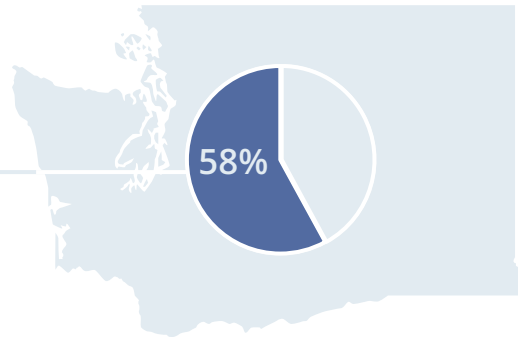


A LANDSCAPE ANALYSIS OF UNIVERSAL SOCIAL, EMOTIONAL, BEHAVIORAL & MENTAL HEALTH (SEBMH) SCREENING IN WASHINGTON STATE SCHOOLS & DISTRICTS

BACKGROUND/PURPOSE

Washington is experiencing a youth mental health crisis, with over half (58%) of adolescents experiencing anxiety and/or depression and around 20% needing clinical care (Saaris, 2023).



- Schools are the primary setting where youth receive mental health services, ranging from universal prevention to intensive treatment, aligned with a multi-tiered system of supports. Universal screening plays a critical role in school mental health by identifying strengths and stressors for students and connecting them to necessary supports.
- Washington State passed a bill in 2014 ([RCW 28A.320.127](#)) that required districts to develop a plan for screening students for SEBMH distress and has since released related model district plans and templates; however, implementation of universal screening has been inconsistent.
- Therefore, to better understand the current state of universal screening practices in districts and schools, the Washington State Legislature directed the UW SMART Center to “research and report on collection and use of data, including universal screening and other SEBMH data in public schools within the multi-tiered system of supports and integrated student supports frameworks.” This brief provides a summary of the [final report](#).

UNIVERSAL SCREENING DEFINITION

“Universal SEBMH screening refers to the systematic and proactive assessment of social, emotional, and/ or behavioral strength and risk indicators among all or a majority of students within a given educational setting (e.g., class, grade band, school, district). The goal of universal SEBMH screening is to inform universal programming Tier 1 instruction and supports as well as additional assessment or early identification of students who may need additional intervention beyond what is provided universally. Universal SEBMH screening is conducted so that student data are identifiable (e.g., by student name and other identifiers). Universal SEBMH screening is different from select or targeted screening procedures that are applied in response to when a student is already having difficulties and seeks to more deeply assess or diagnose.”

METHODOLOGY

- **Literature Review:** Compiled best practices from over 100 articles and reports on the following domains: 1) screening measures and considerations; 2) logistics and implementation; 3) assuring adequate and equitable availability of services; 4) informing Tier 1 universal strategies and practices; 5) assuring equity and cultural responsiveness in screening practices; 6) supporting students with disabilities; 7) engaging with families, students, and other partners; 8) partnering with community-based organizations; 9) complying with privacy and confidentiality laws; 10) including social determinants of health; and 11) training and professional development.
- **Policy Review:** Reviewed 30 laws, rules, policies, procedures, and guidance documents related to school-based screening systems, data, and practices. Policies were then cross-walked with best practices from literature review to understand how well current policies reflect best practices.
- **Surveys:** Of 59 district and 146 school representatives who answered questions regarding screening status and tool selection; installation, implementation, determinants and recommendations; and demographic information. Survey participants were representative of schools and districts across the state on student and school/district characteristics.
- **Listening Sessions:** 16 listening sessions and 2 interviews were conducted with 92 participants, including school board members; regional, district, and school administrators; educators and clinicians; family members; and students.

MAJOR FINDINGS

- **Substantial support for universal SEBMH screening:** Most participants expressed support for and interest in implementing effective universal SEBMH screening in Washington, bolstered by a wealth of experience, expertise, and proven success in conducting the practice across the state.
- **Lack of clear definition and shared understanding:** Screening implementation is hindered by the lack of a consistent definition of universal SEBMH screening and formal guidance. In addition, students, families, and school staff expressed a lack of education regarding the “what” and the “why” of screening, which limits buy-in and trust in the process and the potential benefits.
- **Inconsistent implementation:** About half of schools and districts report conducting screening with high variation in: the tools being used; screening frequency; training provided; communication to students and parents; by whom and how frequently screening data is reviewed; and the decision-making process to link students to follow-up supports.
- **Structural barriers:** Most informants reported multiple challenges that limit successful implementation, including funding; tool selection; lack of clarity on equitable and culturally relevant approaches; need for training and technical assistance; questions around confidentiality and privacy; parent/family and student involvement and education; and specific guidance for small or rural schools. **The most consistently reported barrier was a lack of resources to connect identified students to needed supports within schools or community.**

RECOMMENDATIONS

Initial findings of the landscape analysis highlight the need for a comprehensive, coordinated, and integrated array of statewide strategies for universal SEBMH screening. Development of a comprehensive strategy that addresses barriers and mobilizes facilitators, as identified in this analysis, would help ensure that critical implementation supports for universal school-wide SEBMH screening are integrated.

