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State-Level Guidance on School-Based Screening for Social, Emotional, and Behavioral Risk: A  
Follow-Up Study

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### **Abstract**

A recent study evaluated the level of guidance provided by states on their Department of Education websites regarding school-based social, emotional, and behavioral (SEB) screening. The purpose of this follow-up study was to interview a small sample of state-level stakeholders to supplement the findings from the website evaluation study. Specifically, current goals were to (a) confirm findings from the web search and coding of state department of education materials and (b) add perspectives on the history, current, and future landscape of SEB policies and initiatives in K-12 education in that state. Results of the current study demonstrated that participants agreed with the initial study findings regarding the guidance provided by state departments of education to K-12 schools around SEB screening. Further, most participants indicated additional future directions regarding the landscape of SEB screening in their state since the period in which the primary document information was captured. Results of this exploratory study indicate that although the current and future of SEB screening varies across states, key stakeholders within state departments of education were aware of the importance, need, and relevance of SEB screening in K-12 schools.

Keywords: social-emotional screening; early identification; state policy

State-level guidance on school-based screening for social, emotional,  
and behavioral risk: A follow-up study

Research has consistently suggested that a large number of children and adolescents meet the diagnostic criteria for mental health disorders, but that only a small fraction of young people with diagnosable disorders actually receive mental health services (Burns et al., 1995; Center for Disease Control, 2004; Merikangas et al., 2010; U.S. Department of Health and Human Services, 1999). A primary concern regarding limited support for child and adolescent social, emotional, and behavioral (SEB) concerns is the potential to interfere with academic success (Atkins, Hoagwood, Kutash, & Siedman, 2010; Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004; Levitt, Saka, Romanelli, & Hoagwood, 2007). Fortunately, many SEB disorders can be prevented through identification of risk factors and early indicators that can precede a disorder by two to four years (National Research Council 2009). Multiple calls have been made to fully extend prevention and early intervention for behavioral health problems into school settings (Levitt et al., 2007; New Freedom Commission, 2003; Rones & Hoagwood, 2000). Given that schools have widespread access to children and adolescents, these systems provide an ideal setting for identifying SEB concerns (Levitt et al., 2007), which is a critical first step in prevention and early intervention efforts.

One way to proactively identify students who may have SEB concerns is through the use of screening. Within a universal SEB screening approach, all students are assessed using a brief measure in order to identify those students with some level of SEB risk. A number of professional organizations and agencies have endorsed the use of universal SEB screening in schools as part of prevention programming (Briesch, Chafouleas, & Chaffee, 2017; Owens et al., 2002), including the President's Commission on Excellence in Special Education, the National

Research Council, and the U.S. Public Health Service (National Research Council, 2009).

However, data suggest that this recommended practice is not widely occurring. For example, preliminary findings regarding the prevalence of SEB screening in K-12 schools indicated that of approximately 300 district-level administrators, 57 reported use of SEB screening of all students in their schools (Bruhn, Woods-Groves, & Huddle, 2014). Although the development and coordination of school policies, processes, and practices is recommended in meeting the needs of the whole child (Association for Supervision and Curriculum Development [ASCD] & Center for Disease Control [CDC], 2014), limited investigation in relation to SEB screening has occurred to date. Understanding the intersection of education policy, process, and practice as related to SEB domains is critical to informing directions for researchers, policymakers, and practitioners.

As one step toward understanding the intersection of education policy, process, and practice around SEB screening, Briesch, Chafouleas, and Chaffee (2017) sought to explore the degree to which state-level policies are available to inform and guide efforts as a possible macro-level influence on current district practices. In their study, a systematic review of state-level department of education websites was conducted to identify the extent to which state departments of education have provided specific guidance around SEB screening practices. Specific guidance refers to regulations produced by SDEs “regarding the who, what, where, when, and why of universal SEB screening practices,” (p.3, Briesch et al., 2017). Overall, results indicated limited specific guidance as well as wide variability across states. That is, less than half of the states provided any information regarding universal screening for SEB risk in particular, and even when they did, the level of procedural guidance provided was found to vary widely across data sources (Briesch et al., 2017).

Results by Briesch and colleagues (2017) provide a snapshot of the current landscape of state guidance around initiatives in school-based screening for SEB risk across the U.S. However, the information captured in the website review was limited to public-facing written policies and recommendations put forth by SDEs; there is little to no context behind these state-level documents. As such, further exploration into the history and future of the current landscape is needed to provide a more detailed understanding of the results identified in Briesch et al. (2017). The purpose of this study was to conduct interviews with a small sample of state-level stakeholders as a follow-up to Briesch et al (2017). In this follow-up study, the goals were to (a) confirm findings from the web search and coding of state department of education materials, and (b) supplement that information with perspectives on the history, current, and future landscape of SEB policies and initiatives in K-12 education.

## **Method**

### **Recruitment**

Potential participants for the current study were identified by reviewing the primary state documents obtained by Briesch et al. (2017) from SDE websites. Although the methods used in capturing and coding these documents are fully described in that paper, in brief, a primary document containing the most relevant guidance on SEB screening was identified for each state, and states were then categorized according to the type of guidance provided (see Table 1). Within the current study, each primary document was reviewed in order to identify the key person(s) who was responsible for supporting creation of the primary document and continued to be employed by the SDE. If a key stakeholder was not named in the primary document or was no longer listed as employed in that position, we then searched SDE websites to identify two contacts, one primary and one secondary, who most appropriately held responsibilities for

maintaining or revising the obtained document. We limited our extraction of key contacts to SDE websites in order to maintain consistency with the procedures used in Briesch et al. (2017). This list of two key contacts for each SDE served as our recruitment pool.

Next, we emailed the study recruitment information to the identified primary key contacts in all 50 states and the District of Columbia. Weekly recruitment emails and phone contacts were attempted over a period of three weeks. If we did not receive a response after the third contact attempt, we began recruitment with the second contact. If the second contact did not respond after three contact attempts, we opted the state out of the study. For some states, we received a response indicating an alternative contact person as most appropriate (e.g., shifting responsibilities, change in employment), and then proceeded with the same recruitment procedures with the alternative contacts.

As responses indicating interest in participation were returned, we monitored our overall recruitment to include representation from at least two respondents per category (i.e. type of SEB screening guidance provided in Briesch et al. (2017); see Table 1). Our goal in doing this was to be able to compare responses both within and across categories, with the exception of the mandated SEB screening category for which there was only one possible state. We also attempted to balance state demographics (size, geographic location) in order to be as diverse as possible within this small follow-up study. Recruitment for all states within a category stopped once at least two contacts from states within that category agreed to participate.

## **Participants**

The final sample of participants included 11 SDE employees who were responsible for supporting state-level SEB screening documentation. The total participant pool included: (1) zero participants from states that mandated SEB screening, (2) two participants from states that

discussed screening for mental health or specific areas of risk (i.e. suicide, eating disorders), (3) two participants from states that provided specific guidance regarding screening for general behavioral risk only within multi-tiered systems of support (MTSS), (4) two participants from states that provided general information regarding screening for general behavioral risk within an MTSS context, (5) one participant from a state that only mentioned screening within a definition of MTSS, and (6) three participants from states with no explicit mention of behavioral screening. Many participants worked in a role that includes multiple responsibilities within the SDE, but could be organized into three primary categories: (a) director/deputy director/supervisor (N = 4); (b) consultant (N = 4); or (c) specialist (N = 3).

### **Procedure**

Once participants were identified and agreed to participate via email, a mutually convenient time was scheduled to hold the phone interview. In our email response, we attached a 1-page information brief that (a) named the primary SEB screening document(s) identified for their state, (b) contained a summary of the overall coding findings from Briesch et al. (2017) and (c) provided highlights of the study findings pertaining to the respondent's state. All interviews occurred during a single phone call lasting between 20-30 minutes during the spring and summer of 2017, with all interviews recorded and then transcribed for analysis.

The interview followed a semi-structured format (see Table 2) to first obtain information about whether the participant agreed with findings from Briesch et al. (2017). Specifically, we sought confirmation from the respondents of (a) the category in which their states were placed and (b) whether the primary document identified pertaining to SEB screening policy and/or guidance provided the best information about SEB screening. Next, participants were asked to provide information about (a) the history behind the current status of SEB screening

requirements and recommendations, (b) the current context of SEB screening in their state, and (c) any future directions for SEB screening legislation, documentation, or guidance. Finally, participants were asked to share their perspectives regarding opportunities and challenges in SEB screening.

### **Data Analysis**

After all interviews were conducted and transcriptions were completed, participant responses were aggregated into one master document organized by interview question. Researchers then used inductive content analysis (Braun & Clarke, 2006; Elo & Kyngas, 2008) to identify common themes across participants within each question. First, one researcher read through all participant responses to each interview question at least three times, as recommended by Elo and Kyngas (2008). The researcher then grouped similar statements and common themes across responses. To reduce bias and increase reliability, two additional researchers reviewed the data and identified themes within each question. Discrepancies were discussed amongst all three researchers until consensus was reached. Then, researchers reviewed the identified themes within the data to determine how themes within each topic fit together. Finally, researchers revised theme names to appropriately reflect the scope and content.

### **Results**

Several common themes emerged across participant responses. Themes are discussed within each overarching category: (a) agreement with initial findings, (b) historical context of requirements and recommendations, (c) information added to initial findings, and (d) opportunities and challenges in SEB screening.

#### **Agreement with Initial Findings**



Although all 11 participants agreed that the information shared with them did reflect the current status of requirements and recommendations in their state, slightly more than half ( $n = 6$ ) noted that additional information was available. For example, one participant indicated that their state had been working through a review process to select a universal SEB screener for prek-12, and they were hoping to begin implementation soon. Another participant stated that their state was in the process of reviewing their definition of MTSS, and working toward developing further guidance for schools around MTSS, which includes screening. Yet another added that, in their state, more information about SEB screening is available through their Safe and Supportive Schools Commission and Behavioral Health Taskforce websites. In addition, one participant noted that better information about SEB screening was available elsewhere. This individual indicated that the state uses a statewide internal webpage for school personnel that contains the most updated documents.

### **Historical Context of Requirements and Recommendations**

All participants were familiar with the history behind the current status of SEB screening in their state. Across responses, several themes emerged that can be organized into two primary categories: systems-level practices and mental/behavioral health.

**Systems-level practices.** All participants ( $n = 11$ ) referenced systems-level practices or initiatives in their discussion of the history of SEB screening including MTSS or RTI ( $N = 7$ ), positive behavior interventions and supports (PBIS;  $N = 4$ ), social and emotional learning (SEL;  $N = 5$ ), and school climate ( $N = 2$ ). For example, one participant described the current landscape of SEB screening as stemming from work done over the past decade to implement PBIS and MTSS. Another discussed how their state using MTSS to deliver SEL as a way to begin addressing SEB screening and concerns.

**Mental/behavioral health.** In discussing the historical context of SEB screening, six participants referenced various mental or behavioral health grants and initiatives, with some participant responses overlapping different topics. For example, five participants discussed having mental or behavioral health grants (e.g. Project AWARE) whereas three of the participants referenced mental health initiatives, and two participants spoke about behavioral health in their responses about SEB screening. One participant noted that legislation around treatment for substance use and other mental health disorders sparked a collaboration with the state's Division of Behavioral Health to initiate school-based SEB screening. Another participant indicated that their state received a grant to develop a system of care to support children at risk for, or who have, emotional or behavioral disabilities which then led to legislation around children's mental health.

#### **Additional Information Regarding Current and Future Directions**

All participants contributed additional information beyond the initial findings about what is currently happening in their state. Participant responses fell into three primary categories. The first category was legislation that impacts SEB screening (n = 3), such as a law that prevents collecting behavioral data on students. One participant in this category noted that legislation in their state around restraint and seclusion in schools that promotes positive behavior support has had an influence on screening. The second category was pressure to change SEB screening practices (n = 6), meaning that an individual or group of stakeholders is pressuring the SDE to change their practices. For example, it was reported that one new state superintendent has created pressure to change SEB screening practice through pushing a SEL initiative. The third category was awareness or attention to SEB screening (n = 4), meaning that folks in education demonstrate awareness of or focus their efforts on SEB screening. Another participant noted that

districts in their state have started SEB screening on their own, without state support, due to an increase in awareness of the importance of screening.

Although three participants were not aware of any plans for future legislation, state mandates, or guidance documents around SEB screening, the majority of respondents (n = 8) did provide information about future directions related to requirements or recommendations around SEB screening, which were organized into four themes. The first theme was legislation proposed or recently passed (n = 3), such as a bill under consideration that promotes SEB screening in schools. For example, legislators in one state are considering a bill for requiring teacher preparation programs to include SEL in their curricula. The second theme was development and/or revision of state policy documents (n = 4), such as an updated policy on school-based mental health teams. For example, one state is working to develop readiness indicators and to make recommendations to the department on how to best roll out their SEB screener. The third theme was new administrators pushing initiatives (n = 2), such as a new administrator rolling out an initiative that supports SEB screening. In two states, new state superintendents are pushing initiatives that emphasize supporting the whole child, including SEB needs. The fourth theme was collaboration with other organizations (n = 2), such as a partnership between the SDE and a national organization. One state is working with the state school psychology association to increase implementation of PBIS, while a second state is working to partner with the National Center on Intensive Intervention (NCII; [intensiveintervention.org](http://intensiveintervention.org)) and Kaiser Permanente to support student SEB needs.

### **Opportunities and Challenges in SEB Screening**

All participants cited both opportunities and challenges in school-based screening of SEB functioning. Across participants, five themes surfaced around opportunities in SEB screening.

The first theme was that the awareness of the importance of screening across state- and district-level administrators, support personnel, and teachers, is an opportunity (n = 4). For example, one participant expressed that: “We’re really having a lot of awareness around why we have to start supporting mental health issues in our students, and we have to start identifying them earlier because the age of onset is going down.” The second theme was opportunities in SEB screening that result from grants and/or federal support (n = 3). For example, one participant credited their state’s Project AWARE grant as presenting opportunities to provide trainings for educators on youth mental health. The third theme was that teachers’ support for screening presents opportunities (n = 2). One participant said: “The teachers that work with the kids who are struggling are the ones that are really pushing for this.” The fourth theme was state education leaders’ desire to support districts and other stakeholders in screening practices (n = 3). For example, one participant expressed that in their state, the SDE is hoping to do a better job supporting districts in screening for SEB concerns. The fifth theme was that MTSS currently in place are an opportunity in SEB screening (n = 4). One participant stated: “Now that MTSS...is on a very ambitious and widespread implementation plan, it can become a hub that [SEB screening] goes through.”

Five themes also emerged in discussing challenges in school-based SEB screening. The first theme was the challenge of having time, at all levels, to devote to SEB screening (n = 2). One participant noted, “It’s hard for people to have the time. It’s hard for schools and districts to have the time they need.” The second theme was challenges around resources, such as a lack of resources and not knowing where to go or what to do to support students identified during screening as at-risk (n = 8). One participant expressed that the SDE encourages schools to take inventory of their resources before screening to avoid identifying children without the resources

to support them. The third theme was that buy-in from parents, teachers, and/or administrators presents a challenge in SEB screening (n = 4). One participant summed this up by saying: “I think previously, we had a lot of resistance and we’re still going to have it.” The fourth theme was challenges in implementation and data, such as a lack of implementation or data collection and data underutilization (n = 5). For example, one participant stated: “We do have a challenge of implementing this with fidelity across the state.” The fifth theme was that a lack of a common understanding of the importance of SEB screening across state agencies and districts presents a challenge (n = 2). In particular, one participant noted the challenge of scaling up understanding of the importance of SEB screening to other state agencies who may be more focused on clinical settings.

### **Discussion**

The purpose of this study was to conduct follow-up interviews with a small sample of state-level stakeholders to confirm and expand upon the findings by Briesch et al. (2017). Overall, results from this follow-up study did confirm of the findings by Briesch et al. (2017); however, each participant also contributed additional information about SEB screening mandates or recommendations that was not identified in the prior study. Further, most participants indicated future directions regarding the landscape of SEB screening in their state since the capturing of the primary document information.

Based on the findings of this exploratory study, the future of SEB screening appears to vary across states. This finding is consistent with the results of Briesch et al. (2017), who suggested that how SDEs emphasize SEB screening is highly variable. However, the participants interviewed in the current study were aware of the importance of, and need for, SEB

screening in K-12 schools. All participants demonstrated this awareness in their discussion of opportunities and challenges presented in school-based SEB screening.

Given the federal and state-level changes that appear to be occurring since the search, along with impending changes discussed by participants, an area for future research may be a replication of the search by Briesch et al (2017). Additionally, several participants indicated the existence of other sources of information about SEB screening that were not captured in the public-facing documents. For example, some participants noted that external (i.e. non-SDE) or internal (i.e. private) websites housed information about SEB screening. Specifically, one participant stated: “Our Wiki is where we house anything that would be for implementers...The front-facing website just has stagnant information with the link to get to where we can move information more quickly.” Thus, it is possible that the same finding may be consistent for states that we were unable to recruit for this study, and may be worth further exploration.

### **Limitations**

Findings from this study must be interpreted in light of limitations. First, this was a small follow-up study that sought to confirm and supplement the findings of Briesch et al. (2017). Therefore, the small sample size and the lack of participation from stakeholders across the majority of states limit the generalizability of findings. In addition, the possibility of respondent bias exists in that only those most interested in SEB might have responded to requests for participation.

### **Conclusions**

Schools have long been considered a desirable venue for health screening programs, given that the overwhelming majority of youth in the United States are in attendance (Levitt et al., 2007). School-based practitioners have therefore become accustomed to conducting regular

screenings to identify students at risk for hearing loss, scoliosis, or obesity. Although school-based screening for SEB risk is currently less common in the United States, results of the current study suggest that this landscape may be changing. New legislation, initiatives, and partnerships between educational and mental health organizations may help to promote increased uptake of SEB screening in school settings in the coming years. However, successful implementation will require the participation of a range of school-based professionals beyond those typically responsible for supporting student mental health (e.g., school psychologists, school social workers).

The challenges identified by participants in the present study help to highlight steps that may be considered by SDEs to promote school-based SEB screening. Although state-level administrators may not have control over the time and resources needed to implement SEB screening locally, SDE leaders can work to provide guidance or technical assistance to district and building personnel. Further, SDE leaders can disseminate information to stakeholders on the importance of SEB screening to increase buy-in from teachers, building administrators, parents, communities, and other state agencies. In addition, SDE leaders can support districts to provide professional development or training on collecting and utilizing SEB screening data.

**Compliance with Ethical Standards**

Preparation of this article was supported by funding provided by the Institute of Education Sciences, U.S. Department of Education (R305A140543). The authors declare that they have no conflicts of interest. All procedures performed in this study involving human participants were in accordance with the ethical standards of the University of Connecticut Institutional Review Board. Informed consent was obtained from all individual participants included in the study.

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Table 1.

*States Included in Each of Six Identified Categories*

Category Number	Category Description	States Included
1	States that mandate behavioral screening	NM
2	States that discuss screening for “mental health” or specific areas of risk (i.e. suicide, eating disorders)	CT, KY, WA, WV
3	States that provide specific guidance regarding screening for general behavioral risk within MTSS only	AR, CO, FL, ID, IL, KS, LA, MD, ME, MO, MS, MT, NH, OH, PA, SC, SD, UT, VA
4	States that provide general information regarding screening for general behavioral risk within an MTSS context	AK, AL, AZ, DE, HI, IA, MI, MT, ND, NY, OK, WI
5	States that only mention screening within a definition of MTSS	CA, GA, MA, MN, NJ, WY
6	States that do not have an explicit mention of behavioral screening	DC, IN, NC, NE, NV, RI, TN, VT

Table 2.

*Semi-structured interview questions and probes.*

Question	Probes/Notes
Does the information provided reflect the current status of requirements and recommendations in your state? How?	N/A
Do you agree that (insert name of primary document coded) is the primary document in which the best information can be found? Why or why not?	If no document was identified at the coding, ask if this is correct or if there is another source for information.
Are you familiar with the history behind the current status of requirements and recommendations?	If yes, please describe briefly – including reference to any role that you played. If no, ask if there is a more appropriate contact.
When reflecting on this information, is there anything else that you think we should know about what is happening now in your state?	For example: <ul style="list-style-type: none"> <li>• How would you characterize awareness and attention to the current information?</li> <li>• Are there pressures to change the current status – and if so, where are those pressures coming from (e.g. schools, school staff, families, community groups or agencies, political leaders)?</li> <li>• Any new legislation or other directions being proposed or considered?</li> </ul>
Are you aware of any plans for future directions related to requirements or recommendations (e.g. proposed legislation, state mandates, guidance documents)?	If yes, please describe.
In your opinion, what are some of the opportunities and challenges presented in school-based screening of social, emotional, and behavioral functioning?	For example: <ul style="list-style-type: none"> <li>• School personnel <i>knowledge/understanding</i> of SEB screening or <i>willingness to change</i> SEB practices</li> <li>• <i>Feasibility, home-school collaboration, external supports</i></li> </ul>