

EDUCATIONAL



THE UTAH STATE BOARD OF EDUCATION
Report to the Education Interim
Committee

Mental Health Screening Programs Report

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Mental Health Screening Programs Report

STATUTORY REQUIREMENT

U.C.A. Section 53F-2-522

requires the Utah State Board of Education to submit a report on mental health screening programs in participating LEAs. LEAs may implement a mental health screening for participating students using an evidence-based screening program. The State Board is required to report on this program to the Education Interim Committee annually on or before November 30. This year marks the first year for this report.

EXECUTIVE SUMMARY

During the 2020 General Session, the Legislature passed House Bill 323, *School Mental Health Funding Amendments*, which set standards for participating local education agencies (LEAs) to implement approved mental health screening programs for students. In the bill, the State Board, in coordination with the Division of Substance Abuse and Mental Health, was tasked with establishing rules around the program and approving a list of mental health conditions to screen for and a list of evidence-based screening tools. Board Rule 277-625, Mental Health Screening Program, was recently amended and will be reviewed by the full board in their December 3, 2020 meeting. The Board has been in a process of refining the list of screener tools and, as a full Board, will review the list of mental health conditions and mental health screener tools in the December 3rd meeting.

BACKGROUND

In the 2020 General Session, the Legislature passed House Bill 323, *School Mental Health Funding Amendments*, which set standards for participating local education agencies to implement approved mental health screening programs for students. The main requirements for the State Board in the bill were two-pronged. One was to make specified rules around the program. The bill required the State Board to make rules to establish a process for a participating LEA to submit a selected screening program for approval, and a requirement and a process for appropriate LEA or school personnel to attend annual training related to administering the screening program and for an LEA to receive reimbursement for a qualifying parent to receive mental health treatment for their student.

The second major requirement was around mental health screeners. In consultation with the Division of Substance Abuse and Mental Health (DSAMH), the State Board must approve an evidence-based student mental health screening program selected by a participating LEA that is age appropriate for each grade in which the screening program is administered, screens for the mental health conditions determined by the State Board and DSAMH, and is an effective tool for identifying whether a student has a condition that requires intervention. Based on data from our survey of current screening practices, 69% of LEAs conduct screenings. Of

that percentage, 67% reported doing individual screening sessions and 17% conduct mental health screening nights.

69%
Conduct Screenings

Of the LEAs that conducted screenings:

- ▶ 67% reported individual screening sessions.
- ▶ 17% conducting mental health screening nights.

R277-625, MENTAL HEALTH SCREENING PROGRAM

House Bill 323 granted the State Board rulemaking authority around the mental health screening program. Statute requires the State Board to make rules to establish a process for a participating LEA to submit a selected screening program for approval, and a requirement and a process for appropriate LEA or school personnel to attend annual training related to administering the screening program. The Legislature appropriated \$500,000 ongoing for the program. The rule also creates a process for an LEA to receive reimbursement for a qualifying parent to receive mental health treatment for the parent's student based on the results of the mental health screening. The rule also clarifies which parents constitute a qualifying parent and allows an LEA to seek funding for procuring a mental health screening tool.

Board Rule 277-625 was initially approved by the Board on June 4, 2020. Following this approval, the rule was published in the Utah State Bulletin and subject to the standard 30-day comment period. During this time, the Board received public comment from the Disability Law Center regarding more specificity around the data sharing of a mental health screener's results for a student and how long that data can be kept by an LEA. In response, the rule was amended and approved in committee in November. The State Board will vote on the amended rule in the December 3, 2020 board meeting.

MENTAL HEALTH SCREENING TOOLS

The program requires that the Utah State Board of Education, in consultation with the Division of Substance Abuse and Mental Health, compile a list of evidence-based screening tools and a list of mental health conditions to screen for to be approved by the board. This program is focused on screeners and it is important to note that screening is different from assessment and diagnosis.

- Screening is a process for evaluating the possible presence of a particular problem.

- Assessment is a process for defining the nature of a problem, determining a diagnosis, and developing specific recommendations for treatment of the problem or diagnosis.
- Diagnosis is the process of using assessment data to determine if the pattern of symptoms the person presents with is consistent with the diagnostic criteria for a specific mental disorder set forth in an established classification system such as the DSM-5.

The creation of the list of screeners has been a collaborative effort. We have gathered information from LEAs, and reached out to local mental health authorities and other key stakeholders and experts. Communication with these groups has been ongoing throughout this process. The goal with the compiled list was to identify the most comprehensive set of evidence-based tools that specifically target mental health conditions. Doing so gives our LEAs the best possible menu of options to choose from allowing for a wide range of choices and thus more control at the local level. The most recent list of mental health screening tools is in Appendix A. This list went to Board committee in November and will be reviewed by the full Board in the December 3rd meeting.

Along with the list of screening tools, Board staff was asked to create a list of mental health conditions for which schools could screen. This list is in Appendix B and will be reviewed by the full Board in the December 3rd meeting. The list includes three conditions: anxiety, depression, and suicide ideation which captures the leading mental health conditions that are currently screened for in our local education agencies according to our recent survey of current screening practices.



NEXT STEPS

As the rule, list of mental health conditions and screeners, and mental health screening program more generally move forward in implementation, the State Board is working on a list of behavior and risk conditions and screener tools for them. We recognize that there is preventive screening being done that focuses more on behavior. Board staff continues to work on guidelines and recommendations for behavior and risk screenings with the goal of eventually establishing an approved list of conditions and corresponding behavior/risk screener tools.

Board staff are fully immersed in program implementation and monitoring. Thus far, program implementation has revealed the need for

additional training on screening in schools particularly around behavior and risk screening so staff is working on further program-specific professional learning opportunities and plan to expand the training to be inclusive of the mental health framework.

APPENDIX A

Mental Health Screening Tool List

#	Name	Age or Grade	Condition Screening Detects	Screening Administrator	Evidence Based Data	Limitations and False Positives	Link to Website
1	Patient Health Questionnaire-9 (PHQ-9)	Child Age: • 11 - 17	• Depression/Mood	Non clinical, professional level; question/answer format	Yes	• Relies on self report	https://www.phqscreeners.com/
2	General Anxiety Disorder-7 (GAD-7)	Child Age: • 11 - 17	• Anxiety	Non clinical, professional level; question/answer format	Yes	• Relies on self report	https://www.phqscreeners.com/
3	Depression Self-Rating Scale for Children (DSRS-C)	Child Age: • 8 - 14	• Depression/Mood	Non clinical, professional level; question/answer format	Yes	• Relies on self report	https://dm0gz550769cd.cloudfront.net/shape/29/296a40a3a588c780b66b4657b5834342.pdf
4	The Columbia-Suicide Severity Rating Scale (C-SSRS)	Age: • 6+	• Suicide Ideation	Non clinical, professional level; question/answer format	Yes	• Relies on self report	https://cssrs.columbia.edu/
5	Signs of Suicide Brief Screen for Adolescent Depression (SOS, BSAD)	Middle School Ages: • 11 - 13 High School Ages: • 13 - 17	• Suicide Ideation & Depression	Non clinical, professional level; question/answer format	Yes	• Relies on self report	https://www.sprc.org/resources-programs/sos-signs-suicide
6	Revised Children's Manifest Anxiety Scale, Second Edition	Child Age: • 6 - 19	• Anxiety	Non clinical, professional level; question/answer format	Yes	• Relies on self report	https://www.wpspublish.com/rcmas-2-revised-childrens-manifest-anxiety-scale-second-edition
7	Reynolds Adolescent Depression Scale (RADS-2)	Age: • 11 - 20	• Depression	Non clinical, professional level; question/answer format	Yes	• Relies on self report	https://www.parinc.com/Products/Pkey/348
8	Short Mood and Feelings Questionnaire (SMFQ) & SMFQ Parent Report	Child Age: • 6 - 17	• Depression	Non clinical, professional level; parent report & self-report versions available	Yes	• Relies on self report & • Relies on parent/guardian report	https://devepi.duhs.duke.edu/measures/the-mood-and-feelings-questionnaire-mfq/

9	Center for Epidemiological Studies Depression Scale for Children (CES-DC)	Child Age: • 6 - 23	• Depression	Non clinical, professional level; question/answer format	Yes	• Relies on self report	https://www.theshapesystem.com/wp-content/uploads/2019/09/CES-DC_FINAL_11.29.17.pdf
10	DSM 5 Cross-Cutting Symptom Measure (CCSM)	Parent/Guardian Administered, Child Age: • 6 - 17	• Depression & Anxiety	Licensed professional; question answer format	Yes	• Limited for clinical use only	https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures
11	DSM 5 LEVEL 2—Anxiety	Child Age: • 11 - 17	• Anxiety	Licensed professional; question answer format	Yes	• Limited for clinical use only	https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures
12	DSM 5 LEVEL 2—Depression	Child Age: • 11 - 17	• Depression	Licensed professional; question answer format	Yes	• Limited for clinical use only	https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures
13	Child Behavior Checklist (CBCL)	Child Age: • 6 - 18	• Depression & Anxiety	Licensed professional; parent/caregiver observe and report	Yes	• Relies on parent/guardian report • Clinically used and scored	https://aseba.org/school-age/
14	Teacher Report Form	Child Age: • 6 - 18	• Depression & Anxiety	Licensed professional; educator observe and report	Yes	• Relies on parent/guardian report • Clinically used and scored	https://aseba.org/school-age/

APPENDIX B

**Proposed Mental Health Conditions
For School-based Mental Health Screening Program
H.B. 323, R277-625**

Conditions	Definitions
Anxiety:	apprehensive uneasiness or nervousness; abnormal and overwhelming sense of apprehension and fear
Depression:	a state of feeling unhappy; marked by inactivity, difficulty in thinking and concentration, a significant increase or decrease in appetite and time spent sleeping, feelings of dejection and hopelessness
Suicide Ideation:	refers to thinking about, considering, or planning suicide

Sources

Dictionary by Merriam-Webster: America's most-trusted online dictionary. (n.d.). Retrieved July 28, 2020, from <https://www.merriam-webster.com/>

NIMH " Home. (n.d.). Retrieved October 19, 2020, from <https://www.nimh.nih.gov/index.shtml> and <https://www.nimh.nih.gov/health/statistics/suicide.shtml>