SMART
School Mental Health Assessment Research & Training Center

2025

FINAL LEGISLATIVE REPORT:

A Landscape Analysis of Universal Social, Emotional, Behavioral and Mental Health (SEBMH) Screening in Washington State Schools and Districts

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Executive Summary

The 2024 Washington State Legislature directed the University of Washington (UW) School Mental Health Assessment, Research, and Training (SMART) Center to conduct a landscape analysis and provide a report on "collection and use of data, including universal screening and other social-emotional, behavioral, and mental health (SEBMH) data, in public schools within multitiered system of supports (MTSS) and integrated student support frameworks." The full report provides an overview of methods and data collected to date and outlines initial findings and recommendations.

This *final report* addresses the following aims, requested by the 2024 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.

This report presents results and a preliminary summary of findings from four data sources: **(1)** literature review, **(2)** policy and state guidance document review, **(3)** online surveys of 205 key education partners in WA, and (**4)** 18 virtual listening sessions with 92 participants.

Definition

For the purposes of the study, the definition of **universal SEBMH screening** is as follows:

> *"Universal social emotional, behavioral, and mental health (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."*

Summary of Selected Results

- Review of literature on universal school-based screening revealed a robust research base on **best practices for universal SEBMH screening**. Best practices can be sorted into **11 primary categories** that can serve as a guiding framework for analysis of barriers and facilitators, needed training and technical assistance, and future policy and legislation. These categories include: *Privacy & confidentiality, Service availability, Cultural responsiveness, Students with disabilities, Family engagement, Tier 1 practices, Social determinants of health, Community partnerships, Training & professional development, Screening measures,* and *Implementation considerations.*

- An initial crosswalk of Washington statutes encoded in existing RCWs and WACs found **21 unique laws and codes relevant to universal SEBMH screening in schools**. None of these laws or statutes included content related to all elements of screening best practices. Only one existing statute (RCW 28A.300.139: Washington Integrated Student Supports Protocol., 2016) referenced a majority of the best practices categories (6 of 11). Most RCW/WACs only address or cite 1-3 of the 11 research-based best practices.

- Similarly, an initial review of content of **seven relevant Washington guidance documents, program guides, and frameworks** (*WISSP, WA MTSS Framework, LAP Program Guide, Model District Template for Student SEBMH Recognition, Screening and Response, Child Find Public Awareness Requirements under the Individuals with Disabilities Education Act, A Guide to Assessment in Early Childhood, ESA Behavioral Health Tiered Roles*) found **limited coverage of universal screening best practices,** with a typical document/frame work only referencing 4 of the 11 best practice categories.

- **Surveys of educators revealed an array of findings regarding the current state of universal SEBMH screening in Washington.** Selected findings include:
    - Fewer than half of WA schools report conducting universal SEBMH screening.

- Of those conducting screening, the majority address both risk and protective factors, also known as dual-factor screening. Most schools and districts that conduct screening used one of the tools aligned with our definition provided in the survey.
- Of those conducting screening, over half of districts and schools reported screening every student in the school. Most schools conduct screening twice or three times per school year.
- A plurality of schools and districts inform parents/guardians and/or students about screening and provide them with the opportunity to opt-out. About one third of schools and districts do not inform families and/or students about screening.
- In most schools and districts that conduct screening, teachers complete the screening tool. In about half of schools and districts, students self-report on the screener.
- Over three-quarters of schools and districts reported providing some training to individuals who participate in screening. The most common training topic was screening administration.
- In about two-thirds of schools that conduct screening, students are linked to services/interventions after screening depending on the level of need. Most districts and schools that conduct screening integrate screening into their MTSS framework.

- **Surveys and listening sessions with educators revealed an array of barriers and facilitators to universal SEBMH screening, as well as recommendations.**
  - The most common facilitator was having a strong infrastructure and system for screening, such as being aligned with an MTSS framework and school/district policy, integrated into regular school practices, and having clearly defined roles and support. In addition, using an adequate screener that was relevant for the context and student population was a facilitator.
  - Not having adequate follow-up supports within or external to the school/district was the most common barrier to conducting screening. Buy-in from relevant groups and individuals and screening costs were other common barriers.
  - Aligned with these facilitators and barriers, the most common recommendations from WA educators were the following:
    - Provide funding for universal SEBMH screening costs,
    - Provide funding for staff time to conduct screening,
    - Provide more robust guidance and technical assistance on screening procedures, including which screener to use, how to deploy resources for screening implementation (e.g., a sample district plan), how to connect students to needed services post-screening, developing adequate community-based services for students in need, and support for small/rural districts.

- Using a training and technical assistance model to build capacity at all levels in **demonstration sites** across the state will help **establish feasibility, acceptability, and effectiveness of an implementation guide to support ESDs, districts, and schools.** This will then provide insights to support scaling up implementation supports for other schools and districts.

Summary of Findings

- **There is substantial support for universal SEBMH screening among Washington educators and partners:** Most participants expressed support for and interest in implementing effective universal SEBMH screening in Washington. Support for universal SEBMH screening in schools was bolstered by a wealth of experience, expertise, related workstreams, and proven success in conducting universal screening across the state. Such existing expertise and examples of successful and collaborative implementation provide a solid foundation from which to build a well-resourced statewide strategy.

- **Lack of clear definition and shared understanding:** Despite the pockets of excellence with respect to universal school-based SEBMH screening, implementation is hindered by the lack of a consistent definition of universal SEBMH screening and formal guidance for schools, districts, and community-based organizations to follow. 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:** RCW 28A.320.127, providing a plan for "recognition, screening, and response to emotional or behavioral distress in students including possible sexual abuse" was enacted a decade ago and requires each district to create a screening plan. However, the RCW lacks specific details on expectations and is not linked to implementation support resources and/or accountability mechanisms. As a result, Washington schools and districts implement screening inconsistently. District reports of implementation vary widely from not having a plan at all, having an existing plan that may not include universal screening, and having a clear plan for universal screening, but with significant barriers and challenges.

- **Structural barriers:** Most respondents agreed with the purpose, concepts, and need for universal screening within an MTSS framework. However, most informants also reported multiple structural challenges that limit successful implementation. Most common challenges and barriers included: *funding, screening tool selection, lack of clarity on equitable and culturally relevant approaches, need for training and technical assistance, questions around confidentiality and privacy, secure data storage, parent/family and student involvement and education, and specific guidance for small or rural schools.* Perhaps the most consistently reported barrier is a *lack of resources to connect identified students to needed supports, such as via partnerships with providers and other community-based organizations.*

- **Confusion around legal requirements:** Language in RCW 28A.320.127 contributes to confusion over whether universal SEBMH screening is required. Districts vary in their interpretation and understanding of the requirements of this law as well as privacy, confidentiality, and data collection and storage requirements.

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 (such as identified in this analysis) would help ensure that critical implementation supports for universal school-wide SEBMH screening aren't overlooked.

It is recommended to establish a statewide universal screening leadership workgroup (or assignment of such responsibility to an existing entity) that develops a comprehensive strategy centered in equity and cultural responsiveness, obtains or builds needed resources, and oversees implementation of an associated strategic plan.

Elements of the strategic plan should include:

1. A clear definition of universal school-based SEBMH screening for Washington State.
2. A plan for updating state laws and policies to reflect current realities, needs, and best practices for universal SEBMH screening.
3. Developing statewide guidance, standards, and procedures for universal SEBMH screening.
4. Strengthening 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.
5. Provision of funding and other resources to districts to support universal SEBMH screening.
6. Enhancing family and student education and engagement at state and local levels, especially for those who have been historically marginalized.
7. Provision of comprehensive implementation supports from established training and technical assistance organizations.
8. Ensuring that screening processes and policies adopted state-wide and within schools and districts do not perpetuate and instead counteract inequities.
9. Establishing indicators of success aligned with updated laws and expectations, with systems for conducting evaluation, monitoring, and data-informed continuous quality improvement.

A summary of findings and recommendations against the five Aims for the landscape analysis as requested by the Legislature is provided in Table 1.

Table 1 | Preliminary Findings and Recommendations Aligned to Proviso Aims

Proviso Aim	Findings	Recommendations
Aim 1: **Analysis of alignment of current Washington statutes and guidance with national best practices**	• Multiple RCWs and WACs with redundancies as well as lack of alignment with best practice. • Lack of clear definition and shared understanding	• A clear definition of universal school-based SEBMH screening for Washington State. • A plan for updating state laws and policies to reflect current realities, strengths, needs, and best practices for universal SEBMH screening. • Develop statewide guidance, standards, and procedures for universal SEBMH screening. • Ensure that screening processes and policies adopted statewide and within schools and districts do not perpetuate and instead counteract inequities;
Aim 2: **Identification of facilitators and barriers to selection and effective use of research-based, culturally relevant universal SEBMH screening tools** **Aim 3: Analysis of schools' current application of existing Washington statute relevant to SEBMH screening requirements**	• Substantial support for universal SEBMH screening among Washington educators and partners • Lack of clear definition and shared understanding • Inconsistent implementation • Structural barriers • Confusion around legal requirements • Lack of information for parents/caregivers and students	• A clear definition of universal school-based SEBMH screening for Washington State. • A plan for updating state laws and policies to reflect current realities, strengths, needs, and best practices for universal SEBMH screening. • Develop statewide guidance, standards, and procedures for universal SEBMH screening. • Provide funding and other resources to districts to support universal SEBMH screening. • Enhance family and student education and engagement at state and local levels. • Provide comprehensive implementation support from established training and technical assistance organizations. • Ensure that screening processes and policies adopted statewide and within schools and districts do not perpetuate and instead counteract inequities. • Establish indicators of success aligned with updated laws and expectations, with systems for conducting evaluation, monitoring, and data-informed continuous quality improvement. • Strengthen alignment, integration, and coordination of agencies, partners, related workstreams, initiatives, and frameworks relevant to developing, resourcing, and implementing a comprehensive K-12 mental health system.
Aim 4: **Recommendations on statutory changes to increase implementation and effectiveness of systematic SEBMH screening of students in schools.**	• Lack of clear definition and shared understanding • Inconsistent implementation • Structural barriers • Confusion around legal requirements	• A clear definition of universal school-based SEBMH screening for Washington State. • A plan for updating state laws and policies to reflect current realities, strengths, needs, and best practices for universal SEBMH screening. • Develop statewide guidance, standards, and procedures for universal SEBMH screening. • Ensure that screening processes and policies adopted statewide and within schools and districts do not perpetuate and instead counteract inequities. • Provide funding and other resources to districts to support universal SEBMH screening.
Aim 5: **Implementation plan for SEBMH screening demonstration sites**	• Lack of clear definition and shared understanding • Inconsistent implementation • Structural barriers • Confusion around legal requirements	• Provision of comprehensive implementation supports from established training and technical assistance organizations. • Establish indicators of success aligned with updated laws and expectations, with systems for conducting evaluation, monitoring, and data-informed continuous quality improvement. • A clear definition of universal school-based SEBMH screening for Washington State.

Best Practice Guides

To best apply the findings and recommendations of this landscape analysis to real-world educational contexts, this final report includes best practices implementation guides. These guides reflect the valuable insights and information gathered during listening sessions, guidance documents, policies and procedures, educators, families, agencies, and other relevant groups and individuals in Washington, in addition to what was learned from the most current literature regarding universal SEBMH screening. These best practices implementation guides serve as a resource and support that will need to be contextually applied to districts and schools. The role of districts and schools is to contextualize the information and best practices to best serve their community. There are a total of five implementation guides provided in the **appendix**, including:

(1) Engaging with families, cultural responsiveness, partnering with community-based organizations, and supporting students with disabilities; (**2)** Tool selection, social determinants of health, and privacy and confidentiality; **(3)** Implementation and logistics; **(4)** Training and professional development; **(5)** Informing Tier 1 and availability of services. Additionally, an introductory brief was created to introduce the guides and inform use of them.

Each implementation guide includes an overview of the best practice being described, key components of the best practice, examples from the field (quotes or stories from stakeholders, resources, tools, etc.), critical considerations, tips and recommendations to ensure cultural responsiveness, implementation recommendations, and an implementation fidelity checklist.

“As a state, if we really want to identify students early and connect them with the right support, we need to invest in an infrastructure to support districts and do MTSS in the way that actually can holistically support kids.”

- Listening Session participant

A Landscape Analysis of Universal Social, Emotional, Behavioral and Mental Health (SEBMH) Screening in Washington State Schools and Districts

Background

Youth Mental Health in the U.S. and Washington State

According to the Surgeon General, the United States is experiencing a "youth mental health crisis" (U.S. DHHS, 2021). Over 20% of all youth experience social, emotional, and behavioral (SEB) needs that compromise their readiness to learn (Fabiano & Evans, 2018; Merikangas et al., 2010). Surveys show a 33% increase in the rate of students reporting depressive symptoms since 2010, similar rates and trends for anxiety, and an escalation in suicidality with risk increasing in youth as young as 10 (Merikangas et al., 2010; Twenge et al., 2018). While a youth mental health crisis existed before the COVID-19 pandemic, there has been a significant impact on youth mental health, including increased anxiety, depression and suicidality, with the higher impacts on marginalized youth (Jones et al., 2022).

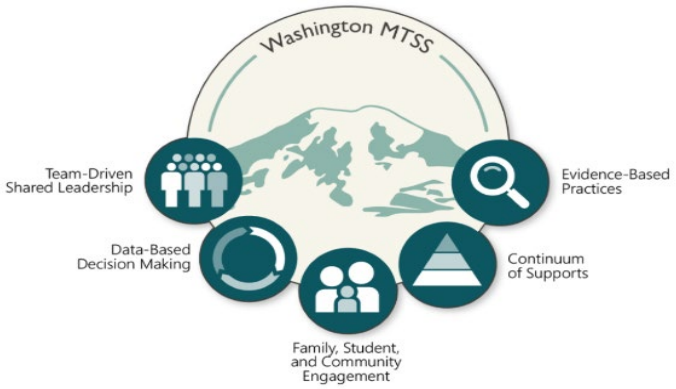
In Washington State, youth experience higher rates of mental health disorders compared to national averages, with 20% of adolescents aged 12-17 experiencing major depressive episodes annually, and significant proportions reporting suicide attempts or severe sadness (Reinhart et al., 2024). **According to Mental Health America's 2024 Youth Rankings, Washington State is ranked 48th in the nation in terms of having a higher prevalence of mental illness and lower rates of access to care** (Reinhart et al., 2024)**.**

Schools provide the logical setting to increase access to mental health services, especially given that half of lifetime mental health disorders begin before the age of 14 and an 11-year delay from onset of mental health symptoms to treatment (Kessler et al., 2005; Wang et al., 2004). The case for mental health in schools and better interconnection between mental health and education was further supported by a recent study that found **schools are the most common setting in which students receive mental health supports,** followed closely by outpatient settings (Duong et al., 2021).

Importance of Equity-Centered Universal SEBMH Screening & Multi-Tiered System of Integrated Student Supports

From problem-focused to prevention and promotion-oriented.
The Washington MTSS Framework and the Washington Integrated Student Supports Protocol (WISSP) describe structures and strategies for fostering a holistic and equitable public health approach to academics and well-being. Universal SEBMH screening, when embedded within an expanded multi-tiered system of integrated student supports, has the potential to address both prevention of mental illness and promotion of mental wellness through early and equitable detection of strengths and stressors and connect

Figure 1 | Washington MTSS Framework

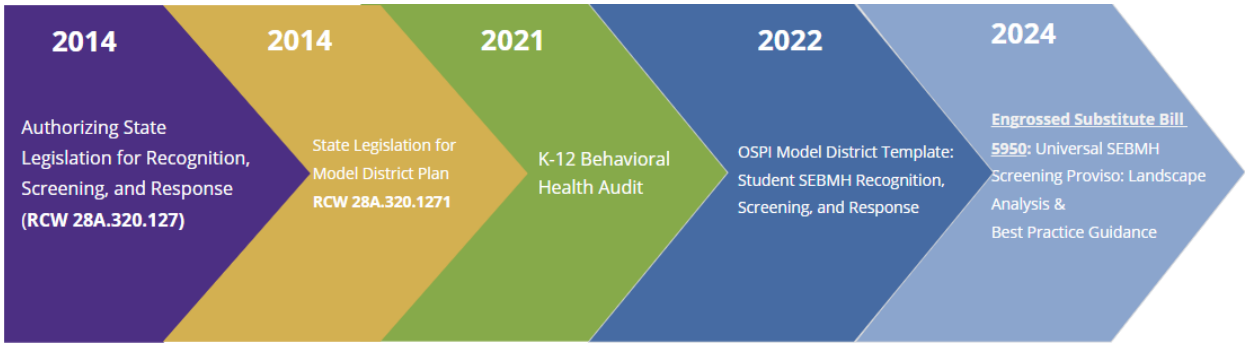


students to the support needed (Connors et al., 2021; Hoover & Bostic, 2021; Lane et al., 2020; Moore et al., 2023, 2024; Naser et al., 2018).

Universal SEBMH screening is also essential for assessing the overall well-being of the student population and an equity-centered approach that has a systems focus. The promise of early detection and support of complete mental health through universal SEBMH screening efforts can move away from reactive and deficit-based referral approaches to upstream efforts with ripple effects such as reducing disparities in access to care, minimizing exclusionary practices, and decreasing special education overidentification promoting healthier and more inclusive school environments (Anderson et al., 2019; Dever et al., 2016; Dowdy et al., 2015; Kiperman et al., 2024; Moore et al., 2023, 2024; Raines et al., 2012; Villarreal & Peterson, 2024)

History of Universal SEBMH Screening in Washington

Figure 2 | History of Universal SEBMH Screening in Washington



In 2014, the Washington State Legislature passed RCW 28A.320.127 Plan for recognition, screening, and response to emotional or behavioral distress in students including possible sexual abuse. In addition, RCW 28A.320.1271 Model school district plan for recognition, initial screening and response to emotional or behavioral distress in students was passed calling for the Office of Superintendent of Public Instruction (OSPI) to develop a model school district plan for recognition, screening, and response to emotional or emotional behavioral distress in students.

In 2021, the K-12 Behavioral Health in Washington report identified "universal screening in schools as the foundation for behavioral health systems because screening identifies needs and early symptoms before they become disruptive to students' lives and harder to treat" (Office of the Washington State Auditor, 2021, p. 18). However, only 18.8% of school districts surveyed as part of the audit reported screening all students.

A finding from the Washington State auditor's report was that the original OSPI model plan template did not fully meet legal requirements. The 2021 audit found that the model plan "focuses on suicide prevention rather than broader behavioral distress as the law directs and lacks suggested trainings on screening students" (p. 23). This finding resulted in a recommendation for OSPI to revise the model district template.

In 2022, OSPI partnered with the University of Washington's Forefront Suicide Prevention project and School Mental Health Assessment Research and Training (SMART) Center to

update the model district template to be more inclusive of universal social, emotional, behavioral, and mental health screening. The updated template can be found here.

In March 2022 and February 2023, OSPI reported that all 321 Local Education Agencies (LEAs) were surveyed to understand the level of compliance with RCW 28A.320.127, Plan for recognition, screening, and response to emotional or behavioral distress in students including possible sexual abuse. Just over half (54%) of LEAs reported having an emotional or behavioral distress (EBD) plan. Top reported barriers to complying with the law included lack of time, funding, and necessary supports/guidance.

Current Legislative Universal SEBMH Screening Landscape Analysis

The 2024 Washington State Legislature directed the UW SMART Center to "research and report on collection and use of data, including universal screening and other social-emotional, behavioral, and mental health (SEBMH) data, in public schools within the multitiered system of supports and integrated student supports frameworks" (See **appendix** and SB 5950, p. 791).

This document serves as the *final report* and includes information related to five Aims identified by the Legislature:

- Aim 1: Analysis of alignment of current Washington statute 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: Recommended statutory changes to increase systematic SEBMH screening of students in schools.
- Aim 5: An implementation plan for demonstration sites to determine the feasibility, acceptability, and effectiveness of a best practices guide or resource on universal student SEBMH screening.

Defining Universal SEBMH Screening

Establishing a common definition and shared understanding of universal SEBMH screening is critical to consistent and equitable implementation. While definitions, policies, standards, and guidance for universal screening of vision, hearing, and dyslexia, seem well-established and available at the state-level and widely accepted and used at the district and school levels, comparable information for universal SEBMH screening are limited, less detailed, and less consistently known and used (RCW 28A.210 RCW 28A.320.260 WAC 246-760).

The lack of a well-defined and consistently used definition, resources, and guidance is understandable given universal SEBMH screening lags behind other domains of universal screening (Bruhn et al., 2014; Dowdy et al., 2010).

While an array of Washington State educational guidance documents and one policy clarification in the initial review offer a range of descriptions/definitions for universal screening that may relate to SEBMH domains, a full and consistent description, standards, and implementation guidance of this type of student-level early detection method is limited.

The following examples reference universal screening:

- The OSPI Model District Template for Student Social, Emotional, and Behavioral, and Mental Health Recognition, Screening and Response defines screening as, "In the context of SEBMH, the screening process serves to identify students at risk of or experiencing mental health conditions, and to provide schools with the opportunity to respond with appropriate referrals and evidence-based interventions" (OSPI & UW SMART Center, 2022, p. 3). This document offered some additional information such as comparing universal, focused, and indicated screening and formal with informal screening.

- The WA MTSS Framework Guidance document (2020) describes the purpose of screening to "predict level of risk for poor academic, social, emotional and behavioral outcomes." Its use is intended to "identify students who may benefit from additional assessment and support; inform resource allocation and modifications to instruction and supports" (OSPI, 2020a, p. 7).

- The Washington Integrated Student Supports Protocol (2017) describes student needs and strengths assessment as a "range of direct (observing or assessing the student) or indirect (input given by student or others) data collection techniques. The needs assessments range from brief screeners (to identify strengths and catch students who may have early indicators of risk) to diagnostic assessments for students needing high intensity supports" (OSPI, 2017, p. 7).

- The Specific Learning Disabilities Recommendations for Evaluation Policy and Practice Report states that, "Best practices for universal screening include that districts use screening tools three times across the year with ALL students. These screening tools should be reliable and valid and should accurately predict risk status for students. Screening data, along with other data used to identify the student as underachieving, should be incorporated in comprehensive evaluation reports to establish an adverse impact and need for specially designed instruction" (OSPI, 2022a, p. 22).

- The 2006 Using Response to Intervention (RTI) for Washington's Students provides a deeper explanation of universal screening but has a primary focus on academic screening. Again, it is likely due to the greater advancements in research on and practice of academic screening, compared to SEBMH screening (OSPI, 2006).

- WAC 392-172A-0360 Process based on a student's response to scientific research-based intervention (2007), Section (a), states the frequency of universal screening to occur "at fixed intervals **at least three times throughout the school year**."

As a result of the lack of consistently known and applied operational definition of universal SEBMH screening, the landscape analysis team used the following definition of universal screening for initial data collection:

Definition of Universal SEBMH Screening for the Purposes of the Landscape Analysis

Universal social emotional, behavioral, and mental health (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.

For additional clarity, measures initiatives such as *Washington State Healthy Youth Survey* and school-wide climate and culture surveys that do not collect identifiable student data are not included in this definition of universal screening. While these measures are important tools that collect useful information, they do not collect identifiable data on specific student needs that is key in universal SEBMH screening.

Methods

To inform legislative changes and implementation guidance for universal school-based SEBMH screening, the University of Washington (UW) SMART Research Team conducted a **multimodal Landscape Analysis** including literature review, WA state policy review, interviews and listening sessions, and a web-based survey of educators.

First, we conducted a review of academic literature, implementation guidelines, and prior state landscape analyses to understand screening standards and best practices across multiple domains. Second, we reviewed WA state statute relevant to screening and conducted a cross walk to examine how best practices (identified in step 1) were reflected in current legislation. Next, to guide the formal data collection approach and identify key informants, the team held a series of informational interviews with various representatives across education and behavioral health sectors. That information was then used to help develop a web-based survey of educators and listening session protocols with educators, parent advocates, behavioral health providers, students, and other partners. Detailed procedures for each of the four phases of the methodology are described below.

Literature Review

For the literature review, systematic searches were conducted in various electronic databases to identify relevant evidence, best practices, and recommendations for universal SEBMH screening. This review included peer-reviewed academic literature as well as gray literature (e.g., state guidance documents, national and state technical assistance briefs, and graduate dissertations). Peer-reviewed literature was obtained from searching the PsycINFO, Education Source, and PubMed electronic databases, while ProQuest Dissertations & Theses Global and Google Scholar were used to identify additional gray literature. In addition to peer-reviewed and gray literature, this literature review sought expert nomination of resources that may not be found from formal database searches, such as landscape analyses from other states and materials from conference presentations.

Search terms were developed based on **11 key themes**; these themes were developed in consultation with national content experts (e.g., UW SMART Center faculty and consultants) and in consideration of several themes that were identified in the initial screening proviso request.

The themes included: 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.

Following these priority categories, the following search terms were used in the database searches:

- Population terms: “student,” “child,” “adolescent,” “teacher”
- Setting terms: “school”

- General screening terms: “screening,” “assessment,” “universal,” “SEBMH,” “social-emotional,” “mental health”
- Theme-related terms: “frequency,” “measures,” “culturally responsive,” “culture,” “equity,” “social determinants of health,” “SDOH,” “ACEs,” “trauma,” “privacy,” “confidentiality,” “services,” “intervention,” “community,” “organizations,” “disabilities,” “special education,” “family,” “collaboration,” “training,” “professional development”

Next, reference lists for each resource were reviewed to identify any additional relevant literature that was not captured by the initial search. After the literature was gathered, reviewers screened abstracts and included only materials that met the inclusion criteria in the final review. Inclusion criteria included: published between 2000-2024; based on K-12 educational settings; focused on universal screening; related to social, emotional, behavioral, or mental health; and published in English. Studies were excluded if they examined only targeted/selective screening, focused only on academic screening, or were based on non-school settings.

Finally, full-text review was conducted for each of the nearly 100 publications; information was sought and organized according to the eleven identified themes. Due to the accelerated timeline and purpose for this review, findings were categorized into themes independently and were reviewed by the team using a consensus-based approach, without a formal reliability analysis.

Washington State Policy Review

Our team also identified more than 30 laws/rules, policy/procedure, and related guidance documents related to RCW 28A.320.127 and/or that included reference to school-based screening systems, data, and practices. This review utilized various methods including:

- Keyword searches and scans of related Title 28A chapters;
- Analysis of referenced RCWs and notes/findings in related provisions;
- Reviews of connected WACs, model policy and procedures developed by WSSDA; and
- Prior knowledge of state level guidance and resources.

Cross-Walk of Literature and WA Policies

Once the policies and documents were identified and the literature review was conducted, a crosswalk between them was conducted. Each policy and document were reviewed line-by-line to identify whether the best practices that emerged in each domain (e.g., screening measures and considerations, logistics and implementation) through the literature review were present. We documented whether a best practice from each domain was reflected in each statute and guidance document.

WA Universal SEBMH Screening Survey for District- and School-level Administrators

Survey Instruments

The district- and school-level administrator surveys are a set of 40 and 48 items, respectively, developed by the University of Washington (UW) research team. The surveys were developed with the goal of understanding current screening practices for schools and districts in the state, barriers and facilitators to screening, and participant's perceptions of current screening legislation. Some items were adapted from similar landscape analyses conducted in California (Moore et al., 2024), Illinois (Illinois State Board of Education, 2023), and across the U.S. (Marcy et al., 2018). Note that while no formal data on the psychometric properties of the items are available, all items were piloted with district and school partners to ensure adequate face validity. Full versions of the surveys are available in the **appendix**.

Each survey is organized into five primary sections including: *screening status and tool selection, installation, implementation, determinants and recommendations,* and *demographic information.* The surveys begin by asking whether a district or school is currently conducting universal SEBMH screening and depending on the response, branches to additional questions about universal SEBMH screening practices for those screening or a handful of questions about needs and barriers for those not screening.

The two survey versions comprise similar content but include some distinct items. For the district version, the installation section includes three unique items; two questions asking what policies, departments, and representative groups were involved in informing, planning, and implementing the universal SEBMH screening policy/procedures and one question about the funding sources used to support universal SEBMH screening.

For the school version, the implementation section includes 11 unique items; one asking who completes the universal SEBMH screening tool, seven items surrounding data analysis practices, and three items about continuous improvement strategies. A list of survey items by section is presented in **Table 1** below.

Table 1 | Number of Items by Domain in District and School Surveys

Survey Section	District Version	School Version
Screening status and tool selection	7	7
Installation	10	7
Implementation	8	19
Determinants and recommendations	8	8
Demographic information	7	7
Total Items	40	48

Survey Data Collection

Data collection was managed by the UW SMART Center data and evaluation team and participation in the survey was voluntary. A complete application was submitted to the University

of Washington Internal Review Board (IRB), including the study protocol, survey questions, scripts and supporting documentation. The study was determined exempt from the federal human subjects regulation on October 14, 2024 due to minimal risk to participants and primary goal of quality improvement. Nonetheless, the Research Team adhered to ethical research practices regarding participant rights, confidentiality, and data security.

District and school administrator contact information was retrieved from the Washington Office of the Superintendent of Public Instruction Education Directory, which yielded a sample of 2,870 total entities (320 public school districts and 2,550 public schools – including state-authorized charter schools). The web-based survey application tool, Qualtrics, was used for both email distribution and data collection.

The survey was distributed via email on October 23, 2024, and the initial data collection wave closed on November 12, 2024. The email invitation was pushed out to each district and school administrator (generally district superintendents and school principals), who could complete the survey themselves or assign someone else to answer the questions on their behalf. The survey was also promoted through state and regional communication channels including the state superintendent's communication methods and targeted emails from regional ESD directors.

The UW research team also sent weekly reminders to all entities that had not yet completed the survey. From the original sample of 2,870, 459 emails were not deliverable (e.g., due to invalid email addresses, firewall settings, or individual account settings such as out of office replies). Of the 2,411 emails delivered, 205 surveys were completed by the November 12th deadline. These response calculations are reported by group in **Table 2** below.

Table 2 | District and School Survey Sample and Response Information

Group	Total Sample	Emails Delivered	Surveys Completed	Response Rate
District	320	282	59	21%
Schools	2,550	2,129	146	7%
Total	2,870	2,411	205	9%

Additionally, the following open-access district and school administrative data from 2022-2023 was collected from national and state reporting sources: locale and teacher ratio from the U.S. Department of Education's National Center for Education Statistics Common Core of Data, student enrollment, attendance, graduation, time in general education environment, and discipline data from the OSPI's Washington State Report Card and Washington State's Open Data Portal.

Survey Sample: Schools and Districts

The survey's initial data collection wave ran from October 23rd to November 12, 2024. Responses were received from 205 respondents, including 59 district representatives and 146 school representatives. In general, the survey sample was highly representative of schools and districts across the state. Schools and districts who completed the survey did not significantly differ from those who did not complete the survey in terms of ESD location, school level,

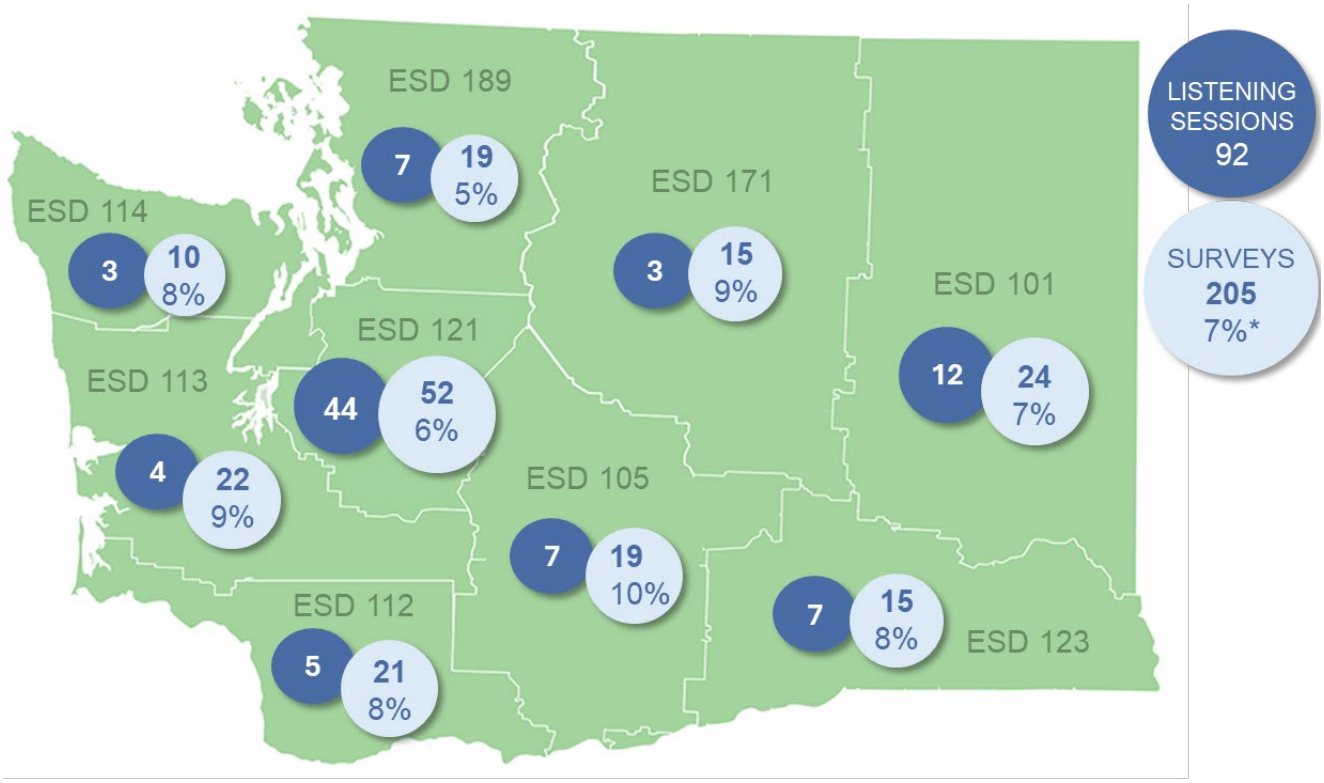
urbanicity, or school size. **Table 3** provides a summary of demographic characteristics for participating schools and districts.

Table 3 | District and School Survey Demographics

Demographic Characteristic	District Survey N	District Survey %	School Survey N	School Survey %
School level				
Pre-K	N/A	N/A	7	5%
Elementary	N/A	N/A	67	46%
Middle	N/A	N/A	29	20%
High	N/A	N/A	30	21%
Locale				
City	6	10%	35	24%
Suburban	11	19%	47	32%
Town	12	20%	24	16%
Rural	28	48%	37	25%
Student Enrollment				
0-999 / 0 – 499	30	51%	102	70%
1,000-4,999 / 500-999	16	27%	33	23%
5,000-19,999 / 1,000-1,999	7	12%	4	3%
20,000 or above / 2,000 or above	4	7%	4	3%
Student Demographics				
30%-50% students of color	21	36%	38	26%
> 50% students of color	16	27%	59	40%
30-50% low income	19	32%	29	20%
>50% low-income	31	53%	81	56%
> 20% ELL	7	12%	36	25%

As shown in the map below (**Figure 3**), the geographic distribution of participants spanned the entire state, and no individual region was greatly over- or underrepresented. For the survey, the proportion of schools and districts represented in each of the nine Education Service District (ESD) regions ranged from 5-10%.

Figure 3 | Listening Session and Survey Participants by Region



**Regional completion rates were calculated by dividing total surveys completed by total number of districts & schools in the region.*

Survey Sample: Individual Respondents

The survey sample included 59 district representatives and 146 school representatives, most of whom were in an administrator role (76% for district level and 68% for school respondents) which they have held for over 3 years (53% in districts, 64% in schools). More than half of the participants were women (54% for district and 64% for school respondents), and all participants had obtained a bachelor's degree or higher. In terms of racial and ethnic diversity, the majority of respondents identified as White (~82%).

Table 4 | District and School Survey Participant Demographics

Demographic Characteristic	District Survey N	District Survey %	School Survey N	School Survey %
Gender				
Female (Cisgender Woman)	32	54%	94	64%
Male (Cisgender Man)	18	31%	34	23%
Non-binary/third gender	N/A	N/A	1	1%
Prefer not to answer	6	10%	7	5%
Missing	3	5%	10	7%
Race and Ethnicity				
American Indian, Alaska Native, Indigenous, First Nation	N/A	N/A	4	3%
Asian or Asian American	N/A	N/A	1	1%
Black or African American	2	3%	4	3%
Hispanic, Latina/o/x, or Spanish Origin	1	2%	5	3%

White	49	83%	120	82%
Prefer to self-describe	N/A	N/A	1	1%
Prefer not to answer	5	8%	7	5%
Missing	2	3%	4	3%
Role				
District Administrator	41	69%	12	8%
School Administrator	4	7%	88	60%
School Counselor	8	14%	25	17%
School Social Worker	2	3%	3	2%
Teacher	N/A	N/A	5	3%
Other – District Role: Both Superintendent and Principal	1	2%	N/A	N/A
Other – School Role: Case Manager, Intervention/MTSS Coordinator, Re-Entry/Intervention specialist	N/A	N/A	4	3%
Missing	3	5%	9	6%
Tenure				
Less than 1 year	7	12%	10	7%
1 to 2 years	10	17%	15	10%
2 to 3 years	8	14%	18	12%
Over 3 years	31	53%	94	64%
Missing	3	5%	9	6%
Education Level				
Bachelor's degree	N/A	N/A	3	2%
Master's degree	31	53%	97	66%
Professional degree	14	24%	26	18%
Doctorate degree	8	14%	6	4%
Other: Masters with Administrator Certification, EdS	2	3%	4	3%
Prefer not to answer	1	2%	1	1%
Missing	3	5%	9	6%
Total	**59**	**100%**	**146**	**100%**

WA Universal SEBMH Screening Listening Sessions

Listening Session Instrument

The UW research team conducted a series of listening sessions and interviews with key relevant groups and individuals to understand perceived barriers and facilitators to screening and recommendations for revised legislation, model policies, and implementation guides. A unique protocol was developed for each listening session by the research team to prioritize the expertise and knowledge of each participant group. All sessions began by introducing the definition of universal SEBMH screening and asking participants to discuss whether that definition aligns with what they consider to be screening. A generic protocol template is available in the **appendix**.

Participants were asked a series of questions to understand their experiences and perceptions of screening, whether they had been directly engaged in screening. Questions also addressed specific topic areas that would be of particular concern for the listening session group (e.g.,

family engagement for parent groups, needs of students with disabilities for special education directors, implementation concerns for administrators). All listening sessions ended with participants providing feedback on current screening legislation and recommendations for statutory adjustments.

Listening Session Data Collection

Sixteen listening sessions and two interviews (60-90 min each) were conducted. All sessions were held virtually - apart from one held in-person - and included groups of approximately 5-7 people at a time. The goal was to make the groups as representative of the state as possible. Representatives were invited from schools, districts, and organizations who do and do not have experience conducting or participating in universal SEBMH screening. The UW research team began by reaching out to various family organizations and professional associations to assist with recruitment of participants for the listening sessions, which were scheduled for the week of October 28-November 15, 2024. In the spring, the team coordinated with family and student organizations to hold additional sessions with students and family members between April 28-June 3, 2025. All student listening sessions were held with students who were either currently attending or had recently graduated from high school.

Listening Session Participants

In total, there were 92 participants. Similarly to the survey, listening sessions participants spanned the entire state (see **Figure 3**). The majority (41%) held an administrator role (12% at the regional level (ESD), 23% at the district level, and 7% at the school level) which they have been in for over 3 years (61%). They were also composed of mostly women (84%) who have obtained master's level degrees (58%). In terms of racial and ethnic diversity, the majority of participants identified as White (59%). See table 5 below.

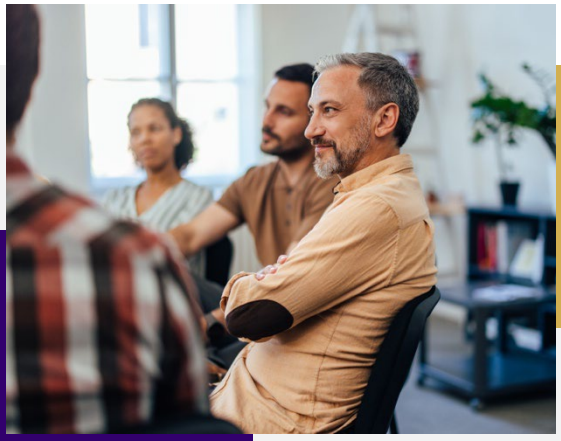


Table 5 | Listening Session Participant Demographics

Demographic Characteristic	N	%
Gender		
Female (Cisgender Woman or girl)	76	83%
Male (Cisgender Man or boy)	8	9%
Prefer not to answer	1	1%
Missing	7	8%
Race and Ethnicity		
Asian or Asian American	12	13%
Black or African American	3	3%
Hispanic, Latina/o/x, or Spanish Origin	5	5%
More than one race/ethnicity	7	8%
Native Hawaiian or Pacific Islander	2	2%
White	54	59%
Prefer not to answer	2	2%
Missing	7	8%
Role		
Regional Administrator	11	12%
District Administrator	21	23%
School Board Member	2	2%
School Administrator	6	7%
Program Manager*	6	7%
Teacher	12	13%
Direct Service Provider (counselor, psych, social worker, etc.)	8	9%
Parent/Guardian	15	16%
Student	9	10%
Missing	2	2%
Tenure		
Less than 1 year	7	8%
1 to 2 years	3	3%
2 to 3 years	7	8%
Over 3 years	56	61%
Missing or Not Applicable	19	21%
Education Level		
GED/High School Equivalent	1	1%
Some College	2	2%
Bachelor's degree	7	8%
Master's degree	53	58%
Professional degree	6	7%
Doctorate degree	6	7%
Prefer not to answer	1	1%
Missing or Not Applicable	16	17%
Total	**92**	**100%**

*Program Managers included grant-funded universal screening program staff working at a county- or district-level.

Results

Literature and Policy Review: Results and Findings

Several themes summarized from the literature review were also identified in the initial screening proviso request. The themes include: **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.

Screening Measures and Considerations

One of the first steps a school or district must take when rolling out universal SEBMH screening is selecting an appropriate screening tool. Per Glover & Albers (2007), there are three key considerations when choosing a screener: its appropriateness for its intended use, its technical adequacy, and its usability. Regarding the first consideration, the authors recommend that schools select a screener that fits the purpose for screening (e.g., evaluating effectiveness of Tier 1 curricula, matching students to small-group or individual interventions, etc.). When considering technical adequacy, the authors recommend selecting a screener that is psychometrically sound, with evidence of reliability and validity. Finally, the authors define usability of a screener as the financial cost, complexity of administration, and acceptability to relevant groups and individuals; universal screening is more likely to become a sustainable practice when the screening tool is quick, simple, and cost-effective.

The considerations for screener selection outlined by Glover & Albers (2007) have been citied in numerous scholarly articles (Dowdy et al., 2010; Humphrey & Wigelsworth, 2016; Moore et al., 2015; Romer et al., 2020; Volpe & Briesch, 2018), state-level guidance materials (Missouri Department of Elementary and Secondary Education [DESE], 2018; North Dakota Department of Public Instruction [DPI], 2018; Ohio PBIS Network, 2016), and guidance documents from national organizations (National Center for School Mental Health [NCSMH] 2018, 2023; National Center on Safe Supportive Learning Environments [NCSSLE] 2021; Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). Whether or not a screening tool comes with access to staff training and support has been named as an additional consideration. Finally, it is recommended that screening tools assess not just risk factors, but also protective factors or areas of strength (Dowdy et al., 2015; NCSMH, 2023; NCSSLE, 2021; SAMHSA, 2019).

Given that screening tools should fit the unique needs of a school and its purpose for screening, states and districts are cautioned against mandating the use of a specific screener (Center on Positive Behavioral Interventions and Supports [CPBIS], 2023; Ohio PBIS Network, 2016). However, when surveyed, districts have indicated that being provided a list of recommended screening tools to choose from would be helpful (Gersch et al., 2024). Some states, such as Missouri, include such a list in their screening implementation guides (Missouri DESE, 2018).

Logistics and Implementation

When beginning to implement universal SEBMH screening, there are several logistical considerations, such as what sources of data to use, which informants will complete screeners, and how often to screen. Current literature recommends that schools use data from multiple sources, such as data from screeners, discipline data, and attendance data, to identify students at-risk for SEBMH difficulties and connect them to supports (Briesch et al., 2018; Michigan's Multi-Tiered System of Supports Technical Assistance Center, 2021; Missouri DESE, 2018; Villarreal & Peterson, 2024). Schools are cautioned against using only extant data, such as discipline data, as this fails to identify students with internalizing difficulties, such as anxiety or depression (Lane et al., 2010; SAMHSA, 2019).

It is recommended that schools screen for both internalizing (e.g., mood, anxiety) and externalizing (e.g., rule violation, disruptive behavior) difficulties (Briesch et al., 2018; Maike et al., 2018; Missouri DESE, 2018; Romer et al., 2020). While it is generally recommended to use multiple informants when implementing a screening tool (e.g., parent, teacher, student; Miller et al., 2022), adolescent students are the preferred informant when screening for internalizing difficulties or trauma (Eklund & Rossen, 2016; Moore et al., 2015).

Traditional approaches to screening reflect a process that only measures and monitors the presence of risk or symptoms. It is important to note that the absence of mental illness does not indicate the presence of mental wellness. It is recommended that schools use a complete mental health approach to universal screening or what is also referred to as a dual factor model (Dowdy et al., 2015; Lazarus et al., 2022; Suldo & Shaffer, 2008).

While it is agreed that universal screening should be completed at least once per year, sources differ in their recommendations for screening frequency and teams will want to consider implications of less frequent screening intervals. Ensuring equitable identification and access to supports is a critical factor in determining how often screenings should be conducted, raising potential concerns about relying solely on a single annual screening (Hoover & Bostic, 2021; Miller et al., 2019; Raines et al., 2012). Concerns with a single screening time point include missing additional students in need of support throughout the year as well as an inability to measure and adjust Tier 1 instruction and supports since universal screening is a part of a comprehensive MTSS. As an example of the limitations of a singular screening time point, a study showed that additional screenings throughout the year identified 4%-16% of students not identified in the initial screening window (Miller et al., 2019). In Washington State, WAC 392-172A-03060 states universal screening must occur no less than three times per year. Most commonly, sources recommend screening two to three times per year: fall, winter and/or spring (Briesch et al., 2018; CPBIS, 2023; Lane et al., 2020; Ohio PBIS Network, 2016; Romer et al., 2020; SAMHSA, 2019). However, there is also research to suggest that student risk status remains relatively stable over a school year; this provides support for a "multiple-gate" approach to screening in which schools screen all students in the fall but re-screen only the students who were identified as at-risk in winter and/or spring (Dever et al., 2015, 2018; Dowdy et al., 2014; Miller et al., 2019; Volpe & Briesch, 2018).

In many cases, screening developers will provide the recommended frequency of the specific tool based on the psychometrically validated features through administration guidelines and therefore recommended that schools consult the developer's instructions (Dowdy et al., 2010; Glover & Albers, 2007; Kilgus & Eklund, 2016). Several considerations included in the determination of universal screener frequency include the type of domains being screened, the

type of screening tools and change sensitivity aspects, as well as the availability of the school resources (Miller et al., 2019).

Assuring Adequate and Equitable Availability of Services

Being unable to address the needs identified by SEBMH screening is a common concern for schools when implementing universal SEBMH screening. In the planning phase of screening, schools must develop a system for follow-up and referral in order to connect students to the appropriate services and/or interventions (Hoover & Bostic, 2021; NCSSLE, 2021). During this phase, it is recommended that schools also conduct "resource mapping," or generating an updated list of currently available internal and external mental health resources across tiers of support (Bruhn et al., 2014; Dvorsky et al., 2013; NCSMH, 2018). This list may also include basic needs resources for families experiencing financial hardship, such as food banks (Amirazizi et al., 2022). Two recommendations for addressing concerns for high numbers of false positives involve educating and communicating the expectations to the school community given the nature of universal screening and a potential for a high number of students identified in initial screening processes, many as a result of false-positives. Additional data sources and follow up screening as well as strengthening the population health service delivery methods (i.e., Tier 1) will likely reduce the number of students in need of more intensive services initially and overtime as prevention and promotion efforts decrease the number of students appearing to need more intensive supports (Dowdy et al., 2015).

Following SEBMH screening, follow-up screening or evaluation with students identified as at-risk should be conducted promptly in order to eliminate false positives and begin connecting students to the appropriate services (Vander Stoep et al., 2005). Students who endorse screening items related to self-harm or harming others should be followed up with immediately; schools may also alert crisis teams and community mental health providers to be on call in advance of screening (NCSMH, 2018).

In order to best meet the needs identified by screening, it is recommended that schools incorporate screening into a multi-tiered system of supports (MTSS) framework (Brann et al., 2021; Connors et al., 2021; Hoover & Bostic, 2021; Lane et al., 2020; Moore et al., 2023). As mentioned, having a strong Tier 1 (universal) intervention in place prior to screening likely reduces the number of students in need or appearing in need of more intensive services; this intervention should meet the needs of approximately 80% of students (Lane et al., 2010). For the remaining students, screening data can be used to inform Tier 2 (small group) or Tier 3 (individual) interventions (Lane et al., 2010). For students who do not respond to school-based interventions, referrals can be made to community agencies (NCSMH, 2018; Wingate et al., 2018). However, a referral is not an intervention and a systems approach should include collaborative teaming structures between schools and community partners that ensures community partners participate across all three tiers of teaming, expanded systems teams review school and community data and select evidence-based practices together, and outcome data is collected and used to progress both individual student and overall programmatic data (Weist et al., 2022).

Informing Tier 1 Universal Strategies and Practices

Tier I interventions, or the schoolwide strategies and practices to support mental health and behavior, play a key role in meeting the needs identified by universal SEBMH screening. In an MTSS framework, effective Tier 1 strategies meet the needs of approximately 80% of students; screening data can be used to determine whether Tier 1 strategies are meeting this target (Connors et al., 2021; Sokol et al., 2023; Splett et al., 2018). When evaluating Tier 1 effectiveness, screening data should be used in conjunction with other extant data such as attendance records or office discipline referrals (Lane et al., 2020). If less than 80% of students are responding to Tier 1 strategies, it is recommended that the school intervention team identify the problem(s), set measurable goals, develop and implement an action plan, and use screening data to continuously monitor progress towards the goal (University of Delaware MTSS Technical Assistance Center, n.d.). Finally, screening data should be analyzed at multiple levels (classroom, grade, school, district) in order to identify any patterns and/or differing needs; different Tier 1 curricula within the same school/district may be appropriate (Moore et al., 2023; University of Vermont Center on Disability & Community Inclusion, n.d.).

Assuring Equity and Cultural Responsiveness in Screening Practices

Supporting the academic, social, emotional, behavioral, mental health and well-being of all students requires a shift away from traditional early detection approaches that are subjective, deficit-based, reactive, risk-focused, punitive-oriented towards more preventative, equity-centered, strengths-based, culturally responsive, data-driven, and systems-focused early identification methods such as systematic universal SEBMH screening (Dowdy et al., 2015; Kiperman et al., 2024; Lazarus et al., 2022; Moore et al., 2023, 2024; Pickens, 2022). Recent studies have begun to address equity-focused universal SEBMH screening approaches that call for disrupting and dismantling subjective nomination and referral practices (Edyburn et al., 2023; Fallon et al., 2023; Kiperman et al., 2024; Miller et al., 2022; Moore et al., 2023; Pickens, 2022). Traditional approaches to student identification using data sources such as office disciplinary referrals contribute to racial disproportionalities in the overrepresentation of some student groups, notably Black students, in exclusionary discipline practices and special education referrals as well as under identification of students with less obvious signs of distress when compared to systematic universal screening approaches (Anderson et al., 2019; Dever et al., 2016; Dowdy et al., 2015; Kiperman et al., 2024; Raines et al., 2012; Villarreal & Peterson, 2024).

Universal SEBMH screening has a primary focus of identifying what system level features of Tier 1 instruction, supports, climate, and culture must be addressed, emphasizing a prevention and promotion-focused population-based approach such as MTSS (Dowdy et al., 2015; Kiperman et al., 2024; Lane et al., 2020; Lazarus et al., 2022; Moore et al., 2023, 2024; Naser et al., 2018). Understanding and addressing structural root causes of student's SEBMH needs can avoid placing blame or the burden of responsibility on the student themselves, their background or environments, and can promote overall wellbeing and prevent future concerns (Exner-Cortens et al., 2022).

Many researchers recommend screeners should assess both strengths and needs, which is referred to as *complete mental health assessment* or a *dual-factor approach.* Complete mental health posits the absence of mental illness isn't indicative of the presence of mental wellness and both well-being and psychopathology dimensions should be included (Lazarus et al., 2022;

Moore et al., 2024; Pickens, 2022; Volpe & Briesch, 2018). Universal SEBMH screening data should be one source of data being reviewed. Using multiple data sources helps reduce rater bias (Pickens, 2022).

When choosing a screener, schools should consider whether a screener has evidence of being effective with their student demographics and assesses both strengths and needs. It is recommended that student demographics should match psychometrics of screener (i.e., normative sample) (Moore et al., 2015; NCSSLE, 2021; SAMHSA, 2019) and ensure that language on the screener is not culturally-bound. It is recommended that results are communicated to families in a sensitive, culturally responsive manner by individuals with a shared cultural background or understanding (Bertone et al., 2019; Dowdy et al., 2014; Kiperman et al., 2024). These individuals or the families themselves can support the interpretation of screening results, to avoid a decontextualized, deficit-approach to understanding a student's strengths and needs. Trained interpreters should be used to communicate with families and translate screening tools (Bertone et al., 2019; Dowdy et al., 2014; Humphrey & Wigelsworth, 2016; SAMHSA, 2019). Interpreters should receive basic training in mental health (Bertone et al., 2019). Screeners should be given in student/family dominant language. Administering screeners verbally may be necessary as student/family reading level in any language should not be assumed. Reading level in English or native language should not be assumed, measures can be read aloud (Bertone et al., 2019; Dowdy et al., 2014; Glover & Albers, 2007; Kiperman et al., 2024; Romer et al., 2020; SAMHSA, 2019).

Supporting Students with Disabilities

The literature is clear that universal SEBMH screening includes all students, including those with disabilities (Villarreal & Peterson, 2024). Glover & Albers (2007) recommend that suitable screening administration, scoring, and interpretation be considered for students with disabilities. Modifications to screening administration should be incorporated as needed to ensure accurate comprehension of questions on student-report screeners, including reading screener items aloud, providing one-on-one support for screening, using visual aids, or using an interpreter (Eklund & Rossen, 2016; Vander Stoep et al., 2005; Villarreal & Peterson, 2024).

Universal SEBMH screening has the potential to prevent referrals to special education through early identification and implementation of low-intensity inclusionary strategies for all students as well as strengthening Tier 1 supports, making them more accessible to all students (Raines et al., 2012). Universal screening provides the opportunity to assess the health of the entire school population, adjust Tier 1 instruction, and take a systemic, equity-centered, preventative, and inclusionary approach to mental health that moves away from reactive, risk and deficit-based referral or nomination approaches that perpetuate inequalities especially the overrepresentation of Black students in special education services (Dever et al., 2016; Moore et al., 2024; Raines et al., 2012).

Engaging with Families, Students, and Other Partners

There are multiple ways to engage families and students throughout the universal SEBMH screening process. During the planning phase, schools typically form a team to identify a screening tool and discuss other logistics; it is recommended that parents/family members be included as part of this team (NCSMH, 2023; SAMHSA, 2019). Research suggests that doing so can reduce parent concerns and/or stigma related to SEBMH screening; providing parents

with information via newsletters, brochure, registration packets, or information sessions has also been shown to increase parent participation and engagement (Villarreal & Peterson, 2024). Relevant information to share with parents includes but is not limited to: data security and confidentiality, purpose of screening, how data will be used, follow-up procedures, and behaviors that will be screened for (NCSMH, 2023; Ulmer et al., 2020).

During the implementation phase, research suggests that the use of parent-report screeners can be used to start a conversation with families and thus foster and improve home-school collaboration (Garbacz et al., 2021). After screening, it is recommended that data-based results and associated recommendations be shared with parents (Maike et al., 2018). During follow-up, schools may also integrate parents into interventions to support the students across multiple settings (Plath et al., 2015). Finally, parents should be given the opportunity to provide feedback on screening implementation and follow-up (Illinois State Board of Education, 2023).

Partnering with Community-Based Organizations

As previously discussed, partnerships with community-based organizations (CBOs) are one way that school districts can assure that there will be adequate access to services following universal SEBMH screening. One possibility is to form partnerships with local providers to refer students to for follow-up assessment when their score on a screener falls above a certain threshold or cut score (Briesch et al., 2018; Levitt et al., 2007). Identified as potential community partners include community mental health clinics, community health centers, child welfare agencies, public substance use facilities, private practitioners, and local clinics/hospitals (Dvorsky et al., 2013; SAMHSA, 2019). SAMHSA (2019) also recommends forming partnerships with non-clinical supports (e.g., peer support organizations) for students who are identified by a screener but require a lower level of support per the results of follow-up assessment.

Weist et al. (2022) describe an Interconnected Systems Framework (ISF) that promotes integration of CBO staff on school teams across all tiers of support, joint selection of evidence-based practices, and protocols for consistent progress monitoring. Memorandums of Understanding (MOUs) describe the conditions of an integrated approach (Weist et al., 2022). Finally, it is recommended that schools establish these community partnerships via resource mapping prior to administration of a universal screener (Dvorsky et al., 2013; Gersch et al., 2024; NCSSLE, 2021).

Complying with Privacy and Confidentiality Laws

When considering implementing universal SEBMH screening, school districts often express uncertainty about how screening data fits with ethical and legal responsibilities to protect student privacy (Chafouleas et al., 2010). Current literature offers guidance on considerations related to the Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act of 1996 (HIPAA), Protection of Pupil Rights Amendment (PPRA), and other ethical concerns related to consent and storage.

FERPA. The Family Educational Rights and Privacy Act (FERPA) is a federal law that governs the use and access of student records and parents' rights. FERPA allows parental ability (or student if they are 18 or enrolled in postsecondary education) to review and question or request to amend the records. FERPA also states that permission must be obtained by parents or students before releasing the records of students to other non-educational agencies

or organizations. FERPA describes conditions under which personally identifiable information (PII) can be disclosed. Federal guidance from the 2021 United States Department of Education (USDOE) guidance document states, “Under FERPA, a school generally may not disclose PII from a student’s education records to a third party unless the student’s parent has provided prior written consent” (USDOE, 2021, p. 2). The guidance also describes a variety of exceptions that would allow the release of records without parent permission. Some examples of the release of student records without parental consent include a school official with a “legitimate educational purpose” such as a teacher using the information to guide instruction and support or another school where a student is or plans to enroll (USDOE, 2021). Further exceptions to release without permission are for directory information purposes, where information about students would not be considered “harmful or an invasion of privacy” (USDOE, 2021, p. 4). If screening data has student identifiable information, it is considered FERPA (Amirazizi et al., 2022; Chafouleas et al., 2010; U.S Department of Health and Human Services [DHHS] & U.S Department of Education [DOE], 2019).

HIPAA. According to the Joint Guidance on the Application of the family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to Student Health Records (2019), HIPAA “covered entities are health plans, healthcare clearinghouses, and healthcare providers that transmit health information in electronic form in connection with covered transactions” (p. 5). Federal guidance supports the unlikelihood that HIPAA would apply in schools because many aren’t a HIPAA covered entity and if they are the health information are “education records under FERPA, not PHI covered by HIPAA” (DHHS & DOE, 2019, p. 7).

Federal guidance offers the following examples of limited circumstances when FERPA and HIPAA might overlap:

- A school provides health care to students in a health clinic and the provision of services meets the definition of a health care provider and they transmit public health information (PHI) electronically.
- In many cases, “schools that meet the definition of a HIPAA covered entity do not have to comply with the requirements of HIPAA rules because the school’s only health records are considered education records or treatment records under FERPA” (DHHS & DOE, 2019, p. 7).

In summary, screening data would be protected by HIPAA if any of the screening services are billed to insurance or provided by health care providers that transmit PHI electronically (DHHS & DOE, 2019).

PPRA. The Protection of Pupil Rights Amendment (PPPRA, 20 U.S.C. §1232h, 2002) calls for “arrangements to protect student privacy that are provided by the agency in the event of the administration or distribution of a survey to a student containing one or more of the following items (including the right of a parent of a student to inspect, upon the request of the parent, any survey containing one or more of such items)... ii. Mental or psychological problems of the student or the student’s family.” This can be interpreted to mean that parents have the right to inspect any SEBMH screeners that are completed by students and refuse testing (Missouri DESE, 2018; North Dakota DPI, 2018). The PPRA also states that “no student shall be required, as part of any applicable program, to submit to a survey, analysis, or evaluation that reveals information concerning... mental or psychological problems of the student or the student’s family,” meaning that students have the right to opt-out of screening. While the PPRA requires, at minimum, passive consent (the right to opt out), active parental consent is recommended when asking students to complete screeners (Chafouleas et al.,

2010). However, a limitation to active consent is the potential to reduce participation in screening, potentially risking disproportionality in screening engagement (Brinley et al., 2024; Hoover & Bostic, 2021; Sekhar et al., 2021; Verlenden et al., 2021). Finally, if screening data is used for research, parent consent must be obtained in compliance with the local Institutional Review Board (IRB) (Chafouleas et al., 2010).

While the consent requirement for SEBMH screening does not apply to screeners completed by teachers, parents must still be informed (Amirazizi et al., 2022; Levitt et al., 2007; Missouri DESE, 2018; SAMHSA, 2019). The North Dakota Department of Public Instruction (2018) recommends that, at a minimum, parents be informed about screening, confidentiality, and follow-up procedures for students identified as at-risk by the screener. If screening for SDOH, it is recommended that parents be informed about the possibility of mandated reporting (Amirazizi et al., 2022).

Washington State Public Records Act. The Washington State Public Records Act (PRA) (RCW 42.56) includes provisions for public disclosure of information collected by a public entity, such as education records from a school district. RCW 42.56.230 exempts personal student information held by schools from public inspection. RCW 28A.605.30 states that student education records can't be released without parental consent with some exceptions for law enforcement and juvenile court officials, as stated in RCW 28A.600.475 and in line with FERPA exceptions.

Data storage and confidentiality. As previously mentioned, all records of screening should be considered identifiable student information that would be protected by FERPA law (Chafouleas et al., 2010). Data should be securely stored so that only staff with a legitimate educational interest can access it (e.g., only the student's homeroom teacher; CPBIS, 2023). This data should only be accessed when necessary to inform next steps (e.g., educational planning, follow-up intervention and referral; NCSSLE, 2021). If data is stored electronically, it should be stored on the secure district servers and password protected (Vermont PBIS, n.d.). There must also be an established district policy for screening data transfer when a student moves to another school or district (Lane et al., 2010).

Humphrey & Wigelsworth (2016) recommend providing training to staff related to the storing, handling, and use of sensitive data in order to ensure that the privacy of students and their families is protected. In a research study on the implementation of universal SEBMH screening in several Seattle middle schools, staff who were involved in screening and had access to screening data were also required to sign confidentiality agreements (Vander Stoep et al., 2005). During screening administration, there are additional steps that can be taken to protect students' privacy. For instance, students should sit in private areas and/or use privacy screens (either physical or electronic) and the teacher should refrain from interacting with the students while screening is administered (Vander Stoep et al., 2005).

In summary, according to federal guidance publications:

- Screening data, if identifiable, is protected under FERPA. If any screening services are billed to health care insurance/agency, data is protected under HIPAA.
- All screening data should be kept confidential in accordance with FERPA laws.
- If screening is not funded by the U.S. DOE, is completed only by teachers and/or school staff, is not under an IRB research protocol, *and* is part of typical instruction, parent consent is not required (BUT parents should be informed at the minimum).

    - Otherwise, parental consent and student assent is required for universal SEBMH screening under PPRA.
- Data must be stored securely and confidentially. Data must only be available and accessible by necessary persons. Staff who are involved in screening administration or have access to screening data should complete training re: confidentiality and sign a confidentiality agreement.
- If intent or actual harm, abuse, or neglect is found at any point in the screening process, schools are required to report it to Child Protective Services as mandatory reporters.

It is encouraged that district staff including legal services ensure compliance with federal, state, and district policies and procedures related to universal SEBMH screening (Romer et al., 2020).

Including Social Determinants of Health

Relative to other aspects of screening implementation, there is less guidance in the literature on the inclusion of social determinants of health (SDOH) in universal screening. SDOH are the environmental factors known to impact both physical and mental health, such as food insecurity, community violence, or trauma (Abraham & Harding-Walker, 2022). Including SDOH in universal SEBMH screening is generally recommended (Edyburn et al., 2023; Gersch et al., 2024; Hodgkinson et al., 2017; Moore et al., 2023, 2024; NCSMH, 2023; Sokol et al., 2019), but with a few caveats.

Schools are encouraged to carefully weigh whether they have the capacity to follow up on identified needs as well as whether the benefits of screening for SDOH outweigh the potential for stigmatization of students (Amirazizi et al., 2022; Koslouski et al., 2024). To reduce stigmatization, it is recommended that screeners identify both student needs and protective factors (Eklund & Rossen, 2016; Humphrey & Wigelsworth, 2016). Given that the healthcare system typically screens for SDOH, it may be more appropriate for schools to develop data-sharing protocols with local providers rather than conduct SDOH screening themselves (Amirazizi et al., 2022).

Training and Professional Development

A commonly identified barrier to the implementation of universal SEBMH screening is a lack of support available to school staff. Research has shown that providing training to staff prior to implementation can improve buy-in, feelings of support, and familiarity with the chosen screener (Brann et al., 2021; Brinley et al., 2024; Chafouleas et al., 2024). At minimum, it is recommended that staff be provided training on administering, scoring, and interpreting the screener prior to implementation (Romer et al., 2020). It is also recommended that teachers be provided with an instruction sheet to use as a quick reference during completion of the screener (Brann et al., 2021; Missouri DESE, 2018). Other recommended topics to include in staff trainings include but are not limited to confidentiality of data, child mental health, stigma reduction, communicating results with families, providing follow-up intervention, and data-based decision making (Dvorsky et al., 2013; Humphrey & Wigelsworth, 2016; Maike et al., 2018; Moore et al., 2024; SAMHSA, 2019).

Given their expertise in data-based decision-making, mental health, and confidentiality of data, in-house professional development can be led by school psychologists, school social workers, school counselors, or school nurses, thus reducing the cost demand for districts (Dowdy et al.,

2015; Levitt et al., 2007; Moore et al., 2015; NCSMH, 2023; NCSSLE, 2021). Local universities can also provide training and facilitate the rollout or implementation of screening (CPBIS, 2023; Lane et al., 2020; Verlenden et al., 2021; Wingate et al., 2018).

Policy and State Guidance Review: Initial Results and Findings

Washington State policies, frameworks, and guidance documents were reviewed to analyze the intersection with universal SEBMH best practices. Below, includes illustrations of how best practices were reflected in which RCWs and guidance documents according to each of the literature best practice review themes.

Policy Review

The following 21 policies were reviewed that seemed in alignment or otherwise connected to RCW 28A.320.127 Plan for recognition, screening and response to emotional or behavioral distress in students.

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-03005	Referral and timelines for initial evaluations

Best Practice and Policy Crosswalk

RCW	Privacy & Confidentiality	Service availability	Cultural responsive.	Students with disabilities	Family Engagement	Tier 1 Practices	SDOH	Community partnerships	Training & PD	Screening measures	Implementation
28A.320.125											
28A.320.127		X			X			X	X		X
28A.320.1271		X									X
28A.300.630		X				X	X	X			X
28A.150.211						X					
28A.150.415											
28A.165.037		X						X			
28A.300.139		X			X	X	X	X	X		
28A.310.500		X				X		X	X		
28A.310.510		X						X			
28A.310.515								X			
28A.345.085			X			X					
28A.410.035							X				
28A.410.226							X	X	X		
28A.415.430									X		
28A.415.445									X		
42.56.230	X										
WAC											
180-16-220					X	X	X	X			
392-172A-03055											
392-172A-03005											
392-172A-03060	X										X

State Guidance Document Review

The following Washington State guidance documents were initially selected, scanned, and cross-walked with universal SEBMH screening best practices due to possible connections.

- Washington Integrated Student Support Protocol (WISSP) (OSPI, 2017)
- Washington MTSS Framework Guidance Document (OSPI, 2020a)
- Learning Assistance Program Guide (OSPI, 2024)
- Model District Template: Student Social, Emotional, and Behavioral, and Mental Health Recognition, Screening and Response (OSPI & UW SMART Center, 2022)
- Child Find Public Awareness Requirements under the Individuals with Disabilities Education Act (IDEA) (OSPI, 2020b)
- A Guide to Assessment in Early Childhood (OSPI, 2022b)
- ESA Behavioral Health Providers' Roles Specific to Social and Emotional Wellness (ESA Behavioral Health Coalition, 2024)

Best Practice and State Guidance Document Crosswalk

Document	Privacy & Confidentiality	Service availability	Cultural responsive.	Students with disabilities	Family Engagement	Tier 1 Practices	SDOH	Community partnerships	Training & PD	Screening measures	Implementation
WISSP		X				X		X	X		X
MTSS Framework		X		X	X	X					X
LAP Guide		X						X	X		
Model District Template	X	X			X			X	X	X	X
Child Find					X						
A Guide to Assessment in EC	X		X							X	X
ESA Behavioral Health Tiered Roles		X	X							X	X

Best practices in screening are seen across multiple different policies and guidance documents, but not integrated into one particular policy or document. Additionally, some screening best practices are not present across any current policies or documents. No current state-wide statutes currently reflect the definition(s) of universal SEBMH that are accepted in best practice literature and guidance. For example, RCW 28A.320.127, the statute that most directly addresses SEBMH screening, recommends screening for possible substance abuse, violence, suicide, and sexual abuse, while best practice suggests using a dual-factor model that assess both psychological distress and positive well-being.

Similarly, this statute does not explicitly recommend universal screening, with a mechanism for identifying students for additional services. Inconsistencies across statutes, as well as between statute and best practice, can make it difficult for schools and districts to determine a screening plan and successfully implement a plan that will enhance student mental health and well-being.

> “I feel that our district’s policy aligns well with the RCW, however, I am not reading this RCW as saying that we MUST conduct a universal screening, just that we need to have a screening process.”
>
> - School Leader Survey Respondent

Survey and Listening Sessions: Initial Results and Findings

The following results section presents findings from the primary data collected in both the surveys and listening sessions. We integrate findings from both data sources, including quantitative and qualitative data, together according to theme. We first present the number of schools and districts reporting implementing universal SEBMH screening and then describe reported screening practices and procedures. Then, we present findings regarding important screening considerations (i.e., privacy and data security, equity and cultural responsiveness, family and parent engagement, supports for students with disabilities). We then discuss barriers and facilitators to screening.

It is important to note that these results are describing participants' responses and experiences and may or may not reflect alignment with best practices. Additionally, questions in both the survey and listening session were asked about the definition of universal SEBMH screening we provided, so participants' responses should be interpreted in the context of the definition provided earlier in the document.

"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."

- 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."

- 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

Current Screening Procedures

Nearly half of respondents from schools (n = 70; 48%) and districts (n = 28; 47%) reported conducting universal SEBMH screening. There were no differences in screening rates according to ESD or urbanicity for either schools or districts. However, prekindergarten schools were less likely to be screening, while middle schools were more likely to report conducting screening.

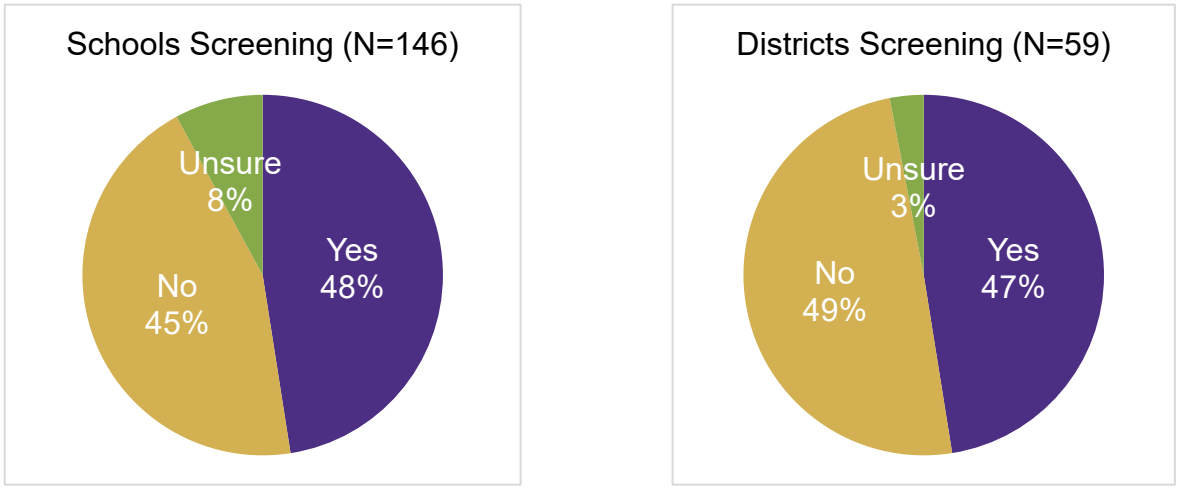
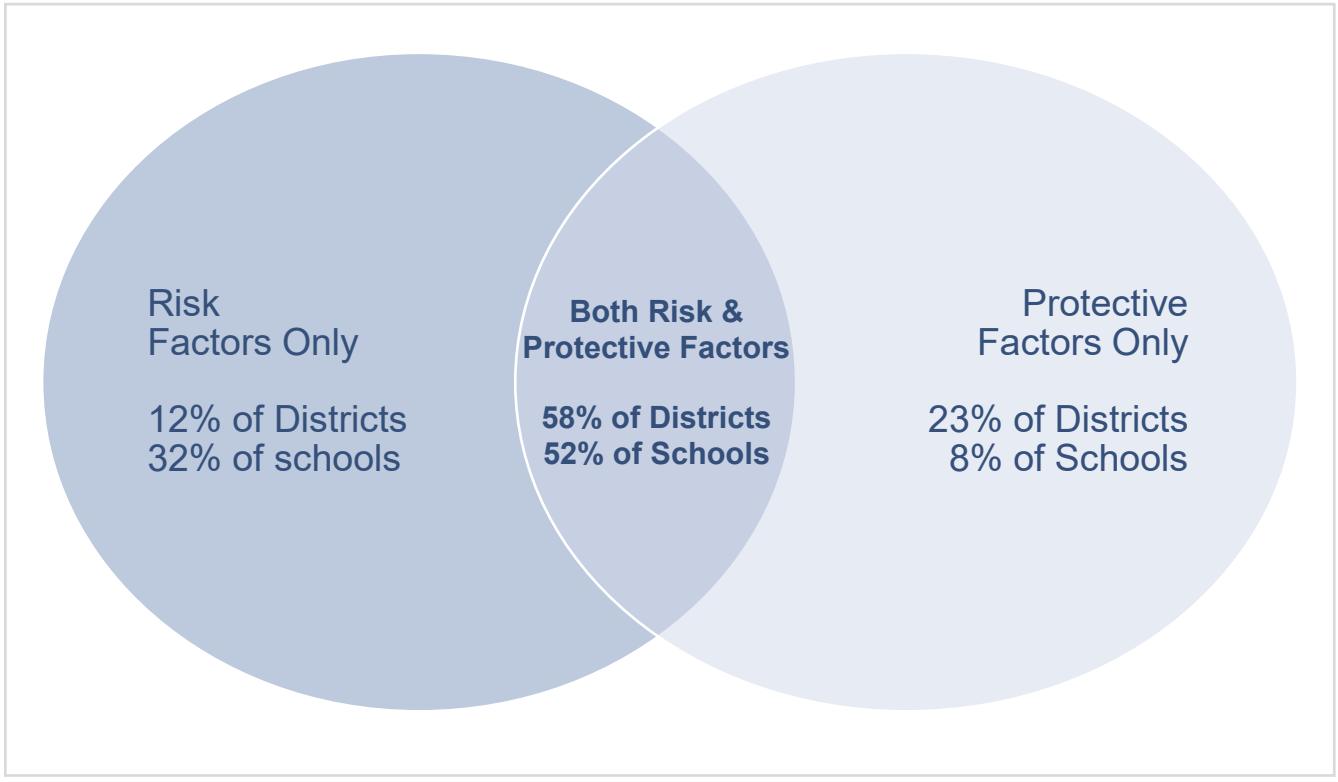


Figure 4 | Universal SEBMH Screening Domains



Screeners Used

Of those conducting screening, the majority address both risk and protective factors, also known as dual-factor screening. In addition, about 58% of schools and 65% of districts used one of the tools aligned with our definition provided in the survey. The most commonly reported screeners used were the Social, Academic, Emotional Behavior Risk Screener (SAEBRS) and the Student Risk Screening Scale (SRSS)/SSRS Internalizing and Externalizing (SRSS-IE). Districts and schools also reported using a self-developed screener or another survey or tool that was not aligned with the definition we outlined. The most common of these tools included the Panorama survey and Healthy Youth Survey.

Screening Tool	Schools (n = 70)	Districts (n = 28)
BASC-3 BESS	2 (2.9%)	5 (17.9%)
BIMAS	1 (1.4%)	0 (0%)
DESSA	3 (4.3%)	5 (17.9%)
SAEBRS	17 (24.3%)	6 (21.4%)
SSIS SEL	1 (1.4%)	1 (3.6%)
SDQ	2 (2.9%)	0 (0%)
SRSS/SRSS-IE	18 (25.7%)	4 (14.3%)
Strong Start	0 (0%)	0 (0%)
Check Yourself	2 (2.9%)	2 (7.1%)
District/school- developed screener	12 (17.1%)	8 (28.6%)
Not sure	3 (4.3%)	0 (0%)
Other	23 (32.9%)	9 (32.1%)

Note: Other responses included: Panorama, Healthy Youth Survey, Character Strong, BEISY, SBIRT screener. Some screening tools mentioned reflect our definition of screening, some do not.

“

One of our huge concerns about homegrown was if it's just kind of sitting in someone's Google doc and there's a story there, that's really concerning.”

- Listening Session Participant

Some common parameters that guided screening choice included:

- ✓ Cost
- ✓ Ease of administration, including who completed it and how manageable it would be for them to complete it
- ✓ The domains that it captured (e.g., strengths-based, ability to identify particular concerns like internalizing vs externalizing, alignment with SEL, alignment with state standards)
- ✓ For schools, district selection; for districts; knowledge/recommendation from other districts; evidence-based; ability to tie to interventions after

In listening sessions, participants also discussed the screeners they used, which reflected the tools mentioned in the quantitative survey, including validated screening tools such as the SAEBRS, as well as school- or district- developed tools, and other tools/surveys that capture perceptions of school climate. Participants highlighted that the domains (e.g., strengths and weaknesses, internalizing and externalizing, school culture, and protective factors that are captured in the screening tool were a common factor in tool selection. Many listening sessions provided recommendations related to screening tools.

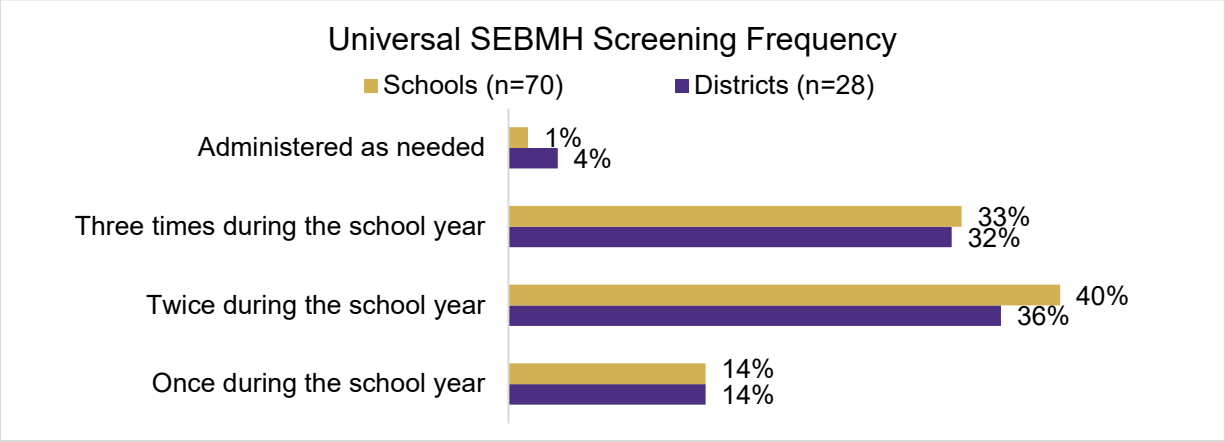
Listening Session participants wanted more guidance on how to choose the best screening tool for their context, including better understanding the developmental and cultural appropriateness of a screener and how to interpret the screening data both individually and in the aggregate.

Participants also mentioned lack of clarity regarding the definition of universal screening and related terms (diagnostic, assessment); they discussed that it would be helpful to understand which screening tools align with those definitions and best practices. For example, participants discussed using the Healthy Youth Survey or a school climate measure but were unsure if these tools are aligned with the definition of screening, since they don't provide identifiable data.

> "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

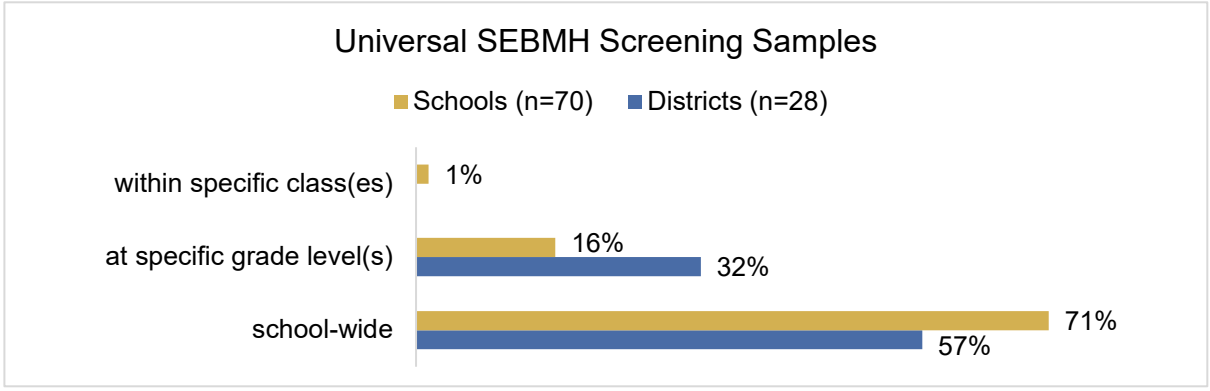
Screening Frequency

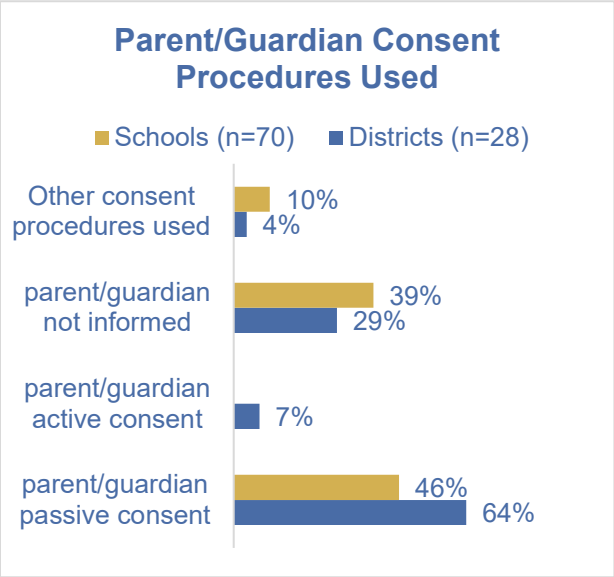
Respondents from both schools and districts most frequently reported conducting screening 2 times per year (schools n = 28, 4 0%; districts n = 10, 35.7%), followed by 3 times per year (schools n = 23, 32.9%; district n = 9, 32.1%). Fewer schools (n = 10; 14.3%) and districts (n = 4; 14.3%) conduct screening once per year. Other responses included administrating screening as needed, conducting screening weekly, and administrating different screeners at different rates. Schools reported that of all the screeners, the SAEBRS was more likely to be administered 3x per year than other frequencies.

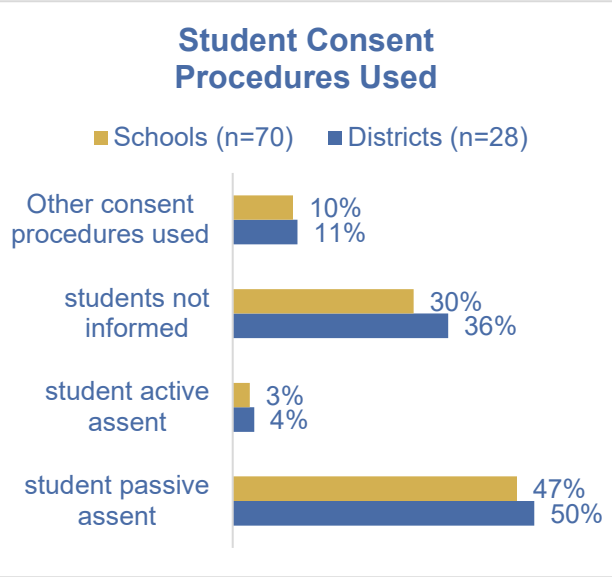


Screening Participants

Over half of schools and districts that conduct screening report screening all students in the school(s) (school n = 50; 71.4%; district n = 16; 57.1%), followed by all students in a specific grade (school n= 11; 15.7%; district n = 9, 32.1%). Most schools reported that teachers complete the screener (n = 46, 65.7%), and almost half of schools reported that students self-report on the screener (n = 31; 44.3%). Less than 10 schools reported that mental health staff (e.g., counselor, psychologist) (9), school administrators (2), or parents (1) complete the screener.





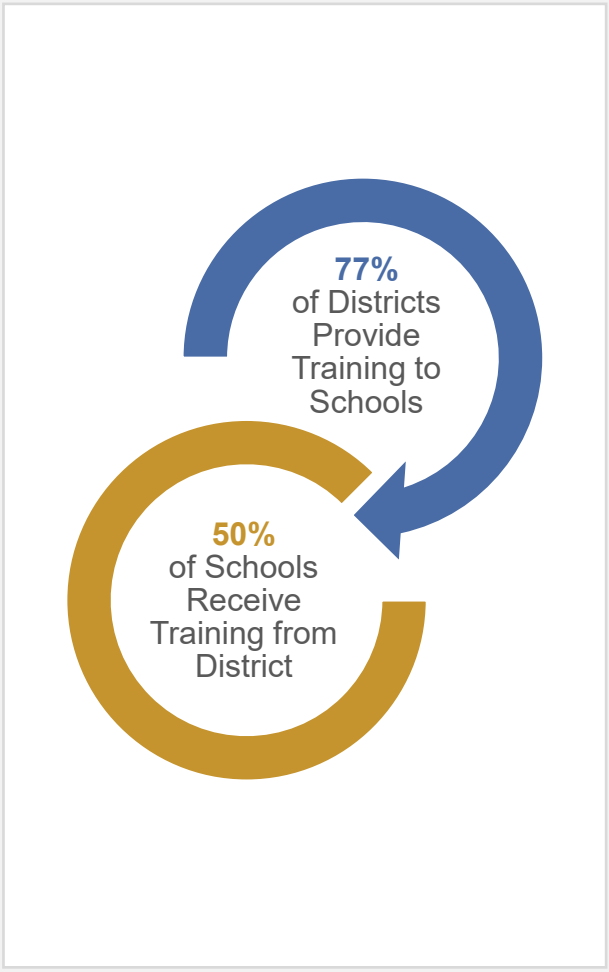


Many districts (n = 18; 64.3%) and schools (n = 32; 45.7%) reported that parents/guardians are informed about screening procedures and are provided with the opportunity to opt their children out of screening. Similarly, around half of districts (n = 14; 50%) and schools (n = 33; 47.1%) inform students and allow them to opt themselves out of screening. Some districts (n = 8, 28.6%) and schools (n = 27; 38.6%) do not inform parents before conducting screening and similarly some districts (n = 10; 35.7%) and schools (n = 21; 30%) do not inform students before conducting screening. Very few districts (n = 2, 7.1%) and no schools use active consent for parents (requiring parental/guardian opt-in). Similarly, very few districts (n = 1; 3.6%) or schools (2; 2.9%) use active assent for students (requiring students to opt themselves in to screening). Almost all schools who use opt-out procedures report very low opt-out rates from parents and students (less than 5%).

In listening sessions, students emphasized the importance of schools communicating the purpose of screening to them so they understand and are invested in the process. If students do not know why they are being asked to answer the screening survey or how it will support them, they may not be inclined to answer honestly. Students also wanted to make sure it was clear to them who would be reviewing their results and whether they would be shared with teachers, parents or other community members, because that may impact what they share. Students who had participated in screening before mentioned that the rationale and process was not very clear to them, so some students took it as a joke. Other students mentioned that past breaches of confidentiality between students and counselors eroded trust that needed to be rebuilt for all students to be willing to engage in the process. However, when students were bought into the process, had trust in the confidentiality of the data, and understood how the results would be used, listening session participants indicated that screening went smoothly and students appreciated the opportunity to share honestly to a trusted adult and get support.

Screening Training Procedures

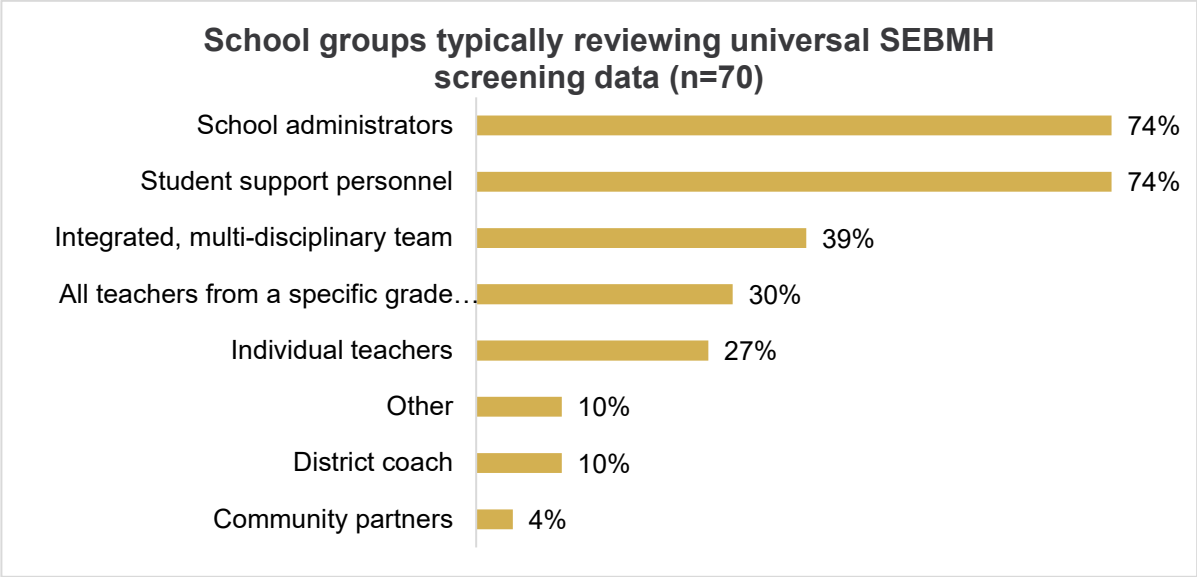
Over 80% of school and district respondents indicated that they provide some training opportunities to those participating in screening procedures, most commonly through materials such as an information sheet or manual (school n = 34; 48.6%, district n = 14; 50%), followed by an in-service workshop (school n = 21; 30%, district n = 11; 39.3%). Other training strategies include individualized coaching (school n = 16; 22.9%, district n = 10; 35.7%), professional learning communities (school n = 17; 24.3%, district n = 6; 21.4%), on-line modules (school n = 10; 14.3%, district n = 7; 25%), and externally sponsored workshops (school = 5; 7.1%, district n = 2; 7.1%). 20 (77%) of districts reported providing screening training to schools within their districts and 28 (50%) of schools reported receiving screening training from their districts.



Training topics most commonly included survey administration, how to use the screener, and what to do with the results. Other topics of training included how to communicate about the screening process with students, families, and other relevant groups and individuals, how to address bias in MH screening. Listening session participants indicated that having training and professional development was facilitative of screening success. When staff were trained on the tool itself, they felt more confident in being able to conduct screening appropriately. Additionally, some participants mentioned that other trainings, such as MTSS, SafeSchools, and ACES mandated reporter training, helped provide some context to the importance of screening. However, in the listening session needs emerged for more training resources. Trainings from the state, ESDs, or districts that provide guidance on how to select tools and conduct screening, analyze and understand data, engage in culturally-responsive practices, and understand screening-related policies were recommended by listening session participants.

Reviewing Screening Data

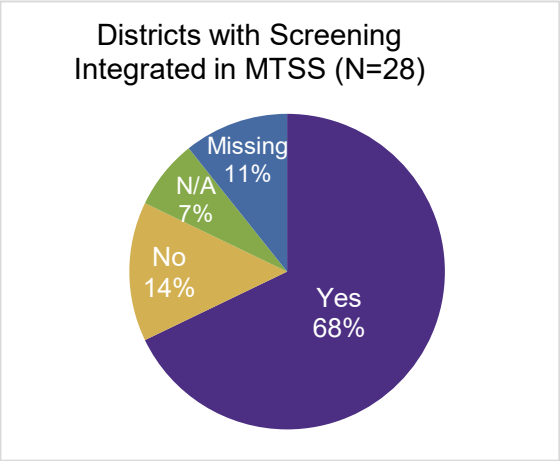
After screening is conducted, most schools (n = 53; 75.7%) reported that data are reviewed by one or more groups, such as a grade-level team or a MTSS team. Most schools reported that data was reviewed within 1-2 weeks of screening being conducted. Most often, the group that reviews the screening data is comprised of student support personnel (e.g., school psychologist, social worker, counselor, nurse) (n = 52; 74.3%) or school administrators (n = 52; 74.3%). In addition, some schools reported that the data is reviewed by integrated and multi-disciplinary team (n = 27; 38.6%), all teachers from a specific grade level (n = 21; 30%), or individual teachers (n = 19; 27.1%). Very few (3; 4.3%) report that the data is viewed by community-based mental health partners/organizations. No schools reported reviewing the data with parents/ guardians/ family members, district coaches, or other external partners.

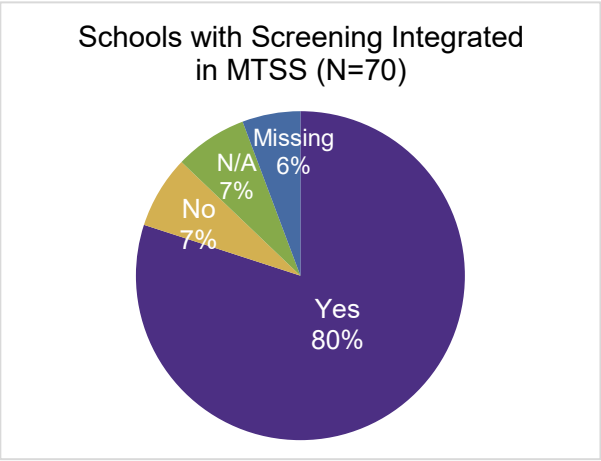


Most schools (n = 57; 81.4%) use screening data in conjunction with other data sources to make decisions regarding student needs and support. This often includes behavioral referrals (n = 53; 75.7%), attendance (n = 50; 71.4%), grades (n = 42; 60%), nurse/counselor visits (n = 31; 44.3%). Other responses provided by a single school includes combining screening with assessment data, disability screening information, restorative conference and emergency call logs, student climate/perception surveys, teacher observations, parent feedback, and current interventions that the student is receiving. Most schools determine level of SEB risk through a team-based discussion and decision (n = 42; 60%), following by a specific cut-off score (n = 27; 38.6%), and finally using a specific percentage of students (n = 8; 11.4%).

The majority of survey respondents who are conducting screening responded that screening is integrated into their MTSS framework (district n = 19, 68%; school n = 56; 80%), whereas few indicated that screening is not integrated into their MTSS framework (district n = 4, 14%; school n = 5, 7%). Another minority of respondents indicated that they do not have an MTSS framework (district n = 2, 7%; school n = 5, 7%). In the listening sessions, school and district administrators emphasized the usefulness of having screening integrated into an MTSS framework and process. In particular, screening allowed for not only the identification of more intensive needs for intervention, but also helped strengthen Tier 1 and 2 supports that can

increase prevention. Additionally, cross-over between screening and MTSS training helped facilitate smoother processes and knowledge transfer for educators and staff.





A listening session participant discussed the mindset shifts needed about screening from being primarily about how do we fix a kid to what changes do the adults need to make in Tier 1 instruction, practice, and supports within an MTSS framework.

Using Screening Data to Connect Students to Supports

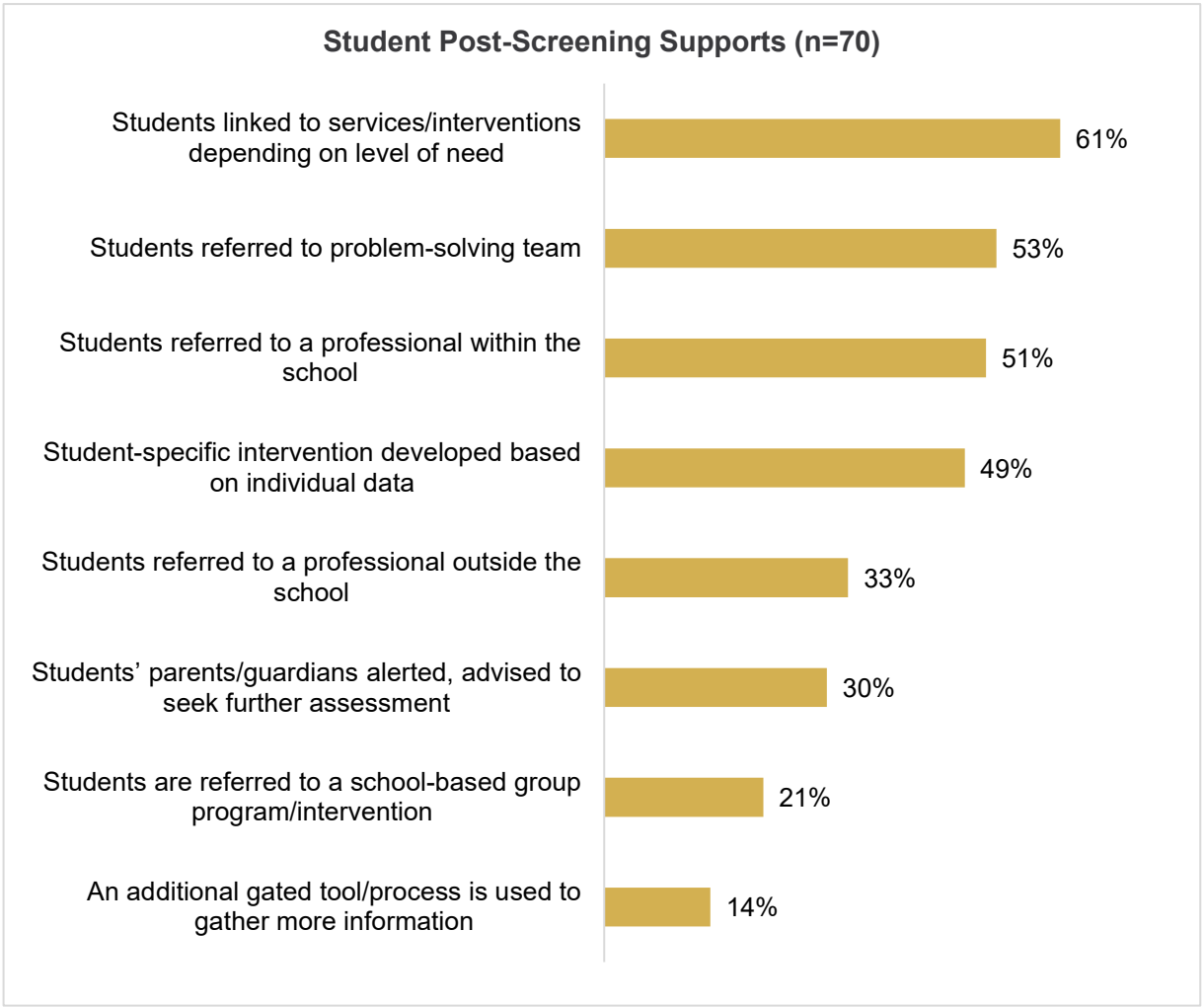
When students are identified to have a SEBMH need, most schools (n = 43; 61.4%) have a procedure to link students to services/ interventions depending on level of need. About half of schools refer students to a problem-solving team (n = 37; 52.9%), refer students to a mental health professional within the school (n = 36; 51.4%), and/or develop a student-specific intervention (n = 34; 48.6%). Some schools refer students to a mental health professional/ organization outside the school (n = 23; 32.9%), alert parents/guardians and advise them to seek further assessments (n = 21; 30%), or refer students to a group-based intervention within the school (n = 15; 21.4%). Fewer schools use an additional tool or process to gather additional or more specific information (n= 10; 14.3%).

The availability of SEBMH services for students post-screening and partnerships with community-based organizations were one of the most common themes that arose during the listening session. A major concern for listening session participants was the ethics or appropriateness of conducting screening and becoming aware of a student's mental health needs, without having the infrastructure or resources available within the school to address those needs or enough community-based services to refer students to. Students themselves expressed concern that screening did not seem intentional because it was not clear what the follow-up would be, limiting their willingness to take it seriously and answer honestly. Listening session participants, especially those in more rural areas, described that limited access to community-based mental health supports is a major concern for their students. Issues arose regarding provider availability, transportation, and public insurance acceptance. Additionally, some listening session participants expressed confusion regarding whether the school or the provider would be

responsible for monitoring students' well-being post-screening, if a student is referred to a community-based provider.

Listening session participants who saw that service availability was a strength of their screening process referred to adequate staffing (e.g., psychologists, counselors, service coordinator) as a primary facilitator. Merging screening data with other data sources (e.g., IEPs) when making referrals also helped ensure adequate services. Another primary facilitator included a strong vision for screening from leaders, such as administrators and school board committees, so that teachers, families, and other community members could understand the importance of screening. It was also discussed that buy-in for screening was improved when staff could see that the screening process was leading to students getting appropriate services for their needs.

The recommendations that emerged from the listening sessions regarding how to use survey data focused on the need for additional mental health supports within and outside of schools. Given participants' hesitation to conduct screening without having sufficient services in place, participants recommended both increasing funding and training for more school counselors and ensuring availability of community services (e.g., out-patient therapists, beds for in-patient treatment, crisis services especially for suicidality).



One listening session participant discussed the need for not only the services to be available, but for someone embedded within the school to know how to navigate the services. It can be overwhelming for students and their families to understand what each community service is actually meant to support, so people often get passed around from one agency to another, causing burnout and missed opportunities for care. Even if the school may not be providing all the follow-up supports, having a school-based navigator to work with students and families post-screening can facilitate service access. There was also a recommendation for ESDs, other state agencies, or university partners who may have the necessary resources and expertise to provide training, coaching, and coordination of service delivery.

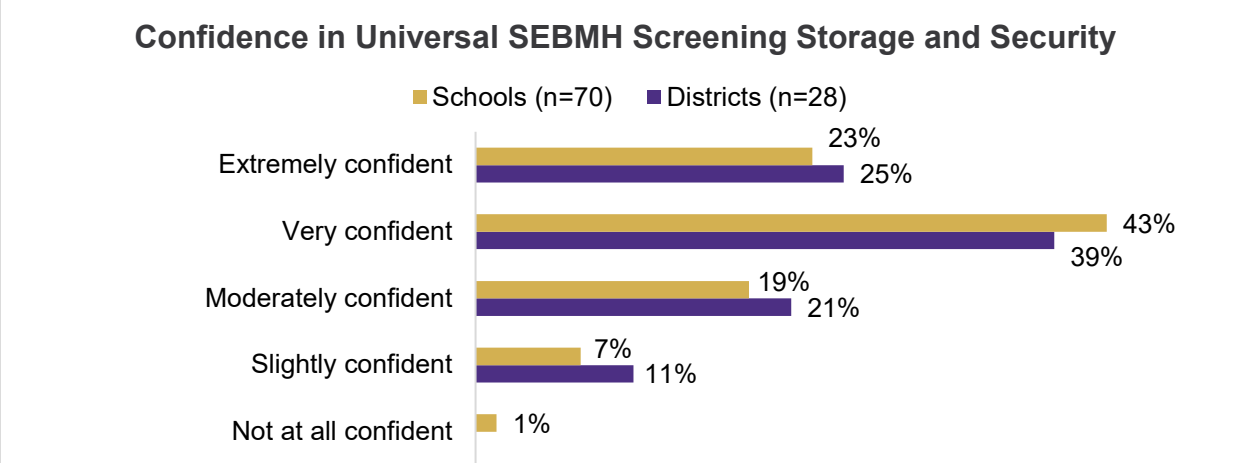
> I think it's a big challenge for us. You know. What would we do? We could give a survey. We could do a screener. But then what would we do with it? Who would do this work?"
>
> - Listening Session Participant

Important Screening Considerations

In addition to understanding participants' current application of screening practices, the landscape analysis also gained perspectives on important considerations for SEBMH screening, including privacy and data security, equity and cultural responsiveness, family engagement, and supports for students with disabilities. As outlined in the literature review above, attending to these topics is critical for ensuring a successful screening process for all students.

Privacy, Confidentiality, Data Security

When asked how their district/school handles the security of screening data on the survey, 17 district and 27 school representatives provided a response. Respondents most frequently indicated that they relied on secure digital platforms. Many also referred to limiting data access



to particular departments, teams, or roles within the school or district that are critical to making decisions regarding student supports. Less frequent responses included relying on physical storage, deleting records/data after use, complying with federal guidelines (e.g., FERPA, HIPAA). The majority of districts (n=18; 64.3%) and schools (n=46; 65.7%) reported that they were extremely or very confident that their storage systems and security procedures are secure enough to protect sensitive student information.

In the listening sessions, participants identified data privacy as a concern that impacts people's perceptions of screening overall. Participants discussed that students will be less willing to give honest responses if they do not know who is viewing the data, how they are using it, and how it will be protected. Family concerns regarding privacy also emerged as a significant theme from the listening sessions. Families are concerned that sensitive information regarding their child(ren) will be easily accessible to those outside of the school/district. In addition, some families are concerned about not having the ability themselves to know what questions are being on the screener and what their child's responses are. In addition to families, teachers expressed some concern that they are not often provided with any information regarding the screening results for students, which may limit their ability to support students within the classroom. Administrators expressed confusion regarding current policies regarding screening data - for example, whether screening data is protected under FERPA and/or HIPAA – and recommended that the state provide guidance on how best to handle the privacy of screening data.

> If this screener is to be accurate, I do think it should be accompanied by some level of privacy protection because there's no point in asking this information if the students who most need assistance do not feel safe to answer any of the questions."
>
> - Listening Session Participant

> If the State would like districts to treat this in any way other than a FERPA record we absolutely need more explicit guidance and clarity and parameters."
>
> - Listening Session Participant

> Cultural trauma around this will lead to resistance from historically marginalized, misdiagnosed, misplaced communities."
>
> - Listening Session Participant

> "It's really hard to not get in deficit-based thinking when you're taking a screener that kind of points out deficits. So how can we be strengths based? Even when we're coming into an advanced tiers intervention with kids, I feel like we've had screeners in the past that are teacher focused; teacher perception. And they have been. They've highlighted the bias that's within teachers because we identify minoritized students. And so it's also a helpful conversation to have to see which students are identified by teacher perception data. But I think there's still more work to be done for sure."
>
> - Listening Session Participant

Equity & Cultural Responsiveness

When asked how they address equity and cultural responsiveness in screening procedures in the survey, 14 district and 26 school representatives provided a response. The most common responses from districts and schools indicated that they were unsure or uncertain how they did so or that they lacked practices explicitly addressing these concerns. However, some schools and districts did indicate practices that they used to address cultural responsiveness and equity. These practices included providing screener tools and communication regarding screening in multiple languages, vetting the screening tools for cultural alignment, providing training to teachers who complete the screening regarding potential bias in their ratings, triangulating across different reporters and different tools, and disaggregating data to identify disparities and inequities for particular student groups. Some respondents also mentioned that conducting universal screening for all students addresses equity, because it relies less on more subjective referrals from teachers or other adults in the school.

In the listening session, similar practices were discussed, including adjusting the language of screeners to better reflect the needs and backgrounds of students within a particular school/district and disaggregating data to identify gaps in services. Listening session respondents emphasized the ability for screening tools and procedures to identify needs for students who may often be mis- or under- identified/diagnosed for particular concerns due to biases in perception of student behavior and referrals for services; however, to do this, screeners need to be appropriate, valid, and sensitive to the diverse experiences, perceptions, and backgrounds of families and students within the school community.
Additionally, the communication and education regarding screening needs to also recognize and address the concerns and past experiences/histories of individuals and communities who have faced marginalization, discrimination, and exploitation. A lot of emphasis was placed on the need to communicate the role of schools in supporting mental health to families from diverse cultural backgrounds to reduce potential misalignment and misunderstanding between school and home contexts. Another concern that emerged in listening sessions was regarding the lack of culturally responsive services for students post-screening. Listening session participants suggested that explicit attention is given to distributing funding and other resources for screening equitably, so it is not only the higher-resourced schools that ultimately are able to access the benefits of comprehensive mental health supports in schools.

> **“**There's a lack of systemic education around universal screening, maybe not education, but like there's a lack of informing or a systemic way to inform and allow parents and caregivers to have an opportunity to learn about what it is, what the process is, what's happening.**”**
>
> - Listening Session Participant

> **“**We communicate highly with our community beforehand, and parents can opt their students out**.”**
>
> - Listening Session Participant

> “I think it would help to have a package, if you would, or a toolkit that could be given to districts so that they have best practices to follow in terms of how to communicate this information with the families, students, constituents of what we're doing, and why and what the purpose is; the intent of it. So that it builds a sense of community that we're trying to improve. Just our goal developing healthy and contributing citizens that are successful and happy in whatever path they choose. Because if we just start implementing something because the legislature says so, that's not a good enough excuse or good enough reason for possibly messing with someone's child.”
>
> – Listening Session Participant

Family Engagement

Many listening session participants discussed the importance of parental engagement, emphasizing that parental understanding of screening is important to facilitating buy-in from both families and students. However, listening session participants discussed challenges that arise in establishing trust, and engagement with families. Families' concerns include the anonymity, confidentiality, or security of sensitive information, the nature of the questions being asked, and mental health stigma. Families also emphasized the potential to feel targeted by mental health screening – that the results might be interpreted or communicated in a way that will place blame on them for something being “wrong” with their child, as opposed to a means of providing additional support. These concerns are particularly prevalent for families who have a history of mistrust and mistreatment by the education or other social systems, and do not feel like they understand why their children are being asked sensitive questions and how the information is going to be used. Other families discussed how important it is to provide education to families regarding mental health in general, and screening in particular, in accessible formats and familiar venues. For example, family members suggested that schools could partner with trusted community organizations or popular radio stations to disseminate information that will reduce stigma regarding mental health and the role of schools in supporting student mental health. Many listening session participants, especially those who are not screening, requested that more guidance is provided on how to most effectively communicate with families.

However, in places where screening is successfully being implemented, some participants described that communication strategies with families have worked well, ensuring that the purpose and process for screening is clearly explained in language that is understandable for families. Parents in these districts spoke about how they appreciated that their child’s mental health needs were being identified and addressed by the school.

Other discussion points revolved around how to best gather screening information from families themselves, as another piece of information that can help identify students’ needs and appropriate supports.

Needs and Supports of Students with Disabilities

When asked how they addressed the needs of students with disabilities in their screening process, 14 districts and 45 schools responded. Most commonly, schools responded that they provided accommodations in the screening process, such as reviewing vocabulary with students or having teachers or other school staff who can read the questions to students. In some cases, one-on-one support is provided to students in order to complete the screener. Survey respondents also mentioned incorporating IEP/504 data with screening data to better understand student needs as well as disaggregating screening data to get a more nuanced understanding of the needs of students with disabilities relative to other students. Similar to the equity/cultural responsiveness question, some respondents mentioned how by providing the same screener to all students, they were supporting students with disabilities, so all students could be referred for needed MH services.

Although addressing the needs of students with disabilities was not a common theme within the listening sessions, one of the listening sessions was held with special education directors. A common theme that emerged in this conversation was how special education and mental health are often conflated, and that MH screening often gets lumped into processes for identifying special education learning needs of students. These participants emphasized that it is critical for universal SEBMH screening efforts and follow-up supports to be seen as separate than special education and led by those with appropriate MH expertise.

> “It is not the screening that is the issue, but everything that then is required to support the issues and needs that arise from the screening. Support is needed with roadmaps that districts can follow. There is no system in place to address the need and schools are having to piece together resources with little guidance. The state agencies need to provide side-by-side support and not simply regulations to follow for schools to be able to address these issues.”
>
> - Survey Respondent

Barriers and Facilitators

Barriers

The most common barriers to screening reported by both schools and districts were a lack of resources both within and external to the school to refer students requiring follow-up post-screening. Other notable barriers included costs to conduct screening for districts, time taken away from classroom instruction for schools, and concerns about survey/assessment fatigue for both districts and schools.

Table 6 | Top Challenges to Universal SEBMH Screening Efforts

Please select the top three challenges you have faced in your universal SEBMH screening efforts.				
	Districts (n = 28)		Schools (n = 70)	
	Percentage	Number	Percentage	Number
Lack of internal (school) resources to refer students requiring follow-up	89%	25	94%	66
Lack of external (community) resources to refer students requiring follow-up	79%	22	86%	60
Cost to conduct screening	57%	16	27%	19
Survey/assessment fatigue	43%	12	37%	26
Lack of knowledge about how to implement (e.g., which tools to use, resources needed, etc.)	39%	11	34%	24
Lack of staff to conduct screening	36%	10	21%	15
Time taken away from classroom instruction	36%	10	44%	31
Ethical/legal concerns, e.g., legal responsibility to serve students identified with needs	18%	5	21%	15
Accessing data after screening is conducted	14%	4	20%	14
Concerns related to equity/cultural responsiveness	14%	4	23%	16
Other, please specify:	46%	13	30%	21
None of the above	14%	4	9%	6

When asked for other barriers than the ones listed in the survey, districts and school indicated lack of support from staff, school board members, families and communities, limited infrastructure and training capacity, lack of funding, lack of knowledge regarding the appropriate screener, and concerns and confusion regarding privacy and related laws (FERPA/HIPAA).

“I'm not sure except to say that it would be wonderful if our legislature could support the purchase of universal screening for school districts. Student wellness is the plate upon which their education rests.”

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

Facilitators

The most common facilitators that helped screening succeed for both districts and schools included identifying screening tools that addressed student needs, aligning screening with school mission/district priorities and strategic plans, and dedicated time during the school day to conduct screenings. Other notable facilitators for schools included having support from their district and for districts having clear identified student needs.

Table 7 | Facilitators for Universal SEBMH Screening Efforts

What factors have helped your universal SEBMH screening efforts succeed?				
	Districts (n = 28)		Schools (n = 70)	
	Percentage	Number	Percentage	Number
Screening tool addresses school and student needs	61%	17	54%	38
Dedicated time during the school day to conduct screenings	50%	14	40%	28
Alignment with school mission and district priorities	50%	14	37%	26
Support from the district	50%	14	27%	19
Clear roles and responsibilities across staff involved in screening efforts	39%	11	33%	23
Adequate school staff to handle referral needs	39%	11	24%	17
Clear identified student needs	32%	9	39%	27
Clear alignment to the school improvement plan	29%	8	23%	16
Clear communication with families	29%	8	20%	14
Strong collaboration between the screening team	25%	7	34%	24
Clear alignment to district strategic plan	25%	7	24%	17
Adequate funding	25%	7	9%	6
Ongoing communication about screening and related mental health initiatives	18%	5	17%	12
Adequate community referral sources	18%	5	16%	11
Availability of trainings on how to conduct the screenings	14%	4	11%	8
Support from external consultants (training and TA providers)	7%	2	7%	5
Support from the regional (ESD) or state-level entities	7%	2	6%	4
Other, please specify:	7%	2	4%	3
None of the above	14%	4	10%	7

“We've been fortunate to be able to do this work because of grant funding that supports professional learning and technical assistance. I have a hard time imagining how districts, without that opportunity, would be able to find some of the successes. It's very big work in terms of setting up districts for success. I wish there was a statewide plan to be able to provide people what they needed in that way.”

- Listening Session Participant

Universal screening involves an entire system, and ultimately, it exposes additional gaps and barriers which mandate professional development, which, for us, required additional collaboration. And so, it really is all encompassing. We had additional assistance from outside agencies which really helped us be more effective. I don't know how a district would do this without that. It impacts so many different systems.”

- Listening Session Participant

When schools (n = 65; 45%) and districts (n = 29; 49%) who reported that they were not screening were asked what they would need to conduct screening, the most common responses included additional funding and information on costs, information on which measures/tools to use, additional staff to handle referral needs, and identification of community services to refer students to with identified needs.

Table 8 | Needed Supports for Universal SEBMH Screening Efforts

What would you need to conduct universal (SEBMH) screening?				
	Districts (n = 29)		Schools (n = 65)	
Additional funds	66%	19	57%	37
Additional school staff to handle referral needs	59%	17	62%	40
Clear roles and responsibilities across staff	41%	12	49%	32
Dedicated time during school day to conduct screenings	45%	13	60%	39
Identification of community referral sources to refer students with identified needs	45%	13	51%	33
Information on costs	45%	13	35%	23
Information on measures/tools to use	59%	17	55%	36
Technical assistance on how to develop and use a universal screening process	38%	11	40%	26
State-level policy requiring it	21%	6	22%	14
State-level policy providing standards	21%	6	22%	14
Direction from district leadership	24%	7	34%	22
Other	21%	6	9%	6
Not sure	0%	0	5%	3

These themes were also discussed in the listening sessions. Many participants emphasized the need for a more systematic approach to screening and follow-up supports, within a school, district, and across the state. Screening was not seen as something that could be conducted without adequate guidance/training, staff, funding, and collaboration between administrators, school staff, families, students, community organizations, and the state.

Findings and Recommendations

Overall Findings

- **There is substantial support for universal SEBMH screening among Washington educators and partners:** Most survey respondents and listening session participants expressed support for and interest in implementing effective universal SEBMH screening in Washington. Support for universal SEBMH screening in schools was bolstered by a wealth of experience, expertise, related workstreams, and proven success in conducting universal screening across the state. Such existing expertise and examples of successful implementation provide a solid foundation from which to build a well-resourced statewide strategy.

- **Lack of clear definition and shared understanding:** Despite the pockets of excellence with respect to universal school-based SEBMH screening, implementation is hindered by the lack of a consistent definition of universal SEBMH screening and formal guidance for schools, districts, and community-based organizations to follow. 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:** While RCW 28A.320.127 was passed a decade ago and requires each district to create a screening plan, the absence of specific details in the RCW on expectations and lack of implementation support resources and/or accountability mechanisms have yielded considerable inconsistency. District reports of implementation vary widely from not having a plan at all, having an existing plan that may not include universal screening, and having a clear plan for universal screening, but with significant barriers and challenges. Examination of this variability suggests that larger and better-resourced districts are more likely to report development and implementation of plans, but some smaller and less-resourced districts have successfully developed and implemented plans for universal screening.

- **Structural barriers:** Most respondents agreed with the purpose, concepts, and need for universal screening with an MTSS framework. However, most informants also reported multiple structural challenges that limit successful implementation. Most common challenges and barriers included: *funding, screening tool selection, lack of clarity on equitable and culturally relevant approaches, need for training and technical assistance, questions around confidentiality and privacy, secure data storage, parent/family involvement and education, and specific guidance for small or rural schools.* Perhaps the most consistently reported barrier is a *lack of resources to connect identified students to needed supports, such as via partnerships with providers and other community-based organizations).*

- **Confusion around legal requirements:** Language in RCW 28A.320.127 contributes to confusion over whether universal SEBMH screening is required. Districts vary in their interpretation and understanding of the requirements of this law as well as privacy, confidentiality, and data collection and storage requirements.

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 (such as identified in this analysis) would help ensure that critical implementation supports for universal school-wide SEBMH screening aren't overlooked.

It is recommended to establish a statewide universal screening leadership workgroup (or assignment of such responsibility to an existing entity) that develops a comprehensive strategy centered in equity and cultural responsiveness, obtains or builds needed resources, and oversees implementation of an associated strategic plan. Elements of the strategic plan should include:

1. A clear definition of universal school-based SEBMH screening for Washington State.
2. A plan for updating state laws and policies to reflect current realities, needs, and best practices for universal SEBMH screening.
3. Developing statewide guidance, standards, and procedures for universal SEBMH screening.
4. Strengthening 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.
5. Provision of funding and other resources to districts to support universal SEBMH screening.
6. Enhancing family and student education and engagement at state and local levels, especially for those who have been historically marginalized.
7. Provision of comprehensive implementation supports from established training and technical assistance organizations.
8. Ensuring that screening processes and policies adopted state-wide and within schools and districts do not perpetuate and instead counteract inequities.
9. Establishing indicators of success aligned with updated laws and expectations, with systems for conducting evaluation, monitoring, and data-informed continuous quality improvement.

Best Practice Guides

As a result of the landscape analysis process, this final report includes best practices implementation guides that are reflective of the valuable insights and information gathered during listening sessions, guidance documents, policies and procedures, educators, families, agencies, and other relevant groups and individuals in Washington, in addition to what was learned from the most current literature regarding universal SEBMH screening. These best practices implementation guides serve as a resource and support that will need to be

contextually applied to districts and schools. These guides are intended to supplement the universal SEBMH screening implementation process. The role of districts and schools is to contextualize the information and best practices to best serve their community. Together, the final report and best practices implementation guides serve as two resources that can be used to help guide thoughtful and intentional universal SEBMH screening implementation. Next, an introduction to the best practices implementation guides is provided and described, including an overview of the guides, best practices addressed, and how each guide is structured.

There are a total of five implementation guides provided in the **appendix**, including: **(1)** Engaging with families, cultural responsiveness, partnering with community-based organizations, and supporting students with disabilities; **(2)** Tool selection, social determinants of health, and privacy and confidentiality; **(3)** Implementation and logistics; **(4)** Training and professional development; **(5)** Informing Tier 1 and availability of services. Additionally, an introductory brief was created to introduce the guides and inform use of them. Each implementation guide includes an overview of the best practice being described, key components of the best practice, examples from the field (quotes or stories from stakeholders, resources, tools, etc.), critical considerations, tips and recommendations to ensure cultural responsiveness, implementation recommendations, and an implementation fidelity checklist. Below, a description of each best practices implementation guide is described.

Engaging with families, cultural responsiveness, partnering with community-based organizations, and supporting students with disabilities:

In this guide, key components and best practices for engaging with families, cultural responsiveness, partnering with community-based organizations, and supporting students with disabilities are included. This guide is essential for teams in the planning phase for universal screening.

Tool selection, social determinants of health, and privacy and confidentiality:

This guide includes best practices for tool selection, social determinants of health, and privacy and confidentiality. Key components addressed in this guide include guidance around FERPA and HIPPA, data security and storage, considerations for social determinants of health, and processes and practices for tool exploration and selection. This guide is essential for teams in the selection phase for universal screening.

Implementation and Logistics:

This guide describes best practices related to universal SEBMH screening implementation and logistics, including systems-level planning and coordination, timing and frequency of screening, and alignment within a district assessment system. Key components addressed include scheduling universal screening, assessment calendar alignment, and data accessibility. The key resource provided in this brief is a sample district assessment calendar with universal SEBMH screening integrated.

Training and professional development:

This guide describes best practices related to training and professional development for universal SEBMH screening, including ways to engage families, students, and community members in the learning process. Key components for engaging the community in

professional development, continuous improvement, and logistics are addressed, with specific recommendations for cultural responsiveness and supporting students with disabilities. Resources provided in this brief include a universal SEBMH screening implementation guide from an exemplary district and an overview PowerPoint presentation that staff can use.

Informing Tier 1 and availability of services:

This guide describes best practices for ensuring a strong Tier 1 system and availability of services. It addresses the importance of readiness for universal SEBMH screening, specifically using resource mapping as a key process for districts and schools to engage in to ensure they're able to respond to students in need. Additionally, this brief addresses a Multi-Tiered System of Supports (MTSS) and discusses organizing interventions and supports within an MTSS so that there are varying levels of intensity of supports to match to student needs as they are detected through screening. Key components addressed in this brief include effective Tier 1, community-based supports, and systems-level planning to ensure follow up and referral systems for students who might need high levels of support. Resources provided in this brief include a resource map template and a problem-solving process teams can use to determine the overall health of their system and to identify students who need extra support.

Implementation Plan for Effective Screening Demonstration Sites

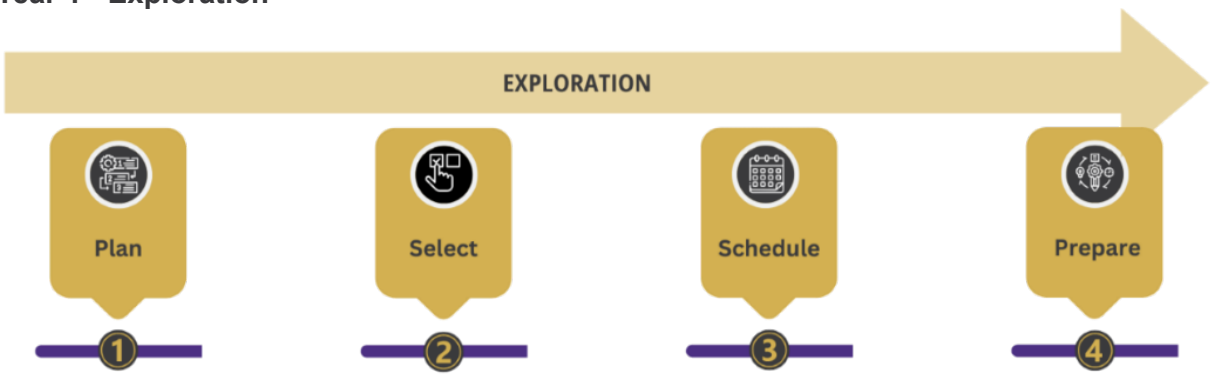
Most participants agreed that universal SEBMH screening is needed and beneficial to support school communities, while also reporting the need for clearer guidance, training/technical assistance, and resources for implementation. A resourced implementation plan to further develop and assess a statewide approach to training and technical assistance for installation of universal SEBMH screening within the Washington MTSS and WISSP frameworks could support initial next steps in a statewide effort to support universal SEBMH screening uptake.

Washington State has engaged in several effective training and technical assistance models to support the implementation of educational policies, initiatives, programs, practices, and frameworks. Washington training and technical assistance implementation models include the following examples related to the implementation plan for effective screening demonstration sites: Inclusionary Practices Technical Assistance, Inclusionary Practices Demo Sites, Reducing Restraint and Eliminating Isolation (RREI), Washington MTSS Cohorts, and ESSER-Funded School Mental Health and MTSS Demonstration Sites. Each of the models leverage common effective implementation strategies including selection based on readiness and willingness of cohorts of districts leveraging the regional ESDs to sustain implementation and scaling across districts and regions.

This implementation plan intends to serve a set of two initial cohorts with intensive training, technical assistance and coaching. Each cohort has the capacity to support up to 6 districts total within 2 ESDs. Participants engage in a two-year scope and sequence, that is customized based on local and regional goals and needs. Teams work collaboratively to plan and install universal SEBMH screening using the implementation guide based on best practices as source material. Upon completion of the two years, districts, with continued support from ESDs, will continue to scale up locally and regionally. Additionally, cohorts will regularly provide feedback on the acceptability, feasibility, and effectiveness of the comprehensive implementation guide and serve as peer support for other districts.

Example Training Scope & Sequence

Year 1 - Exploration



During exploration, representative teams are assessing the needs of the district and community and selecting evidence- based practice(s) to meet the identified needs while also assessing the readiness to implement (e.g. financial, political, resources). This stage is about examining the efficiency and effectiveness of the current system. Relevant groups and individuals within and across organizations identify strengths and areas for improvement. This may require all involved to operate differently. (e.g., aligning efforts under a single system, repurposing resources to support the implementation of new innovation). Staffing, training, funding, evaluation systems, and coaching systems will also be examined in the context of planning, selecting, scheduling, and preparing for universal SEBMH screening.

Year 2 - Installation and Initial Implementation

This is referred to as the ‘fragile’ or ‘awkward’ stage of implementation when staff are beginning to implement changes at both the district and school level. The transformation process is guided by external technical assistance providers and local implementers. The district continues to shift resources to support staff as they learn more about the process to begin to administer, score and interpret screening and then develop a menu of supports through resource mapping to connect students to supports which include strengthening and enhancing Tier 1, as needed.

Overview of Example Time Commitments of Participating ESDs, District Teams, and School Teams

Year 1 - Time Estimates/Examples:

While the exact frequency and duration of support will depend on an initial needs assessment and availability of teams, an example of what has worked with other districts is the following:

- 4 Days Fall/Winter District Community Leadership Team (with ESD support representatives) Training (In-Person)
- 4 Day Spring/Summer District and Cohort 1 Building Team Training (In-Person)
- Regular Virtual District Coaching Calls
- TA and Consultation 5 hours/month/district

Year 2 - Time Estimates/Examples:

- 4 Days Fall/Winter District and Cohort 1 Building Team (with ESD support representatives) Training (In-Person)
- 4 Day Spring/Summer District and Cohort 2 Building Team Training (In-Person)
- Regular Virtual District Coaching Calls
- TA and Consultation 5 hours/month/district

Conclusion

This landscape analysis provided valuable insights about the current landscape of universal SEBMH screening gathered from guidance documents, policies and procedures, educators, families, agencies, and other relevant groups and individuals in Washington. We deeply appreciate the willingness of participants to vulnerably, at times, share the realities, challenges, concerns, wonderings, and successes of mental health in schools. This collective spirit must be the foundation that the state boldly and bravely acts to prevent mental illness and promote mental well-being of all Washington State youth.

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APPENDIX

Contents:

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UNIVERSAL SCREENING

Best Practices Guidance Introduction

OVERVIEW

Addressing the social, emotional, behavioral, and mental health (SEBMH) strengths and needs of youth, begins with early detection. 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) and 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 uncover more information.

Comprehensive universal screening allows educators and mental health professionals to identify students who may require additional support and intervention. The best practices implementation guides serve as a resource and support that can be used by district and building leadership teams. These guides are intended to supplement your implementation process for universal screening. Your role is to contextualize the information and best practices to best serve your community. Below, a brief description of each best practices implementation guide is introduced and described.

KEY COMPONENTS

ENGAGING FAMILIES, CULTURAL RESPONSIVENESS, PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS, AND SUPPORTING STUDENTS WITH DISABILITIES: In this guide, key components and best practices for engaging with families, cultural responsiveness, partnering with community-based organizations, and supporting students with disabilities are included. This guide is essential for teams in the planning phase for universal screening.

TOOL SELECTION, SOCIAL DETERMINANTS OF HEALTH, PRIVACY AND CONFIDENTIALITY: This guide includes best practices for tool selection, social determinants of health, and privacy and confidentiality. Key components addressed in this guide include guidance around FERPA and HIPPA, data security and storage, considerations for social determinants of health, and processes and practices for tool exploration and selection. This guide is essential for teams in the selection phase for universal screening.

TRAINING AND PD: This guide includes best practices for supporting educators and a community with universal screening implementation. Key components addressed in this guide include training considerations, continuous improvement planning through coaching to support intentional implementation of universal screening. This guide is essential for teams in the scheduling phase of universal screening.

IMPLEMENTATION AND LOGISTICS: This guide includes best practices for implementation and screening logistics. Key components include scheduling universal screening, alignment on a district assessment calendar, and practices around data accessibility. This guide is essential for teams in the scheduling phase of universal screening implementation.

INFORMING TIER 1 AND AVAILABILITY OF SERVICES: This guide includes best practices for using universal screening data to monitor the health of your system, including your Tier 1, and availability of services. Key components addressed in this guide include importance of an effective Tier 1 system of supports, community-based supports, and systems planning for follow-up and referral for students.

EXAMPLES FROM THE FIELD

> “Universal SEBMH screening is a way to get students the help they need. It’s something that could help people with the mental health challenges that are coming up for us right now.”

OSPI Model District Template: Student Social, Emotional, Behavioral, and Mental Health Recognition, Screening, and Response.

CRITICAL CONSIDERATIONS

Screening vs Assessment: When we describe universal screening, it's important to note the difference between data sources that districts currently complete and use. Universal screening is different than the Healthy Youth Survey, SEL assessments, targeted screening, and traditional referral methods for support. Universal SEBMH screening involves screening all youth in a school/district for early signs of psychological problems/presence of risk factors, as well as the presence of resilience factors and indicators of wellbeing (Romer et al., 2020). SEL assessment involves assessing the quality of students' SEL competencies (e.g., interpersonal and intrapersonal knowledge, skills, attitudes, and mindsets) to guide instructional practice (Mckown 2020, CASEL Assessment Workgroup 2018). Targeted assessment involves evaluating behavior/abilities (e.g., anxiety, depression, substance abuse, suicide risk) for making a diagnosis/treatment recommendations (APA, 2020).

Additional data sources: Universal screening data differs from the Healthy Youth Survey in that HYS data are not identifiable, therefore unable to be used to connect students to interventions and supports. Universal screening data are identifiable as a means of getting students connected to supports, if needed.

Cultural Responsiveness: While a best practices brief has been explicitly developed for cultural responsiveness in universal screening implementation, you'll notice key tips and considerations spiraled throughout all the best practices briefs that will offer guidance on this for each component of universal screening implementation.

REFERENCES Romer, N., von der Embse, N., Eklund, K., Kilgus, S., Perales, K., Splett, J. W., Sudlo, S., Wheeler, D., (2020). Best Practices in Social, Emotional, and Behavioral Screening: An Implementation Guide. Version 2.0. Retrieved from smhcollaborative.org/universalscreening

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UNIVERSAL SCREENING

FAMILY & COMMMUNITY PARTNERSHIPS

OVERVIEW

Caregivers/family members, students, and community-based mental health providers should be included in your screening journey.

There are multiple ways to engage families and students throughout the universal SEBMH screening process. During the planning and selection phase, districts typically form a team to identify a screening tool and plan for implementation; it is recommended that caregivers be included as part of this team (NCSMH, 2023; SAMSHA, 2019).

KEY CONSIDERATIONS

CONFIDENTIALITY: Protecting student confidentiality and providing proper caregiver notifications are critical to maintaining trust and ensuring the contextual fir of universal screening. School districts should strategically consider and map out fundamental legal considerations regarding students' education records, caregiver rights, and mechanisms to share student information for reporting and evaluation activities prior to implementation.

PERMISSSIONS: There are two traditional approaches for caregiver permissions: opt-in (active) and opt-out (passive). Districts should consider local, state, and federal policy when designing their screening procedures.

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EXAMPLES FROM THE FIELD

CULTURAL RESPONSIVENESS TIP 1

Did you know that it's culturally responsive to have a multi-informant screening process?

A helpful tip is to engage early and often to reduce caregiver concerns. Consider selecting the tool WITH families and/or offering focus groups to learn from and with families

IMPLEMENTATION RECOMMENDATIONS

Before: Provide caregivers with information via newsletters, brochure, registration packets, or information sessions has shown to increase parent participation and engagement (Villareal & Peterson, 2024). Relevant information includes, but is not limited to data security and confidentiality, purpose of screening, how data will be used, follow-up procedures, and behaviors that will be screened for (NCSMH, 2023; Ulmer et al., 2020).

During: During the implementation phase, research suggests that the use of parent-report screeners can be used to start a conversation with families and thus foster and improve home-school collaboration (Garbacz et al., 2021). Consider selecting a multi-informant tool that collects student, teacher, and family ratings.

After: After screening, it is recommended that data-based results and associated recommendations be shared with parents (Maike et al., 2018). During follow-up, schools may also integrate parents into interventions to support the students across multiple settings (Plath et al., 2015). Finally, parents should be given the opportunity to provide ongoing feedback on screening implementation and follow-up (Illinois State Board of Education, 2023).

IMPLEMENTATION FIDELITY CHECKLIST

The following tool can be used for self-assessment used by a district or building leadership team for guidance on action planning around universal SEBMH screening.

DATE		TIME	

FEATURE	NOT IN PLACE	ALMOST	YES
Caregivers, Students, and Community Partners were included in the selection process.			
A plan for communications, confidentiality, permissions, and on-going feedback is implemented.			

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UNIVERSAL SCREENING

TOOL SELECTION

OVERVIEW

Universal SEBMH screening is a foundational component for a tiered system of school-based supports and is a brief and effective method for assessing overall student performance across various levels, from district to class, helping schools and teachers design and assess the effectiveness of their core supports; while also connecting some students to more intensive supports, if needed.

Universal screening is not a product, but rather a process for identifying students at risk of developing mental and behavioral health challenges (Twyford, et al., 2010), as well as an evidenced-based and proactive method for monitoring universal (Tier 1) supports (Romer et al., 2020).

This brief discusses considerations for selecting a social, emotional, behavioral, and mental health (SEBMHMH) tool and process that informs school-wide, classroom, and individual supports and interventions.

KEY COMPONENTS

Addresses the **MENTAL HEALTH COTINUUM:** The goal of SEBMH screening is to generate new and useful information so that students can be better served in interventions that prevent or mitigate mental health challenges and promote resiliency; further, the most widely supported tools focus on social, emotional, and behavioral indicators that are consistent, accurate and applicable, and are associated with wellness and academic success (DPI, 2018; NCSMH, 2020). For these reasons, it is important to consider selecting tools that address both risk and protective factors.

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CULTURAL RESPONSIVENESS TIP 1

When selecting a universal screener, it is critically important to select a tool with a representative team including: various district departments, building representation, family and community partners. Consider how you will learn with and from families and students during the selection and implementation process.

KEY COMPONENTS

Addresses Community NEED & FIT:

- What data are we already collecting? What do we already know about our students?
- How are the data currently used? Who uses the data?
- Where are our gaps?
- What else do we need to learn?
- What languages are needed?
- What are existing policies related to screening? Consent?
- Does the work align to our strategic plan and community values?

Implementation CAPACITY & SUPPORT:

- What other data systems/platforms are we using?
- How much time can we dedicate to training and administration?
- What budgetary considerations do we have?
- What training and coaching supports are available?
- What barriers can we anticipate?
- What else do we need to learn?

IMPLEMENTATION FIDELITY CHECKLIST

The following tool can be used for self-assessment used by a district or building leadership team for guidance on action planning around universal SEBMH screening.

DATE		TIME		
FEATURE		NOT IN PLACE	ALMOST	YES
A representative team was used during the selection process.				
A team evaluated the need, fit, capacity for implementation, and the usability of the tool prior to selection.				

Romer, N., von der Embse, N., Eklund, K., Kilgus,S., Perales, K., Splett, J. W., Sudlo, S., & Wheeler,D. 2020.Best Practices in Social, Emotional, and Behavioral Screening: An Implementation Guide. Version 2.0. Retrieved fromhttps://smhcollaborative.org/universalscreening/

Twyford, J., Eklund, K., Chin, J., & Dowdy, E. 2010."Behavioral RTI Model: Implementing Screening for Emotional and Behavioral Problems." Mini-session presented at the meeting of the National Association of School Psychologists, Chicago IL

TRAINING & PROFESSIONAL DEVELOPMENT

OVERVIEW

Training for universal SEBMH screening involves systematic coordination for the district and building teams' success. The importance of training and ongoing coaching is two-fold: (1) ensuring educators and informants understand the need for universal SEBMH screening and have a shared understanding of the goal and purpose for it (Romer et. Al, 2020); and (2) equipping teams, educators, and informants to complete the universal screener and use the data to best support all students.

For universal SEBMH screening to be most effective, staff should be trained prior to implementation. This can lead to buy-in, feelings of support, and familiarity with the chosen screener (Brann et al., 2021; Chafouleas et al., 2024). At minimum, staff should be provided training on screening administration, scoring, and interpreting the screener prior to implementation (Romer et al., 2020). Additionally, it is recommended that educators be provided with an instruction sheet to use as a quick reference during completion of the screener (Bran et al., 2021; Missouri DESE, 2018). Additional topics to address in staff trainings include bias-reduction/cultural responsiveness in screening, data confidentiality, child mental health, stigma reduction, communication of results to families, providing follow-up intervention, and data-based decision making (Dvorsky et al., 2013; Humphrey & Wigelsworth, 2016; Maike et al., 2018; Moore et al., 2024; SAMHSA, 2019). Last, but not least, staff will need ongoing coaching to support continuous improvement.

KEY COMPONENTS

Training: Engage families, students, and community members throughout the entire screening process, including training. This intentional collaboration leads to decreased stigma around screening, increased buy-in, and improved implementation. Training needs to include the following topics: (1) Screening foundations/overview; (2) Tool selection (if a tool is not already available); (3) Screening logistics and technical support for completing the screener; (4) Data analysis and problem-solving; (5) Connecting students to supports.

Continuous Improvement: Ongoing coaching and technical assistance to guide educators and informants on the process is critical for successful implementation and differentiated supports for buildings that may be at different levels of implementation with SEBMH.

EXAMPLES FROM THE FIELD

> We need resources and support to implement true, effective work. There is a lot of work we can do with staff training and resources that would help address the needs of all learners, not just the ones who know how to get by in school. Our school district would greatly benefit from specific training and resources on universal screening." **– School Leader**

- Universal screening guide sample
- Universal screening foundations PPT

CRITICAL CONSIDERATIONS

Engaging families, students, and community members: Caregivers/family members, students, and community-based mental health providers should be included in screening process from the start. There are multiple ways to engage families and students throughout the universal SEBMH screening process. During the planning phase, schools typically form a team to identify a screening tool and

discuss other logistics; it is recommended that parents/family members be included as part of this team (NCSMH, 2023; SAMSHA, 2019). Research suggests that doing so can reduce parent concerns and/or stigma related to SEBMH screening, providing parents with information via newsletters, brochure, registration packets, or information sessions has also been shown to increase parent participation and engagement (Villareal & Peterson, 2024). Relevant information to share with parents includes but is not limited to data security and confidentiality, purpose of screening, how data will be used, follow-up procedures, and behaviors that will be screened for (NCSMH, 2023; Ulmer et al., 2020). During the implementation phase, research suggests that the use of parent-report screeners can be used to start a conversation with families and thus foster and improve home-school collaboration (Garbacz et al., 2021). After screening, it is recommended that data-based results and associated recommendations be shared with parents (Maike et al., 2018). During follow-up, schools may also integrate parents into interventions to support the students across multiple settings (Plath et al., 2015). Finally, parents should be given the opportunity to provide feedback on screening implementation and follow-up (Illinois State Board of Education, 2023).

Cultural Responsiveness: Collaborating with families, students, and community partners is a start to ensuring cultural responsiveness in universal SEBMH screening. Additionally, it's important to plan for training in how to be culturally responsive with universal SEBMH screening and the community you serve. Key considerations to this training component include bias-free scoring, examining bias and reducing racial disproportionality in screening data, and equitable access to supports.

Supporting students with disabilities: Universal SEBMH screening includes all students, including those with disabilities (Villarreal & Peterson, 2024). Glover and Albers (2007) recommend that suitable screening administration, scoring, and interpretation be considered for students with disabilities. Modifications to screening administration should be incorporated as needed to ensure accurate comprehension of questions on student-report screeners, including reading screener items aloud, providing one-on-one support for screening, using visual aids, or using an interpreter (Eklund & Rossen, 2016; Vander Stoep et al., 2005; Villarreal & Peterson, 2024).

SPIRALED TIPS

TIP 1 Make sure to include families/caregivers, youth, and community members on the district leadership team leading this work.

TIP 2 Invite families/caregivers, youth, and community members to be part of professional development/training. Learning together as a collective can move the work forward and reduce concerns and stigma towards SEBMH screening.

TIP 3 Training and PD should teach educators how to ensure suitable screening procedures for all students, including students with disabilities.

TIP 4 Training and PD topics on how to be culturally responsive in SEBMH screening are key. Topics should include bias-free scoring, examining bias and reducing racial disproportionality in screening data, and equitable access to supports.

IMPLEMENTATION RECOMMENDATIONS

Readiness: Readiness steps for universal SEBMH screening for the district and building teams is critical for effective implementation. District and building leadership teams should engage in data collection and intervention mapping.

Team-Driven Implementation: Universal SEBMH screening requires a team-based approach. It should be done collaboratively with a leadership team that focuses on academic screening and SEBMH implementation. The role of a leadership team at the building and district level is to ensure a coordinated, systematic approach. A district leadership team is responsible for: (1) active coordination of and overseeing implementation efforts; (2) providing adequate funding, broad visibility, and consistent support; (3) coordination of training and coaching support for school leadership teams; and (4) SEBMH screening tool selection.

Mental Health Expertise: Given their expertise in data-based decision-making, mental health, and confidentiality of data, in-house professional development can be led by school psychologists, school social workers, school counselors, or school nurses, thus reducing cost demand for districts (Dowdy et al., 2015; Levitt et al., 2007; Moore et al., 2015; NCSSLE, 2020; NCSMH, 2023). Local universities can also

provide training and facilitate the rollout or implementation of screening (CBPIS, 2023; Lane et al., 2020; Verlenden et al., 2021; Wingate et al., 2018).

IMPLEMENTATION FIDELITY CHECKLIST

The following tool can be used for self-assessment used by a district or building leadership team for guidance on action planning around universal SEBMH screening.

DATE	

FEATURE	NOT IN PLACE	ALMOST	YES
There is a district and building leadership team that focuses on SEBMH to guide universal SEBMH screening work. (Note: This does not need to be a newly created team. Leverage existing teaming structures to align and integrate this work.)			
Team is representative of caregivers/families, students, educators, administrators, school-based personnel with SEBMH expertise, and community-based mental health providers are represented on the leadership team.			
Team is representative of multi-disciplinary departments across the district.			
The district has Education Staff Associates (ESAs: School behavior analyst, counselor, nurse, psychologist, and social worker) capacity to help lead this work, including training and PD.			
The district team has developed a training and coaching plan for universal SEBMH training for building leadership teams to engage in.			

REFERENCE Romer, N., von der Embse, N., Eklund, K., Kilgus, S., Perales, K., Splett, J. W., Sudlo, S., Wheeler, D., (2020). Best Practices in Social, Emotional, and Behavioral Screening: An Implementation Guide. Version 2.0. Retrieved from smhcollaborative.org/universalscreening

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UNIVERSAL SCREENING

IMPLEMENTATION & LOGISTICS

OVERVIEW

Effective implementation of universal SEBMH (Social, Emotional, Behavioral, and Mental Health) screening requires careful planning around timing, frequency, and integration with the district's assessment schedule. Experts recommend screening three times a year (fall, winter, spring) to catch new students and guide timely interventions. At a minimum, twice-yearly screenings are necessary to evaluate Tier 1 support systems. It's important to note that frequency of screening may change based on screening tool developer recommendations.

Districts should also plan for scoring, data access, and ensuring students receive needed interventions within 72 hours. A well-thought-out process—from rationale to intervention—is critical. Large districts may benefit from phased rollouts, while smaller ones should focus on clear communication and continuous improvement. Aligning SEBMH with academic screenings on the district assessment calendar reinforces its priority and helps streamline the process. This communicates that SEBMH is a priority within the district.

KEY COMPONENTS

District Calendar Alignment: Determine screening windows and timing/frequency of SEBMH screening that is integrated into an existing assessment calendar or aligned to academic assessments.

Capacity: Consider the capacity of educators to help determine how many times a year schools will screen.

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[Sample district assessment calendar]

EXAMPLES FROM THE FIELD

CULTURAL RESPONSIVENESS TIP 1

Did you know that it's culturally responsive to have a multi-informant screening process?

A helpful tip is to engage caregivers/ families and youth when determining screening windows and logistics. Get their insight on screening windows that might work best for them.

IMPLEMENTATION RECOMMENDATIONS

Scheduling Universal Screening: Aligning SEBMH screening with academic screening windows can help communicate the importance of SEBMH and can be easier for educators versus scheduling separate times to screen. If teachers are the informants, allow 4-6 weeks for teachers to get to know students' stories, strengths, and needs before the first screening window.

Assessment Calendar: Including universal SEBMH screening on the district assessment calendar can help communicate that SEBMH is a priority within the district.

Data Accessibility: Practice rounds with data entry and accessibility can help the district work out any issues that may arise prior to having buildings engage in a formal screening process.

IMPLEMENTATION FIDELITY CHECKLIST

The following tool can be used for self-assessment used by a district or building leadership team for guidance on action planning around universal SEBMH screening.

DATE		TIME	
FEATURE		**NOT IN PLACE**	**ALMOST**	**YES**
Universal SEBMH screening windows are aligned with academic screening windows.				
An assessment calendar exists with universal SEBMH screening windows integrated into it.				

REFERENCES Romer, N., von der Embse, N., Eklund, K., Kilgus, S., Perales, K., Splett, J. W., Sudlo, S., Wheeler, D., (2020). Best Practices in Social, Emotional, and Behavioral Screening: An Implementation Guide. Version 2.0. Retrieved from smhcollaborative.org/universalscreening

INFORMING TIER 1 & AVAILABILITY SERVICES

OVERVIEW

Prior to screening, it's crucial for districts and schools to engage in a resource/intervention mapping process to determine the availability and access to services within the school. Resource/intervention mapping is a team-based process that involves identifying the available SEBMH supports and interventions within an organization (district, school, community, etc.).

This process is key in helping organize and determine the services available for youth to access. Subsequentially, organizations can develop a comprehensive understanding of what resources/supports exist, how they are being used, and where gaps may exist in addressing students' SEBMH needs.

To best meet the needs identified by screening, schools should incorporate screening into a multi-tiered system of supports (MTSS) framework (Brann et al., 2021; Connors et al., 2021; Hoover & Bostic, 2021; Lane et al., 2020; Moore et al., 2023). Screening data can and should be used to help evaluate the effectiveness of Tier 1 within a MTSS.

Having a strong Tier 1 (universal) system in place prior to screening likely reduces the number of students in need or appearing in need of more intensive services; these Tier 1 supports should meet the needs of approximately 80% of students (Lane et al., 2010). For the remaining students, screening data can be used to inform Tier 2 (small group) or Tier 3 (individual) interventions (Lane et al., 2010).

KEY COMPONENTS

Effective Tier 1: Having a strong Tier 1 (universal) system in place prior to screening likely reduces the number of students in need or appearing in need of more intensive services; these Tier 1 supports should meet the needs of approximately 80% of students (Lane et al., 2010). For the remaining students, screening data can be used to inform Tier 2 (small group) or Tier 3 (individual) interventions (Lane et al., 2010).

Community-Based Supports: For students in need of more support outside of school-based interventions, referrals can be made to community agencies (NCSMH, 2018; Wingate et al., 2018). However, a referral is not an intervention and a systems approach should include collaborative teaming structures between schools and community partners that ensures community partners participate across all three tiers of teaming, expanded systems teams review school and community data and select evidence-based practices together, and outcome data is collected and used to progress both individual student and overall programmatic data (Weist et al., 2022).

Systems Planning: In the planning phase of screening, schools should develop a system for follow-up and referral to connect students to the appropriate services and/or interventions (Hoover & Bostic, 2021; NCSSLE, 2020). During this phase, it is recommended that schools also conduct "resource mapping," or generating an updated list of currently available internal and external mental health resources across tiers of support (Bruhn et al., 2014; Dvorsky et al., 2013; NCMH, 2018). This list may also include basic needs resources for families experiencing financial hardship, such as food banks (Amirazizi et al., 2022).

EXAMPLES FROM THE FIELD

> "A critical component to preparing for universal screening is the time and intentional effort the team dedicates to resource/intervention mapping. This begins with a solid foundation in Tier 1 supports; clearly defined systems and evidence-based practices that are accessible to all students. Establishing clarity and having team conversations around what is universally available at Tier 1 strengthens the effectiveness of the MTSS framework within a district and building."

- Intervention/Resource Mapping Template
- Problem-solving process (page 6)

CRITICAL CONSIDERATIONS

Engaging families, students, and community members: After screening, it is recommended that data-based results and associated recommendations be shared with parents (Maike et al., 2018). During follow-up, schools may also integrate parents into interventions to support the students across multiple settings (Plath et al., 2015). Finally, parents should be given the opportunity to provide feedback on screening implementation and follow-up (Illinois State Board of Education, 2023).

Cultural Responsiveness: Universal SEBMH screening has a primary focus of identifying what system level features of Tier 1 instruction, supports, climate, and culture must be addressed, emphasizing a prevention and promotion-focused population-based approach such as MTSS (Dowdy et al., 2015; Kiperman et al., 2024; Lane et al., 2020; Lazarus et al., 2022; Moore et al., 2023; Moore et al., 2024; Naser et al., 2018).

Understanding and addressing structural root causes of student's SEBMH needs can avoid placing blame or the burden of responsibility on the student themselves, their background or environments, and can promote overall wellbeing and prevent future concerns (Exner-Cortens et al., 2022). Disaggregating screening and other data sources when monitoring your system is also key in being culturally responsive when assessing your Tier 1 and advanced tier systems (Tiers 2 and 3).

Supporting students with disabilities: Through a systems-focus on supporting all students and using the data to adjust Tier 1, universal SEBMH screening can help support all students, including students with disabilities.

SPIRALED TIPS

TIP 1 It's recommended to share data-based results and associated recommendations with caregivers.

TIP 2 Did you know that schools can integrate caregivers into interventions to support students across multiple settings?

TIP 3 A culturally responsive practice in universal SEBMH screening involves identifying what system-level features of Tier 1 instruction, supports, climate, and culture must be addressed. This focus on prevention for all students can promote overall well-being for all students.

IMPLEMENTATION RECOMMENDATIONS

Readiness: District and building leadership teams should engage in resource/intervention mapping as part of the readiness phase of universal SEBMH screening.

Data-based decision-making: The district team should develop a standard problem-solving process for district and building leadership teams to follow once screening has taken place. This process should approach problem-solving in a systematic manner, focusing on Tier 1 prior to connecting students to interventions/supports.

IMPLEMENTATION FIDELITY CHECKLIST

The following tool can be used for self-assessment used by a district or building leadership team for guidance on action planning around universal SEBMH screening.

DATE			
FEATURE	**NOT IN PLACE**	**ALMOST**	**YES**
District team has established follow-up and referral process and resources for buildings to contextualize to their settings after screening takes place.			
District and building leadership team(s) have engaged in resource/intervention mapping process.			
The district and building leadership teams include mental health expertise.			

REFERENCE Romer, N., von der Embse, N., Eklund, K., Kilgus, S., Perales, K., Splett, J. W., Sudlo, S., Wheeler, D., (2020). Best Practices in Social, Emotional, and Behavioral Screening: An Implementation Guide. Version 2.0. Retrieved from smhcollaborative.org/universalscreening

Legislative Directive

(96)(a) $120,000 of the general fund—state appropriation for fiscal year 2024 and $250,000 of the general fund—state appropriation for fiscal year 2025 are provided solely for the school mental health assessment research and training (SMART) center to research and report on collection and use of data, including universal screening and other social-emotional, behavioral, and mental health (SEBMH) data, in public schools within the multitiered system of supports and integrated student supports frameworks.

(b) The SMART center must submit a preliminary report to the appropriate committees of the legislature, pursuant to RCW 43.01.036, by December 1, 2024. At a minimum, the preliminary report must:

(i) Analyze alignment of current Washington statute and guidance with national best practices on universal SEBMH screening;

(ii) Identify facilitators and barriers to selection and effective use of research-based, culturally relevant universal SEBMH screening tools in Washington schools;

(iii) Analyze schools' current application of existing Washington statute relevant to SEBMH screening requirements;

(iv) Recommend statutory changes to increase systematic SEBMH screening of students in schools; and

(v) Include an implementation plan for demonstration sites to determine the feasibility, acceptability, and effectiveness of a best practices guide or resource on universal student SEBMH screening.

(c) The SMART center must submit a final report to the relevant policy and fiscal committees of the legislature, pursuant to RCW 43.01.036, by June 30, 2025. In addition to information from the preliminary report, the final report must include a guide or other resource for implementing best practices for screening of student SEBMH in schools, including the following best practices:

(i) Training and professional development;

(ii) Engaging with families, students, and other partners;

(iii) Informing tier 1 universal strategies and practices;

(iv) Assuring adequate availability of services;

(v) Complying with privacy and confidentiality laws;

(vi) Assuring cultural responsiveness in SEBMH screening practices; and

(vii) Partnering with community-based organizations.

Universal Screening Survey for District-level Administrators

The University of Washington School Mental Health Assessment, Research, and Training (SMART) Center, in collaboration with the Washington State Legislature, is conducting a Landscape Analysis to understand universal Social, Emotional, Behavioral and Mental Health (SEBMH) screening practices in Washington. The goal of this Landscape Analysis is to inform legislative changes and best practice guidance to improve universal screening practices across the state of Washington. To inform these changes, we are gathering the perspectives of district-level personnel who may be involved in screening. We are hoping to collect one response per district across Washington state. Even if you do not currently conduct SEBMH screening in your district, we would like to hear from you! If you do not think you are the correct person to complete this survey within your district, please forward the invitation email to the appropriate contact. This survey will take up to 15-20 minutes to complete. The web-based survey application being used, Qualtrics, ensures that data are properly protected and best security practices are followed. The survey will save your progress so you can stop and come back to it as needed. Participating in this survey is completely voluntary. There are no penalties or loss of benefits associated with not participating. Your responses will be kept confidential and anonymous; we will only be reporting aggregate data.

To thank you for your participation, you will be entered into a raffle to win one of five $100 gift cards upon completion of the survey. We will follow-up via email if you are selected as a winner of the raffle. If you have any questions about this survey, please contact the UW SMART Center Technical Assistance Team at smarttac@uw.edu. Thank you in advance for your important input!

Universal Social Emotional, Behavioral, and Mental Health (SEBMH) Screening Definition

For this survey, “universal social emotional, behavioral, and mental health (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) and 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.

To your knowledge, has {School District Name} conducted universal social emotional, behavioral, and mental health (SEBMH) screening according to the definition above?

Reminder: If you are unsure and there is someone else in your district who has more information about your universal SEBMH screening processes, please stop here and instead forward the invitation email to them to submit this information on behalf of your district.

- Yes
- No
- Unsure

Please enter your role and/or title at {School District Name} in the field below.
Note: this information will only be used for data verification purposes. all responses to this survey will remain confidential.

_____

Following Question Displayed if Screening Status is:	☒Unsure	☐Not Screening	☐Screening

Please share as much information as possible about {School District Name}'s universal social emotional, behavioral, and mental health (SEBMH) screening policy. *Note: this response may be reviewed by the data collection team for additional follow-up.*

_____

Following Questions Displayed if Screening Status is:	☐Unsure	☐Not Screening	☒Screening

What are your responsibilities related to your district's universal social emotional, behavioral, and mental health (SEBMH) screening procedure? Select all that apply.

- ☐ Selection and adoption of universal screening tool
- ☐ Support with data collection and storage
- ☐ Support with development of consent procedures
- ☐ Support with data analysis
- ☐ Support with intervention mapping and availability
- ☐ Support with training/professional development
- ☐ Communication plan development/implementation
- ☐ Screening informant (I complete a portion of the universal screener)
- ☐ Development of procedures and protocols for universal screening to support buildings
- ☐ Support building team(s) with universal screening implementation (e.g., coaching, training staff/students, team training with data analysis after screening data is available)
- ☐ Other, please specify: _____

In which areas are you conducting universal social emotional, behavioral, and mental health (SEBMH) screening?

- o Risk factors (e.g., trauma and other environmental stressors; thinking errors, behavioral withdrawal; risky/unsafe settings; inconsistent rules and expectations across settings)
- o Protective/Promotive factors (e.g., building blocks of well-being (gratitude empathy, persistence); basic needs are met; social skills; healthy interactions (minimal bullying, high support)
- o Both risk and protective/promotive factors
- o None of the above, please specify: _____

Which tool(s) are used in your universal SEBMH screening? (Select all that apply).
Please note: we are not endorsing any of these tools.

- ☐ Behavior Assessment System for Children - Behavioral and Emotional Screening System (BASC-3 BESS)
- ☐ Behavior Intervention Monitoring Assessment System (BIMAS-2)
- ☐ Devereux Student Strengths Assessment (DESSA)
- ☐ Social, Academic, Emotional Behavior Risk Screener (SAEBRS)
- ☐ Social Skills Improvement System Social-Emotional Learning Edition (SSIS SEL)
- ☐ Strengths and Difficulties Questionnaire (SDQ)
- ☐ Student Risk Screening Scale (SRSS) or SRSS Internalizing (I)/Externalizing (E)
- ☐ Strong Start: Washington State's Universal Developmental Screening System (Birth – 5)
- ☐ Check Yourself
- ☐ District/school-developed screener, please specify: _____

- ☐ Other, please specify: _____
- ☐ Not sure

What were the top 3 parameters/needs that guided your tool selection?

_____
_____
_____

Which of the following informs your districts' universal social emotional, behavioral, and mental health (SEBMH) screening policy/procedures? (Select all that apply).

- ☐ State-level policy
- ☐ Relevant district policies
- ☐ Input from school-level administration
- ☐ Input from school support staff (e.g., school counselors, psychologists)
- ☐ Input from teachers
- ☐ Input from parents
- ☐ Input from students
- ☐ Input from external consultants/experts
- ☐ Unsure

Which departments were/have been involved in the planning and implementation of your universal SEBMH screening policy/procedures? (Select all that apply).

	Yes	No	N/A (do not have this department)
Student Supports	○	○	○
Special Education	○	○	○
Legal	○	○	○
Curriculum and Instruction	○	○	○
Technology	○	○	○
Assessment	○	○	○
Partnerships	○	○	○
Other, please specify:	○	○	○

Is universal SEBMH screening integrated within a multi-tiered systems of support (MTSS)

framework within your district?

- o Yes
- o No - we have a framework but screening isn't included as part of it
- o No - we do not have an MTSS framework

Is universal SEBMH screening included in your district policy?

- o Yes
- o No
- o Unsure

What funds do you use to support your universal SEBMH screening? (Select all that apply).

- ☐ Federal/State Program dollars (e.g., Title IV)
- ☐ Grant/foundation funds, please specify: _____
- ☐ Other, please specify: _____
- ☐ None
- ☐ Don't know

What support do you provide for your schools/buildings to guide their implementation of universal SEBMH screening?

- ☐ Screening tool selection
- ☐ Designing/developing overall screening protocol/policy
- ☐ Training and coaching for conducting screening
- ☐ Support for analyzing screening data
- ☐ Implementing interventions/supports for screened students
- ☐ Adjusting Tier 1 supports in the classroom
- ☐ Communication support
- ☐ Obtaining consent from students and families for screening
- ☐ Establishing MOUs with partners

What training opportunities are provided to those who participate in procedures for universal SEBMH screening? (Check all that apply).

- ☐ No formal training
- ☐ Provided materials such as information sheet or manual
- ☐ In service workshop
- ☐ Externally-sponsored conference or workshop
- ☐ On-line module(s)
- ☐ Individualized coaching
- ☐ Professional learning community

What topics are covered in the training(s)?

_____
_____
_____

How does your district's universal SEBMH screening policy/procedures address Equity, Cultural Responsiveness, and the Social Determinants of Health?

_____
_____
_____

How does your district's universal SEBMH screening policy/procedures address the needs of students with disabilities?

_____
_____
_____

How often are universal social emotional, behavioral, and mental health (SEBMH) screening tool(s) administered?

- o Once during the school year
- o Twice during the school year
- o Three times during the school year
- o Quarterly during school year
- o Administered as needed
- o Other, please describe: _____

Which students were screened? (Indicate the largest relevant group).

- o All students in the school(s)
- o All students in a specific grade level(s), e.g., only grade 9, grades 3-6, please specify:__
- o All students in a class, please specify: _____
- o Other, please specify: _____
- o Not sure

Who oversees and coordinates the administration of the universal social emotional, behavioral, and mental health (SEBMH) screening? (Select all that apply.)

- ☐ ESD administrator or staff
- ☐ District administrator or staff; please specify from which departments: _____
- ☐ School site administrator or staff
- ☐ School counselor or mental health staff (e.g., psychologist, social worker)
- ☐ School team or committee (e.g., MTSS team, student support team, student mental health/wellness team); please specify which team(s): _____
- ☐ Community mental health partner(s), please specify: _____
- ☐ Other, please specify: _____
- ☐ Not sure

What are your district's SEMBH screening consent/assent procedures? (Select all that apply.)

- ☐ We inform **parents/guardians** and allow them to opt their children **out (passive consent)**
- ☐ We inform **parents/guardians** and require that they opt their children **in (active consent)**
- ☐ **Parents/Guardians** are not informed before administering screenings
- ☐ **Other parent/guardian** consent procedures used, please specify: _____
- ☐ We inform **students** and allow them to opt themselves **out (passive assent)**
- ☐ We inform **students** and require that they opt themselves **in (active assent)**
- ☐ **Students** are not informed before administering screenings
- ☐ **Other student** assent procedures used, please specify: _____

Approximately what <u>percentage</u> of children are typically opted <u>out of</u> screening?

Percentage of children opted-out *by Parents/Guardians*: _____
Percentage of children who opt-out *on their own behalf*: _____
Total Percentage of children opted-out _____

Approximately what <u>percentage</u> of children are typically opted <u>into</u> screening?

Percentage of children opted-in *by Parents/Guardians*: _____
Percentage of children who opt-in *on their own behalf*: _____
Total Percentage of children opted-in _____

How does your district currently handle collection, storage, and sharing of data from screening to ensure confidentiality of student information?

_____
_____
_____

How confident are you that your district's storage systems and data security procedures are secure enough to protect sensitive student information?

- o Not at all confident
- o Slightly confident
- o Moderately confident
- o Very confident
- o Extremely confident

What factors have helped your universal social emotional, behavioral, and mental health (SEBMH) screening efforts succeed? (Select all that apply).

- ☐ Screening tool addresses school and student needs
- ☐ Adequate community referral sources
- ☐ Adequate funding
- ☐ Adequate school staff to handle referral needs
- ☐ Alignment with school mission and district priorities
- ☐ Availability of trainings on how to conduct the screenings
- ☐ Clear identified student needs
- ☐ Clear roles and responsibilities across staff involved in screening efforts
- ☐ Strong collaboration between the screening team
- ☐ Dedicated time during the school day to conduct screenings
- ☐ Ongoing communication about screening and related mental health initiatives
- ☐ Clear communication with families
- ☐ Support from the district
- ☐ Support from external consultants (training and TA providers)
- ☐ Support from the regional (ESD) or state-level entities
- ☐ Clear alignment to district strategic plan
- ☐ Clear alignment to the school improvement plan
- ☐ Other, please specify: _____
- ☐ None of the above

Following Question Displayed if Screening Status is:	☐Unsure	☒Not Screening	☐Screening

What would you need to conduct universal social emotional, behavioral, and mental health (SEBMH) screening? (Select all that apply).

- ☐ Additional funds
- ☐ Additional school staff to handle referral needs
- ☐ Clear roles and responsibilities across staff
- ☐ Dedicated time during school day to conduct screenings
- ☐ Identification of community referral sources to refer students with identified needs
- ☐ Information on costs
- ☐ Information on measures/tools to use
- ☐ Technical assistance on how to develop and use a universal screening process
- ☐ State-level policy requiring it
- ☐ State-level policy providing standards
- ☐ Direction from district leadership
- ☐ Other, please specify:
- ☐ Not sure
- ☐ None of the above

Following Question Displayed if Screening Status is:	☐Unsure	☒Not Screening	☒Screening

Please select the top three challenges you have faced in your universal SEBMH screening efforts.

- ☐ Accessing data after screening is conducted
- ☐ Concerns related to equity/cultural responsiveness
- ☐ Cost to conduct screening
- ☐ Ethical/legal concerns, e.g., legal responsibility to serve students identified with needs
- ☐ Lack of external (community) resources to refer students requiring follow-up
- ☐ Lack of internal (school) resources to refer students requiring follow-up
- ☐ Lack of knowledge about how to implement (e.g., which tools to use, resources needed, etc.)
- ☐ Lack of staff to conduct screening
- ☐ Time taken away from classroom instruction
- ☐ Survey/assessment fatigue
- ☐ Other, please specify: _____
- ☐ No challenges

Following Questions Displayed if Screening Status is:	☐Unsure	☐Not Screening	☒Screening

Do you believe that the universal social emotional, behavioral, and mental health (SEBMH) screening in your district is *effective for understanding* student social-emotional, behavioral, and mental health needs?

- ○ Not at all
- ○ Maybe
- ○ Yes

Do you believe that the universal SEBMH screening in your district is *effective for providing* students with appropriate and effective supports for their social-emotional, behavioral, and mental health needs?

- ○ Not at all
- ○ Maybe
- ○ Yes

Following Questions Displayed if Screening Status is:	☐Unsure	☒Not Screening	☒Screening

How well does the current RCW 28A.320.127 for recognition, screening, and response to emotional or behavioral distress in students align with your district's approach to universal SEBMH screening? Or, describe the ways the current RCW 28A.320.127 does not align with your district's approach to universal SEBMH screening. (Note: The linked text above will open a new window with the most recent WA statute - RCW 28A.320.127)

_____
_____
_____

What legislative adjustments would better support universal SEBMH screening in your district/schools?

_____
_____
_____

Is there anything we didn't ask about universal SEBMH screening that you would like to share with us?

_____
_____
_____

Following Questions Displayed if Screening Status is:	☒Unsure	☒Not Screening	☒Screening

Participant Demographics

In order to describe the characteristics of survey participants, we are asking the following demographic questions. We will remove any identifying information from the data collected. In addition, we will ensure that all responses remain confidential by only analyzing and presenting results in aggregate. We appreciate you sharing this important information with us.

What is your current role at your district/school?

- o District Administrator
- o Instructional Coach
- o Paraeducator
- o Parent/Guardian
- o School Administrator
- o School Behavior Analyst
- o School Board Member
- o School Counselor
- o School Nurse
- o School Occupational Therapist
- o School Orientation and Mobility Specialist
- o School Physical Therapist
- o School Psychologist
- o School Social Worker
- o School Speech Language Pathologist or Audiologist
- o Student
- o Teacher
- o Other, please specify: _____

How long have you served in your current role?

- o Less than 1 year
- o 1 to 2 years
- o 2 to 3 years
- o Over 3 years

What is the highest level of education you have completed?

- o Some High School/Secondary School
- o GED/High School Equivalent
- o High School Diploma
- o Some College
- o Associates Degree
- o Bachelor's degree
- o Master's degree
- o Professional degree
- o Doctorate degree
- o Other (please specify): _____
- o Prefer not to answer

How do you describe your gender identity? (Select all that apply):

- ☐ Female (Cisgender Woman)
- ☐ Male (Cisgender Man)
- ☐ Transgender Woman
- ☐ Transgender Man
- ☐ Non-binary/third gender
- ☐ Agender
- ☐ Gender fluid
- ☐ Genderqueer
- ☐ Not listed here or prefer to self-describe:_____
- ☐ Prefer not to answer

Which of the following best describes your racial/ethnic identity? (Select all that apply): *You may also include additional information on the space following each response choice.*

- ☐ American Indian, Alaska Native, Indigenous, or First Nation: _____
- ☐ Asian or Asian American: _____
- ☐ Black or African American: _____
- ☐ Hispanic, Latina/o/x, or Spanish Origin: _____
- ☐ Middle Eastern or North African: _____
- ☐ Native Hawaiian or Pacific Islander: _____
- ☐ White: _____
- ☐ Not listed here or prefer to self-describe: _____
- ☐ Prefer not to answer

Following Question Displayed if Screening Status is:	☐Unsure	☐Not Screening	☒Screening

We will also be conducting interviews and listening sessions as part of this landscape analysis. If you are interested in participating in these further discussions, please provide your name and preferred contact information. We will separate this information from your results, and the rest of your answers will be kept anonymous.

Name _____
Email _____
Phone Number (10-digit) _____

Universal Screening Survey for School-level Administrators

The University of Washington School Mental Health Assessment, Research, and Training (SMART) Center, in collaboration with the Washington State Legislature, is conducting a Landscape Analysis to understand universal Social, Emotional, Behavioral and Mental Health (SEBMH) screening practices in Washington. The goal of this Landscape Analysis is to inform legislative changes and best practice guidance to improve universal screening practices across the state of Washington. To inform these changes, we are gathering the perspectives of district-level personnel who may be involved in screening. We are hoping to collect one response per district across Washington state. Even if you do not currently conduct SEBMH screening in your district, we would like to hear from you! If you do not think you are the correct person to complete this survey within your district, please forward the invitation email to the appropriate contact. This survey will take up to 15-20 minutes to complete. The web-based survey application being used, Qualtrics, ensures that data are properly protected and best security practices are followed. The survey will save your progress so you can stop and come back to it as needed. Participating in this survey is completely voluntary. There are no penalties or loss of benefits associated with not participating. Your responses will be kept confidential and anonymous; we will only be reporting aggregate data. To thank you for your participation, you will be entered into a raffle to win one of five $100 gift cards upon completion of the survey. We will follow-up via email if you are selected as a winner of the raffle. If you have any questions about this survey, please contact the UW SMART Center Technical Assistance Team at smarttac@uw.edu. Thank you in advance for your important input!

Universal Social Emotional, Behavioral, and Mental Health (SEBMH) Screening Definition

For this survey, “universal social emotional, behavioral, and mental health (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) and 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.

To your knowledge, has {School Name} conducted universal social emotional, behavioral, and mental health (SEBMH) screening according to the definition above?

Reminder: If you are unsure and there is someone else in your school who has more information about your universal SEBMH screening processes, please stop here and instead forward the invitation email to them to submit this information on behalf of your school.

- Yes
- No
- Unsure

Please enter your role and/or title at {School Name} in the field below.
Note: this information will only be used for data verification purposes, all responses to this survey will remain confidential.

_____

Following Question Displayed if Screening Status is:	☒Unsure	☐Not Screening	☐Screening

Please share as much information as possible about {School Name}'s universal social emotional, behavioral, and mental health (SEBMH) screening policy.
Note: this response may be reviewed by the data collection team for additional follow-up.

_____

Following Questions Displayed if Screening Status is:	☐Unsure	☐Not Screening	☒Screening

What are your responsibilities related to your school's universal social emotional, behavioral, and mental health (SEBMH) screening procedure? Select all that apply.

- ☐ Member of the school team responsible for screening
- ☐ School-wide coordination of universal screening (rollout of screening manual)
- ☐ Selection and adoption of universal screening tool
- ☐ Support with data collection and storage
- ☐ Support with development of consent procedures
- ☐ Support with data analysis
- ☐ Support with intervention mapping and availability
- ☐ Support with training/professional development
- ☐ Communication plan development/implementation
- ☐ Screening informant (I complete a portion of the universal screener)
- ☐ Development of procedures and protocols for universal screening to support buildings
- ☐ Other, please specify: _____

In which areas are you conducting universal social emotional, behavioral, and mental health (SEBMH) screening?

- o Risk factors (e.g., trauma and other environmental stressors; thinking errors, behavioral withdrawal; risky/unsafe settings; inconsistent rules and expectations across settings)
- o Protective/Promotive factors (e.g., building blocks of well-being (gratitude empathy, persistence); basic needs are met; social skills; healthy interactions (minimal bullying, high support)
- o Both risk and protective/promotive factors
- o None of the above, please specify: _____

Which tool(s) are used in your universal SEBMH screening? (Select all that apply).
Please note: we are not endorsing any of these tools.

- ☐ Behavior Assessment System for Children - Behavioral and Emotional Screening System (BASC-3 BESS)
- ☐ Behavior Intervention Monitoring Assessment System (BIMAS-2)
- ☐ Devereux Student Strengths Assessment (DESSA)
- ☐ Social, Academic, Emotional Behavior Risk Screener (SAEBRS)
- ☐ Social Skills Improvement System Social-Emotional Learning Edition (SSIS SEL)
- ☐ Strengths and Difficulties Questionnaire (SDQ)
- ☐ Student Risk Screening Scale (SRSS) or SRSS Internalizing (I)/Externalizing (E)
- ☐ Strong Start: Washington State's Universal Developmental Screening System (Birth – 5)
- ☐ Check Yourself
- ☐ District/school-developed screener, please specify: _____
- ☐ Other, please specify: _____
- ☐ Not sure

What were the top 3 parameters/needs that guided your tool selection?

_____
_____
_____

Is universal social emotional, behavioral, and mental health (SEBMH) screening in your school integrated within a multi-tiered systems of support (MTSS) framework?

- o Yes
- o No - we have a framework but screening isn't included as part of it
- o No - we do not have an MTSS framework

Is your universal SEBMH screening included in your school improvement plan?

- o Yes
- o No
- o Unsure

What support do you receive from your district to guide your universal SEBMH screening procedure?

- ☐ Screening tool selection
- ☐ Designing/developing overall screening policy/procedures
- ☐ Training and coaching for conducting screening
- ☐ Support for analyzing screening data
- ☐ Implementing interventions/supports for screened students
- ☐ Adjusting Tier 1 supports in the classroom
- ☐ Communication support
- ☐ Obtaining consent from students and families for screening
- ☐ Establishing MOUs with partners

What training opportunities are provided to those who participate in universal SEBMH screening? (Check all that apply).

- ☐ No formal training
- ☐ Provided materials such as information sheet or manual
- ☐ In service workshop
- ☐ Externally-sponsored conference or workshop
- ☐ On-line module(s)
- ☐ Individualized coaching
- ☐ Professional learning community

What topics are covered in the training(s)?

_____
_____
_____

How does your district's/school's universal SEBMH screening policy/procedures address Equity, Cultural Responsiveness, and the Social Determinants of Health?

_____
_____
_____

How does your district's universal SEBMH screening policy/procedures address the needs of students with disabilities?

_____
_____
_____

How often are universal social emotional, behavioral, and mental health (SEBMH) screening tool(s) administered?

- o Once during the school year
- o Twice during the school year
- o Three times during the school year
- o Quarterly during school year
- o Administered as needed
- o Other, please describe: _____

Which students were screened? (Indicate the largest relevant group).

- o All students in the school(s)
- o All students in a specific grade level(s), e.g., only grade 9, grades 3-6, please specify: __
- o All students in a class, please specify: _____
- o Other, please specify: _____
- o Not sure

Who completes the universal social emotional, behavioral, and mental health (SEBMH) screening tool? (Select all that apply.)

- ☐ Teacher
- ☐ Paraprofessional
- ☐ Nurse
- ☐ Counselor
- ☐ Social Worker
- ☐ Psychologist
- ☐ School Administrator
- ☐ District Staff
- ☐ Parent/Guardian
- ☐ Self-report by Student
- ☐ External Partner/Vendor
- ☐ Other _____

Who oversees and coordinates the administration of the universal social emotional, behavioral, and mental health (SEBMH) screening? (Select all that apply.)

- ☐ ESD administrator or staff
- ☐ District administrator or staff; please specify from which departments: _____
- ☐ School site administrator or staff
- ☐ School counselor or mental health staff (e.g., psychologist, social worker)
- ☐ School team or committee (e.g., MTSS team, student support team, student mental health/wellness team); please specify which team(s): _____
- ☐ Community mental health partner(s), please specify: _____
- ☐ Other, please specify: _____
- ☐ Not sure

What are your school's/district's SEMBH screening consent/assent procedures? (Select all that apply.)

- ☐ We inform **parents/guardians** and allow them to opt their children **out (passive consent)**
- ☐ We inform **parents/guardians** and require that they opt their children **in (active consent)**
- ☐ **Parents/Guardians** are not informed before administering screenings
- ☐ **Other parent/guardian** consent procedures used, please specify: _____
- ☐ We inform **students** and allow them to opt themselves **out (passive assent)**
- ☐ We inform **students** and require that they opt themselves **in (active assent)**
- ☐ **Students** are not informed before administering screenings
- ☐ **Other student** assent procedures used, please specify: _____

Approximately what <u>percentage</u> of children are typically opted <u>out of</u> screening?

Percentage of children opted-out *by Parents/Guardians*: _____
Percentage of children who opt-out *on their own behalf*: _____
Total Percentage of children opted-out _____

Approximately what <u>percentage</u> of children are typically opted <u>into</u> screening?

Percentage of children opted-in *by Parents/Guardians*: _____
Percentage of children who opt-in *on their own behalf*: _____
Total Percentage of children opted-in _____

How does your district/school currently handle collection, storage, and sharing of data from screening to ensure confidentiality of student information?

_____
_____
_____

How confident are you that your district's/school's storage systems and data security procedures are secure enough to protect sensitive student information?

- o Not at all confident
- o Slightly confident
- o Moderately confident
- o Very confident
- o Extremely confident

After universal social emotional, behavioral, and mental health (SEBMH) screenings are conducted, how are data reviewed?

- o Data are not reviewed
- o Data are reviewed by individual school staff (e.g., teacher, student support personnel, administrator)
- o Data are reviewed by one or more group(s) (e.g., grade-level team, MTSS team, multidisciplinary team)
- o Unsure

How soon after screening administration is data reviewed?

_____

Who comprises the group that typically reviews universal SEBMH screening data? (Check all that apply.)

- ☐ Individual teachers
- ☐ All teachers from a specific grade level
- ☐ Student support personnel (e.g., school psychologist, social worker, counselor, nurse)
- ☐ School administrators
- ☐ Parents/guardians/family members
- ☐ Community mental health partners/organizations
- ☐ District coach
- ☐ External partner (consultant, university faculty/staff, etc)
- ☐ Integrated and multi-disciplinary team (MTSS, PBIS, ISF)
- ☐ Other (please describe) _____

Is screening data used with other data sources in order to make decisions regarding student needs and support?

- o Yes
- o No

If so, which data?

- ☐ Grades
- ☐ Attendance
- ☐ Behavioral Referrals
- ☐ Nurse/Counselor Visits
- ☐ Other (please specify) _____

When reviewing universal SEBMH screening results, what criterion is most often used to determine student level of social, emotional, and behavioral risk?

- ☐ Team decision (informed through discussion)
- ☐ Specific cut-off score (e.g., threshold, level of risk, cut score)
- ☐ Specific percentage of students (e.g., serviceable base rate, top x%)
- ☐ Other (please describe) _____

What happens when a student is identified to have social-emotional, behavioral, and/or mental health needs through the universal social SEBMH screening procedure? (Select all that apply.)

- ☐ Our school team has a procedure to link students to services/interventions depending on level of need
- ☐ An additional gated tool/process is used to gather more information to narrow down and/or confirm need
- ☐ Students are referred to problem-solving team (e.g., MTSS, Care, Student Success Team)
- ☐ A student-specific intervention is developed based on review of individual data
- ☐ Students are referred to a mental health professional within the school (e.g., school psychologist, school counselor, school social worker)
- ☐ Students are referred to a mental health professional/organization outside the school
- ☐ Students' parents/guardians are alerted and advised to seek further assessment
- ☐ Students are referred to a school-based group program/intervention, please specify: _____
- ☐ Other (please specify) _____
- ☐ Not sure

Have you evaluated the effectiveness of your universal social emotional, behavioral, and mental health (SEBMH) screening procedure for meeting the needs of your school/students?

- o Yes
- o No
- o Unsure

If so, how have you evaluated your procedure?

_____

Does your school have a process in place for monitoring the interventions that students receive post-screening? Check all that apply:

- ☐ No, we do not monitor the interventions that students receive post-screening
- ☐ Yes, we monitor the interventions that an individual student receives
- ☐ Yes, we monitor the proportion of students receiving any particular intervention
- ☐ Yes, we monitor the fidelity and outcomes of interventions that students receive
- ☐ Other _____
- ☐ Not sure

What factors have helped your universal social emotional, behavioral, and mental health (SEBMH) screening efforts succeed? (Select all that apply).

- ☐ Screening tool addresses school and student needs
- ☐ Adequate community referral sources
- ☐ Adequate funding
- ☐ Adequate school staff to handle referral needs
- ☐ Alignment with school mission and district priorities
- ☐ Availability of trainings on how to conduct the screenings
- ☐ Clear identified student needs
- ☐ Clear roles and responsibilities across staff involved in screening efforts
- ☐ Strong collaboration between the screening team
- ☐ Dedicated time during the school day to conduct screenings
- ☐ Ongoing communication about screening and related mental health initiatives
- ☐ Clear communication with families
- ☐ Support from the district
- ☐ Support from external consultants (training and TA providers)
- ☐ Support from the regional (ESD) or state-level entities
- ☐ Clear alignment to district strategic plan
- ☐ Clear alignment to the school improvement plan
- ☐ Other, please specify: _____
- ☐ None of the above

Following Question Displayed if Screening Status is:	☐Unsure	☒Not Screening	☐Screening

What would you need to conduct universal social emotional, behavioral, and mental health (SEBMH) screening? (Select all that apply).

- ☐ Additional funds
- ☐ Additional school staff to handle referral needs
- ☐ Clear roles and responsibilities across staff
- ☐ Dedicated time during school day to conduct screenings
- ☐ Identification of community referral sources to refer students with identified needs
- ☐ Information on costs
- ☐ Information on measures/tools to use
- ☐ Technical assistance on how to develop and use a universal screening process
- ☐ State-level policy requiring it
- ☐ State-level policy providing standards
- ☐ Direction from district leadership
- ☐ Other, please specify: _____
- ☐ Not sure
- ☐ None of the above

Following Question Displayed if Screening Status is:	☐Unsure	☒Not Screening	☒Screening

Please select the top three challenges that you have faced in your universal SEBMH screening efforts.

- ☐ Accessing data after screening is conducted
- ☐ Concerns related to equity/cultural responsiveness
- ☐ Cost to conduct screening
- ☐ Ethical/legal concerns, e.g., legal responsibility to serve students identified with needs
- ☐ Lack of external (community) resources to refer students requiring follow-up
- ☐ Lack of internal (school) resources to refer students requiring follow-up
- ☐ Lack of knowledge about how to implement (e.g., which tools to use, resources needed, etc.)
- ☐ Lack of staff to conduct screening
- ☐ Time taken away from classroom instruction
- ☐ Survey/assessment fatigue
- ☐ Other, please specify: _____
- ☐ No challenges

Following Questions Displayed if Screening Status is:	☐Unsure	☐Not Screening	☒Screening

Do you believe that the universal social emotional, behavioral, and mental health (SEBMH) screening procedure in your school is *effective for understanding* student social-emotional, behavioral, and mental health needs?

- Not at all
- Maybe
- Yes

Do you believe that the universal SEBMH screening procedure in your school is *effective for providing* students with appropriate and effective supports for their social-emotional, behavioral, and mental health needs?

- Not at all
- Maybe
- Yes

Following Questions Displayed if Screening Status is:	☐Unsure	☒Not Screening	☒Screening

How well does the current RCW 28A.320.127 for recognition, screening, and response to emotional or behavioral distress in students align with your school/district's approach to universal SEBMH screening? Or, describe the ways the current RCW 28A.320.127 does not align with your school/district's approach to universal SEBMH screening.
(Note: The linked text above will open a new window with the most recent WA statute - RCW 28A.320.127)

_____
_____
_____

What legislative adjustments would better support universal SEBMH in your school/district?

_____
_____
_____

Is there anything we didn't ask about universal SEBMH screening that you would like to share with us?

_____
_____
_____

Following Questions Displayed if Screening Status is:	☒Unsure	☒Not Screening	☒Screening

Participant Demographics In order to describe the characteristics of survey participants, we are asking the following demographic questions. We will remove any identifying information from the data collected. In addition, we will ensure that all responses remain confidential by only

analyzing and presenting results in aggregate. We appreciate you sharing this important information with us.

What is your current role at your district/school?

- District Administrator
- Instructional Coach
- Paraeducator
- Parent/Guardian
- School Administrator
- School Behavior Analyst
- School Board Member
- School Counselor
- School Nurse
- School Occupational Therapist
- School Orientation and Mobility Specialist
- School Physical Therapist
- School Psychologist
- School Social Worker
- School Speech Language Pathologist or Audiologist
- Student
- Teacher
- Other, please specify: _____

How long have you served in your current role?

- Less than 1 year
- 1 to 2 years
- 2 to 3 years
- Over 3 years

What is the highest level of education you have completed?

- Some High School/Secondary School
- GED/High School Equivalent
- High School Diploma
- Some College
- Associates Degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree
- Other (please specify): _____
- Prefer not to answer

How do you describe your gender identity? (Select all that apply):

- ☐ Female (Cisgender Woman)
- ☐ Male (Cisgender Man)
- ☐ Transgender Woman
- ☐ Transgender Man
- ☐ Non-binary/third gender
- ☐ Agender
- ☐ Gender fluid
- ☐ Genderqueer
- ☐ Not listed here or prefer to self-describe:_____
- ☐ Prefer not to answer

Which of the following best describes your racial/ethnic identity? (Select all that apply): *You may also include additional information on the space following each response choice.*

- ☐ American Indian, Alaska Native, Indigenous, or First Nation: _____
- ☐ Asian or Asian American: _____
- ☐ Black or African American: _____
- ☐ Hispanic, Latina/o/x, or Spanish Origin: _____
- ☐ Middle Eastern or North African: _____
- ☐ Native Hawaiian or Pacific Islander: _____
- ☐ White: _____
- ☐ Not listed here or prefer to self-describe: _____
- ☐ Prefer not to answer

Following Question Displayed if Screening Status is:	☐Unsure	☐Not Screening	☒Screening

We will also be conducting interviews and listening sessions as part of this landscape analysis. If you are interested in participating in these further discussions, please provide your name and preferred contact information. We will separate this information from your results, and the rest of your answers will be kept anonymous.

Name _____
Email _____
Phone Number (10-digit) _____

Listening Session Protocol Template

Pre-Meeting: (ALL)

1) Review questions for each individual session

2) Review roles and responsibilities

3) Ensure confidential location (no coffee shops, open public spaces)

4) Join meeting 10 minutes early to finalize and ensure audio/video working properly

5) Ensure camera remains on and audio on mute when not speaking

Introduction: (Moderator)

1) Thank you for joining us today. The goal of our conversation today is to understand the perspectives of [fill in group] across the state of Washington regarding universal school social, emotional, behavioral and mental health screening. I am [name] from [affiliation] and I will be facilitating this conversation. We also have [name] and [name] who will be taking notes and also asking some follow-up questions as we go along.

2) The information that we are collecting today will be used as part of a legislative report to inform state-level policy and guidance documents to improve universal screening implementation in the state. This is an opportunity for you and all the listening session participants to inform that legislation!

3) Before we begin, we will be asking for participants to provide affirmative consent to participate in today's focus group. We would like to make sure everyone understands their rights as participants before we begin.

a. This focus group will be audio recorded solely for the purpose of making sure the notes taken during the focus group are accurate. When we begin recording, you will be prompted on your screen to let you know the session is being recorded. By accepting the prompt, you consent to participating and being recorded. Your participation is completely voluntary. You can choose not to answer any question, and can leave the listening session at any time, without any consequence. You may also choose to leave your camera off or use a pseudonym on your screen.

b. After the meeting, a transcript of the AUDIO portion of the meeting will be generated, and then the recording will be deleted.

c. Note takers for this focus group have been trained to protect your identity. They will only be taking notes on the content of the conversation, not on specific speakers.

d. Your name and any other potentially identifying information about yourself that you disclose will not be included in any report and will be removed from any notes or transcripts; we will not ask you to disclose any identifying information about yourself during the listening session.

e. Information from this listening session will be combined with information from other listening session to be included as a data set for the legislative report. The data may be used at a later point for research publications or presentations, but the data will be kept completely anonymous and de-identified.

4) We also have some agreements we would like to make with everyone in this conversation:
    a. Please remove any distractions
    b. Only one person speaking at a time
    c. Please feel free to respond to others' comments, so we can have an exchange of ideas across perspectives
    d. You can use the reactions, like thumbs up, to react to what others are saying, or add your ideas in the chat. We will be taking notes from the chat as well so your thoughts will be included!
    e. Confidentiality is assured - "what is shared here, stays here'
    f. It's important to hear everyone's ideas and suggestions. We don't need to agree with others but please listen respectfully as others share their views and experiences. It's important to hear all sides of the issue
    g. There are no right or wrong answers, just ideas experiences and opinions which are all valuable
    h. What are others?
5) If anyone has any questions, we are happy to answer them. You may also ask a question privately by private messaging Name, who is moderating this focus group today **OR** Name or Name who are taking notes for this focus group today, using the chat function in Zoom. Once we are done, we will begin recording and you will have the opportunity to leave if you are uncomfortable. Thank you for participating!
6) Before we'd start we'd love for you share something about fall you are enjoying. **START RECORDING HERE**

Definition:

As we begin we want to make sure that we are on the same page about what we mean by universal screening. For the purposes of this conversation, we are defining universal mental health screening as:

a. "Universal social emotional, behavioral, and mental health (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) and 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.

Questions:

1. Does this definition align with what you typically consider to be universal mental health screening?
    a. How does it align?
    b. How does it differ?
    c. Does anyone have any other questions on this definition?
2. For those of you who are screening, can you describe your district's plan or policy for universal screening?
    a. Whose perspectives or input was included in developing the screening procedure in your district? This can include selecting a screening tool, developing data collection procedures, procedures for analyzing data, providing supports post-screening, etc. How were concerns from these groups integrated?
3. For those of you who are not screening, has screening ever been discussed as a possibility? What has gotten in the way of screening happening in your district or what would you expect would be a barrier to conducting screening?
4. What are supports that do or would facilitate universal screening implementation in your district? For example, adjustments in legislation/policy, training, resources, guidance, funding, communication, etc.
5. Lastly, we want to understand any recommendations for legislation. Currently, the WA state statute regarding screening reads that each school district must adopt a 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, youth suicide, and sexual abuse. The school district must annually provide the plan to all district staff. We will give you 2 minutes to review the full statute https://app.leg.wa.gov/rcw/default.aspx?cite=28A.320.127
    a. What stands out to you about this current statute regarding universal screening?
    b. What do you think needs to be adapted in this legislation to better support universal screening in your district/school? What would you like to see in additional screening legislation?
    c. How would your district/school respond if additional legislation was passed regarding universal screening? What support would you need to be able to be aligned with additional legislation regarding universal screening?
6. Is there anything we didn't ask about universal screening that you'd like to share with us? For example, success stories, supports that facilitated a smooth process, etc.