA) protects students' education records and personally identifiable information (PII). If school districts partner with medical or mental health organizations, there are additional considerations regarding health records which are protected by the Health Insurance Portability and Accountability Act (HIPAA). Prior parental consent is required before sharing education records or PII.

Districts and community partners may enter MOUs to address sharing students' records while still maintaining their rights to confidentiality, to and create policies for how documents will be sent and stored, and how partners will communicate relevant information.

For more information on this topic, see the US Department of Education (US DOE) Joint Guidance on the Application of FERPA and HIPAA to Student Health Records.

MODEL DISTRICT TEMPLATE

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1. Team-Driven Shared Leadership Section

Requirements:

- Identify the district leadership team responsible for this plan
- Identify how to use expertise of staff trained in recognition, screening, and referral

Recommendations:

- The team responsible for this plan can be an existing group rather than creating a new team

Resources:

- National Center for School Mental Health (NCSMH) School Mental Health Quality Guide: Teaming

a. What district leadership team is responsible for adopting and leading this plan?

☐ An existing team:
- ☐ Crisis Response Team
- ☐ ISF, MTSS, or PBIS Team
- ☐ Restorative Practices Team
- ☐ Section 504 Team
- ☐ Special Education Team
- ☐ Other:

☐ A new multidisciplinary team:
- [Name and/or Position]
- [Name and/or Position]
- [Name and/or Position]
- [Name and/or Position]
- [Name and/or Position]
- [Name and/or Position]

b. What district departments must be involved in approving and implementing this plan?

- ☐ Assessments and Testing
- ☐ Behavioral Health/Mental Health Services
- ☐ Business and Finance
- ☐ Career and Technical Education
- ☐ Communications
- ☐ Discipline
- ☐ Diversity, Equity, and Inclusion
- ☐ Enrollment
- ☐ Health Services and School Nurses
- ☐ Human Resources
- ☐ Information and Technology
- ☐ Parent/Family Representatives
- ☐ Risk Management/Legal
- ☐ School Administrators
- ☐ School Counseling and Guidance
- ☐ School Psychologists
- ☐ School Safety and Security
- ☐ School Social Workers
- ☐ Student or Youth Representative
- ☐ Special Education
- ☐ Superintendent and Cabinet
- ☐ Teachers Union
- ☐ Other(s):

c. What is the district's capacity of Education Staff Associates (ESAs) with knowledge, experience, or training related to SEBMH screening, recognition, and response?

Requirements:

- RCW 28A.320.280, School counselors, social workers, and psychologists—Priorities

☐ School Behavior Analyst: [# FTE]
☐ School Counselor: [# FTE]
☐ School Nurse: [# FTE]
☐ School Psychologist: [# FTE]
☐ School Social Worker: [# FTE]
☐ Other:

d. How can the district utilize the expertise of ESAs and staff trained in screening, recognition, referral, and topics related to SEBMH?

Requirements:

- RCW 28A.320.290, School counselors, social workers, and psychologists—Professional collaboration
    - Within existing resources, beginning in the 2019–20 school year, first-class school districts must provide a minimum of six hours of professional collaboration per year, preferably in person, for school counselors, social workers, and psychologists

Recommendations:

- Roles of ESA's often overlap; identify the position(s) responsible for each of the activities

Resources:

- Tiered Roles for ESAs (School Counselors, Social Workers, Psychologists and Nurses)

Utilization of ESA's:

☐ Administer SEBMH assessments
☐ Case management
☐ Facilitate communication between student, family, school, and outside providers
☐ Facilitate referral to community services
☐ Consult and collaborate with colleagues
☐ Counseling and therapy (individual and/or group) with evidence-based practices
☐ Crisis Assessment, Intervention, and Postvention
☐ Child abuse (emotional, physical, psychological, sexual) or neglect
☐ Postvention after crisis or emergency
☐ Suicide assessment
☐ Threat assessment
☐ Develop and Implement 504 and Individual Education Programs (IEP)
☐ Develop Behavior Intervention Plans (BIP) and related documents
☐ Facilitate classroom lessons for students
☐ Facilitate campus-wide activities for students
☐ Facilitate or participate in individual student-focused team meetings (504, IEP, discipline)
☐ Facilitate training and professional learning in areas related to SEBMH
☐ Receive and process SEBMH referrals
☐ Other:

e. What are the district's required staff professional learning related to SEBMH?

☐ RCW 28A.410.270, Washington professional educator standards board—Performance standards—Certification levels—Teacher effectiveness evaluations—Requirements for professional certificate and residency teaching certificate—Demonstration of educator

preparation programs' outcomes (as amended by 2021 c 197)
☐ RCW 28A.410.035, Qualifications—Coursework on issues of abuse; sexual abuse and exploitation of a minor; and emotional or behavioral distress in students, including possible substance abuse, violence, and youth suicide
☐ RCW 28A.410.273, Washington professional educator standards board—Social-emotional learning
☐ RCW 28A.400.317, Physical abuse or sexual misconduct by school employees—Duty to report—Training
☐ RCW 28A.410.226, Washington professional educator standards board—Training program on youth suicide screening—Certificates for school nurses, social workers, psychologists, and counselors—Adoption of standards
☐ RCW 28A.310.515, School safety and security staff—Training program—Guidelines for on-the-job and check-in training
☐ Other:

f. What are the district's supplemental staff professional learning related to SEBMH?

Requirements:

- Identify opportunities for staff training related to SEBMH screening, recognition, and referral
- RCW 28A.415.445, Professional learning days—Mental health topics—Cultural competency, diversity, equity, and inclusion
    - School districts must use one of the professional learning days to train school district staff in one or more of the following topics: Social-emotional learning, trauma-informed practices, using the model plan related to recognition and response to emotional or behavioral distress, consideration of adverse childhood experiences, mental health literacy, antibullying strategies, or culturally sustaining practices
    - Beginning in the 2023–24 school year, and every other school year thereafter, school districts must use one of the professional learning days to provide to school district staff a variety of opportunities for training, professional development, and professional learning aligned with the cultural competency, equity, diversity, and inclusion standards of practice developed by the Washington professional educator standards board

Resources:

- See Appendix D for free and low-cost training and professional learning opportunities for staff

Topics Related to SEBMH:

☐ Child abuse or neglect
☐ Commercial sexual exploitation of children and youth
☐ Continuums of support framework: ISF, MTSS, PBIS
☐ Culturally responsive practices
☐ Crisis response
☐ De-escalation techniques
☐ Diversity, equity, and inclusion (DEI)
☐ Emotional or behavioral distress
☐ MH awareness and literacy
☐ Restorative justice principles and practices
☐ Secondary traumatic stress
☐ Sexual abuse prevention

☐ SEL
☐ Substance use prevention
☐ Suicide prevention
☐ Threat assessment and response/violence prevention
☐ Trauma, trauma-informed schools, adverse childhood experiences (ACEs)
☐ Other topic(s) related to SEBMH:

Methods to Provide Professional Learning and Training:
☐ In-service professional learning and technical assistance
☐ Approved clock hour providers
☐ Educational Service District (ESD)
☐ University of Washington (UW) School Mental Health Assessment, Research, and Training (SMART) Center Training and Technical Assistance Core (TACore)
☐ UW Forefront Suicide Prevention
☐ Other:
☐ Online Self-Paced Training
☐ Classroom Well-Being Information and Strategies for Educators (WISE)
☐ Psychological First Aid [PENDING NEW COURSE 2022]
☐ OSPI's Confident Action and Referral by Educators (CARE)
☐ OSPI's SEL Online Module
☐ Other:

2. Community Engagement and Participation Section

Requirements:
- Identify and partner with health, MH, substance use, and social support services agencies

Recommendations:
- Leverage community partners to maximize the resources and services for students and families
- Establish referral pathways, processes, and procedures to connect families with community partners

Resources:
- National Association of School Psychologists (NASP) and NCSMH Effective School-Community Partnerships to Support School Mental Health

a. What community organization(s) and resource(s) are available for health, mental health, substance use?

Community Agencies for Health, MH, Substance Use, and Social Support:
☐ Behavioral or MH Organizations
☐ Department of Social and Health Services (Office Locator)
☐ Medical or Public Health Providers, School-Based Health Centers
☐ Substance Use Treatment
☐ Washington Mental Health Referral Service for Children and Teens
☐ Other:

Additional Programs and Resources:
☐ Before or after school programs
☐ City or local government
☐ Faith-based organizations

☐ Nonprofit and philanthropic organizations serving youth and families
☐ Organizations for basic needs (clothing, food, shelter)
☐ Other:

b. Does the district have at least one MOU with community organization(s) for health, mental health, substance use, or social services?

Requirements:

- At least one MOU with such a community organization or entity

Recommendations:

- Address procedure for exchange of information and/or release of records (HIPAA/FERPA)
- Identify the activities, goals, purpose, roles, and responsibilities of entities under the agreement

Resources:

- Midwest PBIS Network Sample MOU
- OSPI Sample MOU

At least one MOU with community organization (Section 2.a.):

☐ Yes
☐ No

3. Family Engagement and Participation Section

Requirements:

- Plan must include protocols and procedures for communication with guardians

Recommendations:

- Involve parents/guardians in selecting screening tools and planning and implementing screening

Resources:

- NASP School-Family Partnering to Enhance Learning

a. How will the district communicate with parents/guardians about planning and implementing the screening process?

☐ Add information to annual enrollment notifications
☐ Add information to newsletters and/or websites
☐ Direct communication with parents/guardians (e.g., email, letter, phone call)
☐ "One-Pager" handout
☐ Other:

b. How will parents/guardians consent to screening?

Requirements:

- PPRA: Legal guardians must consent (active or passive) before the student participates in screening

Recommendations:

- Consider the pros and cons of both active and passive consent

Resources:

- The Ethical and Legal Considerations section of this document
- See Appendix E and Appendix F for sample consent forms
- School Health Assessment and Performance Evaluation System (Shape) School Mental Health Quality Guide: Screening (pages 11–12)

District Protocol:

☐ Active Consent

☐ Passive Consent

c. How will the district involve students in SEBMH screening?

Recommendations:

- Engage students with opportunities for input in selecting the screening tool

☐ Establish process for students to initiate SEBMH referrals for themselves or peers

☐ Invite student input to select screening tool

☐ Invite students to assent or consent to participate in screening

☐ Other:

4. Data-Based Decision-Making Section

a. What are the existing data sources?

☐ School climate data

☐ The Washington State Healthy Youth Survey (HYS)

☐ Abuse (physical or emotional)

☐ MH: depressive symptoms

☐ MH: suicide attempts

☐ Sexual behavior

☐ Alcohol, tobacco, and/or other drug use

☐ Student information system (such as Gradelink, Powerschool, skyward) and academic history

☐ Absenteeism, truancy

☐ Academic data (grades, graduation status, GPA)

☐ Office discipline referrals (ODRs)

☐ School Counselor, Psychologist, Social Worker referrals or visits

☐ School Nurse referrals or visits

☐ OSPI School Report Card

☐ Other:

b. How can existing data sources be utilized?

☐ Identify indicators for the district to prioritize for screening

☐ Utilize multiple data sources to inform decisions to selecting students for screening

☐ Other:

5. Screening: Exploration, Installation, and Implementation Section

Requirements:

- Adopt a plan for initial screening of indicators of emotional or behavioral distress including, but not limited to, sexual abuse, substance use, violence, and youth suicide

Recommendations:

- Start with a small number of students (focused, indicated) before scaling up to all (universal)

Resources:

- Mental Health Technology Transfer Center (MHTTC) Implementation Guidance Modules for States, Districts, and Schools (Module 4)
- NCSMH School Mental Health Quality Guide: Screening
- NCSMH School Mental Health Screening Playbook
- Substance Abuse and Mental Health Services Administration (SAMHSA) Ready, Set, Go, Review:

Screening for Behavioral Health Risk in Schools

- School Mental Health (SMH) Collaborative Best Practices in Universal Social, Emotional, and Behavioral Screening: An Implementation Guide

a. Will the district screening of students be universal, focused, or indicated?

☐ Universal (All)
☐ Focused (Some)
☐ Indicated (Individual)

b. If the district plans to conduct focused screening, how will students be selected?

☐ Academic Risk (absences, grades, graduation status)
☐ Grade (or age)
☐ Special Program Status:
    ☐ Children of Incarcerated Parents
    ☐ Free and Reduced-Price Meal (FRPM) Eligible
    ☐ Highly Capable Program
    ☐ Institutional Education
    ☐ Learning Assistance Program (LAP)
    ☐ Migrant Education Program and Multilingual Education
    ☐ Military-Connected Youth
    ☐ Native Education
    ☐ Special Education
    ☐ Youth Experiencing Homelessness
    ☐ Youth in Foster Care
☐ N/A (screening will be universal or indicated)
☐ Other:

c. If the district plans to conduct "indicated" screening (individuals), how will students be selected?

☐ Students with known risk factors or exposure to trauma
    ☐ Child abuse or neglect, or sexual abuse
    ☐ Death of a family member or loved one
    ☐ Prior acts or threats of violence
    ☐ Prior suicidal behavior, ideation, or attempts
    ☐ Substance use
☐ N/A (screening will be universal or focused)
☐ Other:

d. Based on the information in sections 14-16, how many students will be screened?

Total number of students: [X]

e. Following a traditional continuum of supports framework (ISF, MTSS, PBIS), approximately how many students' results may indicate further assessment or intervention (Tier 2 and/or 3)?

Anticipated Number of Students:

- Tier 1: [75-90% of X]
- Tier 2: [10-25% of X]
- Tier 3: [3-5% of X]

Does the district have the capacity to respond with Tier 2 and/or 3 interventions and services for the

anticipated number of students?

☐ Yes

☐ No (if no, review section 5.a—c and reduce number of students such that the district has the capacity)

6. Screening: Selection of Evidence-Based Screening Tool(s) Section

Requirements:

- Incorporate research-based best practices

Recommendations:

- District leadership teams should select the tool(s) to be used for all school sites
- Some factors for consideration as district leadership teams select screening tool(s)
  - Cost (financial, time, and personnel) to administer and score tools
  - Culture (language)
  - Informant(s): educator; MH clinician; student self-report; parent/guardian

Resources:

- See Appendix C for additional information and suggested screening tools
- The following resources can help districts explore or identify additional screening tools:
  - Center for School Mental Health (CSMH) Summary of Free Assessment Measures
  - National Center on Safe Supportive Learning Environments (NCSSLE) Mental Health Screening Tools for Grades K–12
  - Research and Development (RAND) Education Assessment Finder and Choosing and Using SEL Competency Assessments
  - OSPI Academic and Student Well-Being Recovery Plan: Universal Behavior Screeners

a. What are the indicators of student SEBMH that the district plans to measure?

☐ Academic engagement and motivation

☐ Coping skills and resilience

☐ Exposure to child abuse or neglect (emotional, physical, sexual)

☐ Exposure to trauma

☐ Externalizing behaviors (e.g., aggression, anger)

☐ Internalizing behaviors (e.g., anxiety, depression, stress, withdrawal)

☐ Substance Use

☐ Suicide Risk

☐ Violence

☐ Other:

b. Based on the district indicators for screening, what evidence-based screening tool(s) will be used?

Note: Districts are invited to explore additional instruments beyond the items listed

Anxiety, Stress, Trauma:

☐ Child Health and Development Institute (CHDI) Child Trauma Screen (CTS) for student(s) ages 6–17

☐ Penn State Worry Questionnaire for Children (PSWQ-C) for student(s) ages 7–18

☐ Revised Child Anxiety and Depression Scale (RCADS) for caregiver(s) and/or Student(s) ages 8–18)

☐ Other:

Emotional, Behavioral, or Mental Health:

☐ Pearson Assessments Behavior Assessment System for Children (BASC) for caregiver(s), student(s), and/or educator(s) of all ages

☐ Hawthorne Emotional Behavioral Screener (EBS) for educator(s)

☐ Massachusetts General Hospital Pediatric Symptom Checklist (PSC) for caregiver(s) and/or student(s) ages 3–18

☐ RAND Social, Academic, Emotional Behavior Risk Screener (SAEBRS) for educator(s) and/or student(s) ages 5–18

☐ Youth in Mind Strengths and Difficulties Questionnaire (SDQ) for caregiver(s), educator(s), and/or student(s) ages 2–18

☐ Comprehensive, Integrated Three-Tiered Model of Prevention (CI3T) Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE) for educator(s) and student(s) ages 5–18

☐ Other:

Resilience and Protective Factors:

☐ Children's Hope Scale (CHS) for student(s) ages 8–16

☐ Child and Youth Resilience Measure (CYRM) student(s) ages 5–23

☐ Other:

Risk of Substance Use:

☐ Alcohol Use Disorders Identification Test (AUDIT) for student(s) ages 14–18

☐ Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) 2.0 for MH clinician(s) and/or student(s) ages 12–18

☐ Screening, Brief Intervention, and Referral to Treatment (SBIRT) for MH clinician(s) and student(s) ages 12–18

☐ Other:

Risk of Suicide:

☐ National Institute of Mental Health (NIH) Ask Suicide-Screening Questions (ASQ) for student(s) interview ages 12–18

☐ The Columbia Lighthouse Project Columbia Suicide Severity Rating Scale (C-SSRS) for school(s) and student(s) interview ages 12–18

☐ Other:

Risk of Violence:

☐ Structured Assessment of Violence Risk in Youth (SAVRY) for student(s) ages 12–18

☐ Other:

Sexual Abuse:

☐ Westcoast Children's Clinic Commercial Sexual Exploitation—Identification Tool (CSE-IT)

☐ Other:

7. Data: Recognition, Referral, and Response Section

Note: After administering the screening the district will have data and results to inform decision-making, and to respond to students as indicated. The nature of the data, and how to interpret and use

the information, will depend on the scoring methods of the screening tool(s) selected in Section 20.

Requirements:

- Plan must include procedure for staff to recognize and respond to:
  - Crisis situations if a student is in imminent danger to self or others
  - Report of sexual contact or misconduct by a family member, school staff, or volunteer
  - Suspicions, concerns, or warning signs of emotional or behavioral distress in students

Recommendations:

- All district staff must follow the same plans and procedures to refer students for SEBMH concerns

Resources:

- OSPI Advancing Wellness and Resiliency in Education (Project AWARE) Mental Health Referral Pathways
- PBIS Interpreting Universal Behavior Screening Data: Questions to Consider

a. How will staff respond to indicators of social, emotional, behavioral, or mental health distress (based on screening results, or recognized warning signs)?

☐ Communicate directly with student to offer support
☐ Communicate directly with parent/guardian to discuss concerns
☐ Initiate referral to appropriate school official (Section 7.b–c)
☐ RCW 28A.600.480, Reporting of harassment, intimidation, or bullying—Retaliation prohibited—Immunity
☐ Other:

b. Which school official(s) are responsible for receiving and processing referrals?

☐ Certified ESA (School Counselor, Nurse, Psychologist, Social Worker)
☐ School administrator
☐ Team designated for SEBMH (ISF, MTSS, PBIS)
☐ Other:

c. How will staff initiate referrals for students at-risk or experiencing SEBMH distress?

Resources:

- Now is the Time Technical Assistance Center (NITT-TA) School Mental Health Referral Pathways (SMHRP) Toolkit (pages 31–34 sample forms)

Methods for referral:

☐ Entry to Student Information System (GradeLink, PowerSchool, Skyward)
☐ Formal report via hard copy of referral form
☐ Informal report to appropriate school official (conversation, email, phone call)
☐ Other:

d. How will staff respond if a student poses an imminent danger to self (self-harm, suicidal ideation)?

Resources

- UW Forefront Crisis Plan Template
- UW Forefront Safety Plan Template
- UW Forefront Re-Entry/Follow-Up Checklist for Suicide and Self-Harm

District protocols and procedures if student is in imminent danger to self:

☐ District Plan for Suicide Assessment and Response
☐ RCW 28A.320.126, Emergency response system
☐ Other:

e. How will staff respond if a student poses an imminent danger to others (school violence prevention, threat assessment and response)?

Resources:

- John Van Dreal Consulting Preventive Behavioral Threat Assessment K–12 Assessment Forms
- OSPI School-Based Threat Assessment Fidelity Document: A School District Guide to Program Fidelity and Compliance

District protocols and procedures if student is imminent danger to others:

☐ RCW 28A.320.123, School-based threat assessment program
☐ RCW 28A.320.125, Safe school plans—Requirements—Duties of school districts and schools—Drills—Rules—First responder agencies
☐ RCW 28A.320.126, Emergency response system
☐ RCW 28A.320.128, Notice and disclosure policies—Threats of violence—Student conduct—Immunity for good faith notice—Penalty
☐ Other:

f. What is the procedure for staff response to a student's disclosure of emotional, physical, or sexual abuse, or neglect, or sexual misconduct by school staff, a volunteer, or a family member?

Resources:

- WA Department of Social Health and Services (DSHS) Protecting the Abused and Neglected Child: A Guide for Recognizing and Reporting Child Abuse and Neglect

District response to disclosure of student abuse, neglect, or sexual misconduct by an adult:

☐ RCW 26.44.040, Reports—Oral, written—Contents
☐ RCW 28A.320.160, Alleged sexual misconduct by school employee—Parental notification—Information on public records act
☐ Other:

g. How will the district support students and staff provide postvention after a crisis or emergency?

Resources:

- Suicide Prevention Resource Center (SPRC), Education Development Center (EDC), and American Foundation for Suicide Prevention After Suicide: A Toolkit for Schools (Second Edition)
- MHTTC School Mental Health Crisis Leadership Lessons
- NCSMH Supporting Students, Staff, Families, and Communities Impacted by Violence

District plans and procedures for postvention:

☐ OSPI Suicide Postvention Guide for Schools in Washington State
☐ Activate Crisis Response Team
☐ Conduct staff meeting before school
☐ Notify families in an appropriate manner

☐ Notify students in an appropriate manner
☐ Provide care stations and safe rooms for students and staff
☐ Other:

APPENDICES

Appendix A: Acknowledgements

Special Thanks to the Social, Emotional Behavioral District Screening Plan Committee:

NAME	TITLE	SCHOOL
Angie Withers	School Psychologist	Richland School District
Alyssa A. Symmes	Mental Health Assistance Team Lead	Bellevue School District
Dr. Jeannie Larberg	Director of Whole Child	Sumner/Bonney Lake School District
Johnny Phu	Director of Student Services	Lake Washington School District
Dr. Kurt Hatch	Professor and Director of Educational Administration	University of Washington
Mabel Thackery	LMHC and NCC	Quillayute Valley School District
Mari Meador, M.Ed.	Implementation Coach	University of Washington Tacoma in Partnership with Tacoma Public Schools
Megan Reibel, M.Ed.	Manager of School Based Programs	Forefront Suicide Prevention
		Olympia School District
	Social Development Research Group	University of Washington School of Social Work
Susan Peng-Cowan	Behavioral Health Navigator	ESD 112

Appendix B: Additional Information and Resources

OSPI

- Youth Suicide Prevention, Intervention, and Postvention
- Washington's Multi-Tiered System of Supports Framework
- Trauma Informed Schools
- Student/Youth Mental Health Literacy Library
- Substance Use Prevention and Intervention
- Recommendations for Sexual Abuse Prevention Education in WA K–12 Schools
- Sexual Violence Prevention
- Student Success: Mental, Social, and Behavioral Health
- Project AWARE
- The Heart of Learning and Teaching: Compassion, Resiliency and Academic Success

Community and Family Engagement

- NCSSLE What Do School Staff and Community Stakeholders Need to Know About School Mental Health?

Continuum of Supports Frameworks (ISF, MTSS, PBIS)

- Center on PBIS
- Center on PBIS Mental Health/Social-Emotional-Behavioral Well-Being
- National Implementation Research Network (NIRN) The Hexagon: An Exploration Tool

School Mental Health Supports

- NCSSLE Implementing School Mental Health Supports: Best Practices in Action
- US DOE Supporting Child and Student SEBMH Needs

Postvention

- MHTTC After School Tragedy: Readiness, Response, Recovery, and Resources

Violence Prevention and Response

- Division of Violence Prevention, National Center for Injury Prevention and Control, and Centers for Disease Control (CDC) and Prevention Best Practices of Youth Violence Prevention: A Sourcebook for Community Action

Substance Use Prevention and Response

- Center on PBIS Using the PBIS Framework to Address the Opioid Crisis in Schools

Youth Suicide Prevention and Response

- SAMHSA Preventing Suicide: A Toolkit for High Schools
- University of Washington Forefront Suicide Prevention

Appendix C: Evidence-Based Screening Tools

Districts are invited to explore additional screening instruments beyond the items listed here.

- CSMH Summary of Free Assessment Measures
- NCSSLE Mental Health Screening Tools for Grades K-12
- RAND Education Assessment Finder
- RAND Choosing and Using SEL Competency Assessments
- OSPI Academic and Student Well-Being Recovery Plan: Universal Behavior Screeners

EVIDENCE-BASED SCREENING TOOLS				
General Social, Emotional, Behavioral, Mental Health				
Screening Tool	Focus Area(s)	Time to Complete	Ages	Informant(s)
BASC	• Behavior • Interpersonal relationships	Varies	Varies	• Caregiver(s) • Educator(s) • Student(s) • MH Clinician(s)
EBS	• Behavior	5–10 min	5–18	• Educator(s) • Student(s)
PSC	• Anxiety • Depression • Disruptive Behavior • Hyperactivity • Inattention	5–10 min	3–18	• Caregiver(s) • Student(s)
SAEBERS	• Interpersonal relationships • Intrapersonal relationships	3–10 min	5–18	• Educator(s) • Student(s)
SRSS-IE	• Academic engagement • Anxiety • Depression • Disruptive behavior • Social skills	15–20 min	6–18	• Educator(s)
SDQ	• Anxiety • Depression • Disruptive behavior • Hyperactivity • Social skills	5–10 min	2–18	• Caregiver(s) • Educator(s) • Student(s)
Anxiety, Stress, and Trauma				
Screening Tool	Focus Area(s)	Time to Complete	Ages	Informant(s)
CTS	• Trauma	5–10 min	6–17	• Caregiver(s) • Student(s)
PSWQ-C	• Anxiety • Worry	5–10 min	7–17	• Student(s)
RCADS	• Anxiety	5–10 min	7–18	• Caregiver(s)

	• Depression • Mood			• Student(s)
Resilience				
Screening Tool	Focus Area(s)	Time to Complete	Ages	Informant(s)
CYRM	• Caregiver relationship • Cultural context and resources • Personal and social skills • Resilience	20 min	5–23	• Student(s)
CHS	• Agency • Life satisfaction	5–10 min	8–16	• Student(s)
Violence				
Screening Tool	Focus Area(s)	Time to Complete	Ages	Informant(s)
SAVRY	• Risk of violence	10–15 min	12–18	• MH Clinician(s)
Substance Use				
Screening Tool	Focus Area(s)	Time to Complete	Ages	Informant(s)
AUDIT	• Substance use	3–5 min	14–18	• Student(s)
CRAFFT	• Substance use	3–5 min	12–18	• Student(s) • MH Clinician(s)
SBRIT	• Substance use	Varies	12–18	• MH Clinician(s)
Youth Suicide				
Screening Tool	Focus Area(s)	Time to Complete	Ages	Informant(s)
ASQ	• Suicide risk	< 1 min	10–21	• Student(s)
C-SSRS	• Suicide risk	Varies		• MH Clinician(s)

Appendix D: Training Opportunities for Staff

FREE TRAINING OPPORTUNITIES		
Program	Description	Time Commitment
CARE	Training for school staff to recognize and respond to student emotional and behavioral distress provided by OSPI.	1 hour
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Training for mental health professionals and clinicians to deliver evidence-based 10-session group counseling curriculum in the school setting for youth ages 10–14. Bounce Back is CBITS adapted to elementary-aged students.	5 hours (self-paced)
Classroom WISE	Training for educators and school staff to support students with mental health challenges with evidence-based strategies.	5 hours (self-paced)
Psychological First Aid (PFA)	Training for staff to help children, adolescents, and families in the aftermath of a disaster or traumatic incident.	5 hours (self-paced)
Skills for Psychological Recovery (SPR)	Training for providers to help survivors gain skills to manage distress and cope with post-disaster stress and adversity.	5 hours (self-paced)
Kognito—Suicide Postvention: The Role of the School Community After a Suicide	Training for educators using After Suicide: A Toolkit for Schools.	1 hour
Support for Students Exposed to Trauma (SSET)	Training for educators and school staff to deliver evidence-based 10-session group intervention curriculum in the school setting for students exposed to trauma. (CBITS adapted for teachers and school staff)	4 hours (self-paced)
Support for Teachers Affected by Trauma (STAT)	Curriculum for teachers and school staff to understand Secondary Traumatic Stress (STS) and how to mitigate the effects with self-care and resources.	4 hours (self-paced)
OSPI SEL in Washington State Schools Module	Designed to build knowledge and awareness of school staff of what SEL is and how to implement and integrate SEL into different contexts in a culturally responsive way.	Self-paced

Appendix E: Sample Active Consent for Screening

The following sample is an example but may not address the ethical or legal considerations for all districts and schools.

Dear Parents and Guardians,

[DISTRICT] is committed to supporting the social, emotional, behavioral, and mental health of students. RCW 28A.320.127 requires each school district to recognize, screen, and respond to indicators of emotional or behavioral distress in students. This information will help the district understand the needs of all students at both the individual and school level.

Please complete this form and submit to [DISTRICT] by [DATE] to consent to your student's participation in the screening process.

The district has selected the following screening tool(s) to measure indicators of social, emotional, behavioral, and mental health of students.

[Screening Tool]:
Key Indicators: (for example: anxiety, trauma, substance use, suicide risk, violence)
Informant: (for example: student, staff, parent/guardian, mental health clinician)
Time to Complete: (X minutes)

For additional information about the district's administration of screening, please contact [STAFF NAME], [POSITION] at [CONTACT INFORMATION].

Thank you,
[STAFF NAME]
[POSITION]
[CONTACT INFORMATION]

Please complete this form and submit to [DISTRICT] by [DATE]:

I understand that my child's school district will administer screening for indicators of social, emotional, behavioral, or mental health.

Please select one option below:
☐ I **do** consent for my student to participate
☐ I **do not** consent for my student to participate

Student Name:
Parent/Guardian Name:
Parent/Guardian Signature:
Date:

Appendix F: Sample Passive Consent for Screening

The following sample is an example but may not address the ethical or legal considerations for all districts and schools.

Dear Parents and Guardians,

[DISTRICT] is committed to supporting the social, emotional, behavioral, and mental health of students. RCW 28A.320.127 requires each school district to recognize, screen, and respond to indicators of emotional or behavioral distress in students. This information will help the district understand the needs of all students at both the individual and school level.

Please complete this form and submit to [DISTRICT] by [DATE] to opt-out your student from participation in the screening process. If you consent to your student's participation in the screening process, no further action is necessary at this time.

The [DISTRICT] has selected the following screening tool(s) to measure indicators of social, emotional, behavioral, and mental health of students.

[Screening Tool]:

- Key Indicators: (for example: anxiety, trauma, substance use, suicide risk, violence)
- Informant: (for example: student, staff, parent/guardian, mental health clinician)
- Time to Complete: (X minutes)

For additional information about the district's administration of screening, please contact [STAFF NAME], [POSITION] at [CONTACT INFORMATION].

Thank you,
[NAME]
[POSITION]
[CONTACT INFORMATION]

I understand that my child's school district will administer screening for indicators of social, emotional, behavioral, or mental health. I would like to opt-out my child from this process.

[STUDENT NAME]:
[PARENT/GUARDIAN NAME]:
[DATE]:

LEGAL NOTICE

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All students prepared for post-secondary pathways, careers, and civic engagement.

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PUBLIC INSTRUCTION

Chris Reykdal | State Superintendent
Office of Superintendent of Public Instruction
Old Capitol Building | P.O. Box 47200
Olympia, WA 98504-7200