



# King County Ombuds Office

## REPORT OF INVESTIGATION AND RECOMMENDATION

Ombuds Case # 2023-0160 & 2023-0515

Respondent:  
Department of Community and Human Services

July 18, 2024

### I. Executive Summary

The Ombuds Office investigated complaints received from King County parents about a social and behavioral health screening tool for middle and high school students, developed by the Department of Community and Human Services (DCHS). Participating school districts administer the screening tool, then offer brief intervention and referral to services as needed. The parents mainly alleged:

- The screener tool is not scientifically validated or administered confidentially;
- Caregivers and students are not informed about, and do not consent to, uses of screening data for research purposes;
- Sensitive and private student health and identifying information is publicly available; and,
- Staff members who engage students in brief interventions and referrals are not required to be mental health or counseling professionals.

Based on our independent review of documentation provided by the complaining parents and by DCHS, and numerous conversations with the parents and DCHS personnel, we determined:

1. The screening tool contains validated screeners together with other evidence-supported screeners and questionnaires;
2. School districts are responsible for confidentiality and safeguard it in varying ways;
3. Screening is voluntary; caregivers and students are informed and may opt out of the entire screen or portions of it before and during its administration;
4. No evidence indicates wrongful disclosure of private student information by King County;
5. One school district several years ago appears to have released sensitive student identifying information; King County is not responsible for the disclosures but has since emphasized the need for participating school districts to protect private student information;
6. Brief interventionists do not provide behavioral health treatment but may refer students to behavioral health care or other services; for the 2024-25 school year, at King County's impetus school districts will begin to document and confirm that the interventionists are appropriately trained to respond to students' needs identified through the program.
7. Some King County communications about the screener could leave a misimpression that the County categorically assures the privacy of student health and identifying information no matter which jurisdiction stores and controls it.

*Recommendation: DCHS should include in all SB-SBIRT privacy compliance communications a plain-language notice that caregivers and students should contact their school or school district about those entities' privacy and public disclosure policies.*

Attached to this report as appendices are the questions included in the current version of the screener; a written response to this report from DCHS; and a closing letter from the Ombuds.

## **II. Ombuds Authority**

The voters of King County established the King County Ombuds Office in the County Home Rule Charter of 1968. The Ombuds operates independently within the legislative branch of County government and is vested in KCC Chapter 2.52 with authority to investigate the administrative conduct of County agencies and employees in response to complaints or on the Ombuds' own initiative, and to publish findings, study results, and recommendations for improving the administration of County government. The Ombuds strives to promote public confidence in County government by responding to complaints in an impartial, efficient and timely manner.

Though not at issue in this matter, the Ombuds Office is further vested with jurisdiction and authority to investigate alleged violations of the County Whistleblower Protection Code, KCC Chapter 3.42; Employee Code of Ethics, KCC Chapter 3.04; and Lobbyist Disclosure Code, KCC Chapter 1.07.

## **III. Complaints**

The Ombuds Office received two complaints in 2023 about a middle and high school-based student screening, brief intervention, and referral program (SB-SBIRT) made available by the Department of Community and Human Services (DCHS) to school districts within King County. The first complaint was from two parents. The second listed the names of 23 people. The concerns centered mainly on the validity of the screening tool, its administration in schools, student and parental consent, confidentiality, and the protection of students' private health and identifying information.

In years past, some of the parents had expressed their concerns to DCHS, which responded directly to them with information about SB-SBIRT. The parents were dissatisfied with the responses. We met and corresponded with several parents and with DCHS personnel numerous times, and we reviewed substantial amounts of background material and documentation about the program.

Principal Deputy Ombuds Jon Stier conducted this investigation and produced this report with the oversight of Ombuds Director Jeremy Bell. Following brief background about SB-SBIRT below, each of the parents' main concerns are summarized and discussed, along with pertinent information gathered during our investigation.

## **IV. Brief Background**

The screener tool, "Check Yourself", is a component of King County's School-Based Screening, Brief Intervention, and Referral (SB-SBIRT) Program developed by DCHS in 2018 to address increases in youth needs for various supports, including behavioral health services. The King County program is based on an SBIRT program developed by Seattle Childrens' Hospital for use in clinical settings, which DCHS has modified for school settings. Thirteen school districts and 1 private school currently participate in SB-SBIRT in 2024.

According to DCHS, the SB-SBIRT program is prevention and intervention, not health care. It has three components:

- **Screening.** The Check Yourself tool is a voluntary screener of middle and high school students. It asks questions about student strengths, substance use, social and emotional health, and safety. The wide range of questions asked in the tool include some related to sensitive matters such as mental health, sexuality and gender, dating, and living conditions at home.

- **Brief intervention.** Students who indicate they are struggling or that they would like to talk with someone, may meet voluntarily with a trained staff member. These discussions contextualize the screener responses and may help students think about their goals and motivations. Confidentiality of student concerns is to be maintained per state mandatory reporter requirements and each school district's policies.
- **Referral to services.** Trained staff connect those students who would appear to benefit from additional help and individualized resources, to services such as academic support, mentoring, social or community activities, social services, or behavioral health services.

The SB-SBIRT Program is funded through King County's voter-approved Best Starts for Kids levy, and the County's Mental Illness and Drug Dependency fund. A complete list of questions included in the current version of Check Yourself is attached to this report as Appendix A.

## V. Validity of the "Check Yourself" Tool

Complaining parents expressed concern that DCHS falsely and intentionally portrays the Check Yourself screener as empirically validated—i.e., scientifically tested, when it is not. Parents have pointed to records containing descriptions of Check Yourself and SB-SBIRT that they believe support the concern. They also complain that DCHS has modified the screener since its 2018 inception, adding and removing questions based on annual evaluations it conducts of the tool's usefulness. The complaining parents believe the lack of full year-over-year consistency underscores the tool's lack of scientific validity.

DCHS has explained that validated screens are embedded within Check Yourself. These include the well-known Generalized Anxiety Disorder screen and the Patient Health Questionnaire for measuring depression. Other sections of Check Yourself are not validated but are evidence-supported. DCHS supplied a list and brief descriptions of the additional screens and questionnaires, which includes those developed by the American Medical Association, the Office of the Superintendent of Public Instruction (OSPI), the Center for Adolescent Substance Use and Addiction Research, and the National School Safety Center, among others.

DCHS explained that their purpose in adapting the clinical version of Check Yourself to school settings in this way was to address the wider range of youth needs that are present in schools. Though the Ombuds Office lacks the scientific and technical expertise to fully assess this purpose and its implementation, it appears reasonable to us at face value.

### *Legal setting regarding validation*

The complaining parents have pointed to sources indicating a preference for validation of some types of student screening tools. Washington law on juvenile prevention and intervention services recognizes that "baseline information is not presently available regarding the extent to which evidence-based and research-based practices are presently available and in use". The law intends that the services be "primarily evidence-based and research-based", and that "increased use of evidence-based and research-based practices be accomplished to the extent possible within existing resources". RCW 43.20C.005. The SB-SBIRT Check Yourself tool appears to be consistent with that intent.

Based on the documentation we have reviewed and our discussions with the parents and DCHS, further inquiry into SB-SBIRT validation concerns by the Ombuds Office is not warranted.

## **VI. Human Subject Research Allegation and Consent**

Research conducted on human subjects implicates legal and ethical duties beyond those in generally applicable health and student privacy laws. Complaining parents allege that Check Yourself and SB-SBIRT amount to such research but that DCHS and school districts do not comply with the heightened requirements. The parents cite, for example:

- Language referring to “research”, contained in early versions of data sharing agreements within contracts between DCHS and participating districts;
- A 2019 set of DCHS draft talking points that state, “[i]n some circumstances Personally Identifiable Information (“PII”) may be necessary to match data over time or across programs for effective research and delivery of services to students”; and
- A journal article that reports King County SB-SBIRT program evaluation results, co-authored by a DCHS program manager, as evidence that Check Yourself amounts to experimental research on minors without their or their caregivers’ knowledge or consent.

DCHS explained that the cited contract language about “research” was boilerplate copied from previous contracts that had covered multiple Best Starts for Kids programs. The Ombuds Office has confirmed that current SB-SBIRT data sharing agreements between school districts and King County no longer contain that language. The department stated categorically in 2023 that it has not conducted SB-SBIRT research, is not doing so now, and will not in the future.

The cited journal article states,

The program evaluation activities including the focus group and the post-BI surveys were reviewed by the Seattle Children’s Research Institute Institutional Review Board and determined to not be human subjects research because the purpose was to understand and provide feedback to King County about this particular program.<sup>[1]</sup>

We understand the basis of the complaining parents’ concern about human subject research, but based on our investigation we cannot conclude that such research has occurred, is underway or is planned.

### ***Consent***

According to DCHS, near the start of each school year caregivers receive a letter from their school district about various tests and screeners, including SB-SBIRT, that are planned for the year, from which they can opt their students out. Schools send another communication to the caregiver, such as a letter, email, or phone call (if written communication is unavailable), near the administration of Check Yourself, providing another notice of the program and opt-out opportunity. At school, student participation in the Check Yourself screening tool and additional SB-SBIRT components is voluntary. Students may opt out entirely on their own. They may do so before the screener begins, they may click “prefer not to answer” to demographic questions, and they may stop the screener at any time during administration.

---

<sup>1</sup> M. Stepanchak, K. Katzman, M. Soukup, E. Elkin, K. Choate, A. Kristman-Valente, C.A. McCarty, Youth-reported school connection and experiences of a middle school-based screening, brief intervention, and referral to treatment initiative: preliminary results from a program evaluation. J. Adolescent Health, Vol. 4, Iss. 1, Supp. (2022).

The complaining parents maintain that caregivers and students are not informed of and do not consent to what the parents believe are the experimental research uses of the data produced through SB-SBIRT. Because SB-SBIRT does not involve research, heightened notice and consent are not required.

## **VII. Protection of Sensitive Student Information**

Federal and state laws prohibit release, without patient consent, of healthcare information by health providers and student identifying information by educational institutions. We have seen no indication that King County government has violated any of those laws. As discussed below, at least one school district does appear to have released sensitive and identifying student information to the complaining parents in response to public records requests they submitted to the school district during their own investigation.

### *Management of Check Yourself screener data*

As noted above, King County enters into data sharing agreements with school districts participating in the SB-SBIRT program. Each district maintains a list of randomly assigned proxy identification numbers corresponding to its students. The data is also stored per a contract with Tickit Health, a password-protected online digital health platform that complies with health privacy laws. Only school district staff may access data that connects Check Yourself responses to students' personal health information. County personnel had access to that data in the early years of SB-SBIRT, and had a duty to protect it from disclosure under health privacy laws. With the evolution of the program, County personnel can now access only de-identified student data through Tickit Health.

### *Confidentiality during administration of Check Yourself*

Complaining parents state that Check Yourself is administered in classrooms to students sitting close by each other. They worry that students could view the answers of others, which would be especially troubling if sensitive or private information were seen. DCHS stated that school districts are responsible for protecting student privacy during the supervised administration of the tool, and that the ways districts do so varies. DCHS said that they had not heard of incidents or complaints of confidentiality breaches during administration of Check Yourself. A complaining parent sent the Ombuds Office a list of brief unverified statements that they said were from students and that indicate confidentiality and other concerns about Check Yourself. Parents or students with concerns may contact their school or school district for more information about student privacy during and after Check Yourself administration.

It is important to note that school staff members are state-mandated reporters of child abuse and neglect. School staff are required to disclose to the appropriate authority information meeting reporting criteria. DCHS stated that school staff are trained to inform students when or if confidentiality would be maintained.

### *Releases of student information by school districts*

The complaining parents here allege that student health and identifying information, including sensitive narrative responses to some Check Yourself screening questions, is available to anyone through Public Records Act requests filed with the participating school districts. The parents supplied the Ombuds Office with a screenshot of a blurred spreadsheet that they credibly claimed contains copious student health and identifying information. They stated,

Using copies of the student-level SBIRT records unprotected by HIPAA [health privacy law] or FERPA [educational privacy law], we have identified students in the community and linked their records/responses, write in fields, and their mental health assessment scores to their names. We used the “Student PII” within the records and cross referenced it with publicly facing data found using Google and social media.

The parents said they found a phone number for one student’s residence, dialed the number, and spoke to a parent who was alarmed by the public availability of their child’s private information. The complaining parents also provided the Ombuds Office with a copy of a 2022 narrative summary report of 2021 SB-SBIRT outcomes they obtained, sent from a participating school district to DCHS in response to the department’s request. The DCHS narrative form asked the district to share a story that “highlights the student counselor connection”.

We reviewed the school district report sent to DCHS. The story it contains is poignant. It describes a cascade of positive outcomes for a student and their family who faced several challenging circumstances, were identified at their school through the Check Yourself screener, and were referred to various services via an SB-SBIRT brief intervention. The story includes highly sensitive detailed information about the student’s educational issues, family and living situation, and information sufficient to easily determine their identity.

We share the complaining parents’ shock at their ability to obtain those records. DCHS is aware of this incident and has since emphasized to participating school districts that they should only send the department brief examples of SB-SBIRT outcomes, and that “[w]hen sharing a story, please make sure it does not contain any student identifiable information.”

King County does not control the processing of public records requests by school districts. But the complaining parents believe King County nonetheless shares responsibility. In addition to DCHS requests to school districts asking for such stories, they point to a 2022 DCHS blog post about SB-SBIRT that states, “Check Yourself is HIPAA and Family Educational Rights and Privacy Act (FERPA) compliant with password protections and meets personal health information privacy and security standards.”

The blog post is unconnected with the identifying records released by the participating school district as described here. We are concerned, however, that the blog post or similar communications could leave caregivers and others with an impression that King County categorically assures the privacy of SB-SBIRT student health and identifying information no matter which jurisdiction stores and controls it.

---

*Recommendation: DCHS should include in all SB-SBIRT privacy compliance communications a plain-language notice that caregivers and students should contact their school or school district about those entities’ privacy and public disclosure policies.*

---

## **VIII. Credentials of Brief Interventionists**

Complaining parents worry that the intervention specialists that briefly talk with students whose screener results are flagged, are not required to be mental health or counseling professionals. While King County funds the SB-SBIRT program, it does not oversee interventionist hiring by participating school districts. Further, DCHS explained:

Understanding that interventionists should reflect the community they are serving and can come from [a] wide spectrum of professional experience, DCHS has purposely not required that Interventionists have a specific type of license or clinical training. Beginning in Fall of 2024, DCHS will have school districts attest that all staff performing the brief interventions and meeting with students as part of the SB-SBIRT program received appropriate training and possess foundational knowledge in areas such as suicide prevention and self-injury procedures, anxiety and depression, substance abuse, as well as other areas covered by the screener. DCHS emphasizes staff currently meeting with students have had trainings in those topics as required by OSPI and their individual school district positional requirements. This new attestation process will reinforce the understanding of the expertise required for the role of Brief Interventionist regardless of how the position is classified by individual districts.

King County Ombuds Office jurisdiction does not extend to assessing interventionist hiring decisions within the various independently governed school districts; nor are we in position to make a finding about what minimum qualifications interventionists should have within the communities served.

We do recognize a pro-equity basis for not requiring specific licensure or clinical training, particularly in view of the limited nature of the interventionists' role. They are providing prevention and brief intervention, not diagnosis or treatment. Interventionists may refer students to licensed providers who can offer behavioral health care, or they may refer students to services that are unconnected with behavioral health or counseling—for example, vocational programs or housing assistance. On those grounds, the approach described by DCHS appears reasonable to us.

## **IX. Conclusion**

At root, the complaining parents' concerns about validation, consent, privacy, confidentiality, and the credentials of brief interventionists, amount to a worry that SB-SBIRT has not been proven safe, helpful, or compliant with privacy laws. For example, they said, for many reasons a student who is asked about their sexual orientation or gender identity may be uncertain, anxious, or unready to affirm or deny their status, including because of family hostility to LGBTQIA orientations or non-conforming gender identities. The complaining parents worry that students could experience trauma from encountering such questions on the Check Yourself screener.

We can imagine that some students may feel uncomfortable about answering some questions, though we have not received and are not aware of complaints of traumatic reactions. More pointedly, as discussed above, caregivers may opt their students out of taking the screener; the students may opt out before the screener or stop the screener any time during administration; and they may click "prefer not to answer" to demographic questions.

DCHS staff have reported year-over-year positive outcomes from the SB-SBIRT program. They report that many students who received brief interventions and referrals following Check Yourself screening felt more connected to their schools. In some schools, students who identified as

LGBTQIA reported that they felt “seen” after taking Check Yourself. DCHS also anecdotally reported that the screens and interventions have resulted in the identification and referral to appropriate services of students at risk for suicide.

SB-SBIRT is a relatively new and innovative program aimed at addressing an array of documented increases in social and behavioral health problems among youths. It is our impression that as SB-SBIRT has evolved, DCHS has heard caregivers’ concerns about components of the program, and has responded with information, explanations or changes addressing many of those concerns. We expect that the program will continue to evolve going forward.

The Ombuds Office thanks the parents who contacted us with their sincere concerns about student health, welfare, and privacy. We also thank them for their time and efforts in sharing and explaining the documentation they obtained. We thank DCHS staff for their responsiveness to our numerous requests for documentation and explanations.



Ombuds Case # 2023-0160 & 2023-0515

**APPENDIX A**

Current Version of Check Yourself Screener Questions

# Check Yourself School Based Tool Questions

2023-24 School Year

## Intro

### \*What to expect

What to expect- Your responses to these questions will help us understand if you may need or want more support. Someone has explained to you how your answers will be kept private and in what situations they could be shared. Please follow-up with them if you have any questions. The support team at your school may follow-up with you about your responses. You can stop at anytime.

☐ I accept |

☐ I decline |

### \*I am in grade

☐ 6 |

☐ 7 |

☐ 8 |

☐ 9 |

☐ 10 |

☐ 11 |

☐ 12 |

### \*My age is

☐ 11 |

☐ 12 |

☐ 13 |

☐ 14 |

☐ 15 |

☐ 16 |

☐ 17 |

☐ 18 |

☐ 19 |

☐ 20 |

☐ 21 |

☐ 22 |

☐ 23 |

☐ 24 |

---

## About Me

Show if response to I am in grade is 9

➡ Or if response to I am in grade is 10

➡ Or if response to I am in grade is 11

➡ Or if response to I am in grade is 12

### \*My top goals for the coming year are

*You can choose more than one.*

☐ be famous |

☐ be in a romantic relationship |

☐ excel in the arts or performance |

☐ get / stay healthy |

☐ get a job |

☐ get along better with family |

☐ get into college / trade school |

☐ improve / keep up grades |

☐ improve in sports / athletics |

☐ learn a new skill |

☐ spend more time with friends |

☐ Other (write it in) |

Show if response to I am in grade is 6

⇒ Or if response to I am in grade is 7

⇒ Or if response to I am in grade is 8

**\*My top goals for the coming year are**

*You can choose more than one.*

- ☐ be famous |
- ☐ be in a romantic relationship |
- ☐ excel in the arts or performance |
- ☐ get / stay healthy |
- ☐ get along better with family |
- ☐ improve / keep up grades |
- ☐ improve in sports / athletics |
- ☐ learn a new skill |
- ☐ spend more time with friends |
- ☐ Other (write it in) |

Show if response to My top goals for the coming year are is other (write it in)

⇒ Or if response to My top goals for the coming year are is other (write it in)

**\*My top goals for the coming year are**

---

---

---

---

**\*At home most of the time I speak**

*You can choose more than one.*

- ☐ Amharic |
- ☐ Arabic |
- ☐ Chinese |
- ☐ Cambodian / Khmer |
- ☐ English |
- ☐ French |
- ☐ Korean |
- ☐ Punjabi |
- ☐ Russian |
- ☐ Spanish |
- ☐ Somali |
- ☐ Tagalog |
- ☐ Ukrainian |
- ☐ Vietnamese |
- ☐ Other (write it in) |
- ☐ prefer not to answer |

Show if response to At home most of the time I speak is Other (write it in)

**\*At home I usually speak: \_\_\_\_\_**

**\*I would describe myself as**

*You can choose more than one.*

- ☐ American Indian or Alaska Native |
- ☐ Asian Indian |
- ☐ Black or African American |
- ☐ Chinese |
- ☐ Ethiopian |
- ☐ Filipino |
- ☐ Japanese |
- ☐ Korean |
- ☐ Mexican, Mexican American, Chicano |
- ☐ Middle Eastern or North African |
- ☐ Native Hawaiian |

- ☐ Other Latino/a/x |
- ☐ Pacific Islander |
- ☐ Somali |
- ☐ Vietnamese |
- ☐ White |
- ☐ Something else fits better (write it in) |
- ☐ Prefer not to answer |

Show if response to I would describe myself as is American Indian or Alaska Native

**\*The name of my tribe(s) is:** \_\_\_\_\_

Show if response to I would describe myself as is Something else fits better (write it in)

**\*I would describe my race or ethnicity as**

---



---



---



---

**\*I identify as**

*You can choose more than one option.*

- ☐ female |
- ☐ male |
- ☐ non-binary |
- ☐ transgender |
- ☐ questioning my gender identity |
- ☐ something else fits better (write it in) |
- ☐ prefer not to answer |

Show if response to I identify as is something else fits better (write it in)

**\*I would describe my gender identity as:** \_\_\_\_\_

Show if response to I am in grade is 9

- ⇒ Or if response to I am in grade is 10
- ⇒ Or if response to I am in grade is 11
- ⇒ Or if response to I am in grade is 12

**\*I am most likely to have romantic feelings for:**

*Someone you are interested in dating or as more than a friend.*

- ☐ all genders |
- ☐ both males and females |
- ☐ females |
- ☐ males |
- ☐ not sure |
- ☐ something else fits better (write it in) |
- ☐ prefer not to answer |
- ☐ none |

Show if response to I am in grade is 6

- ⇒ And if response to I am in grade is 7
- ⇒ And if response to I am in grade is 8

**\*I am most likely to have a crush on**

*Someone you are interested in dating or as more than a friend.*

- ☐ all genders |
- ☐ both males and females |
- ☐ females |
- ☐ males |
- ☐ not sure |
- ☐ something else fits better (write it in) |
- ☐ prefer not to answer |
- ☐ none |

Show if response to I am most likely to have romantic feelings for: is something else fits better (write it in)

- ➡ And if response to I am most likely to have a crush on is something else fits better (write it in)
- ➡ And if response to I am in grade is 9
- ➡ And if response to I am in grade is 10
- ➡ And if response to I am in grade is 11
- ➡ And if response to I am in grade is 12

**\*I am most likely to have romantic feelings for::** \_\_\_\_\_

Show if response to I am most likely to have romantic feelings for: is something else fits better (write it in)

- ➡ And if response to I am most likely to have a crush on is something else fits better (write it in)
- ➡ And if response to I am in grade is 6
- ➡ And if response to I am in grade is 7
- ➡ And if response to I am in grade is 8

**\*I am most likely to have a crush on:** \_\_\_\_\_

**\*The biggest supports in my life are**

*You can choose more than one.*

- ☐mother(s) |
- ☐father(s) |
- ☐stepmother(s) |
- ☐stepfather(s) |
- ☐sibling(s) |
- ☐grandparent(s) |
- ☐cousin(s) |
- ☐friend(s) |
- ☐aunt / uncle(s) |
- ☐teacher / coach(s) |
- ☐virtual / online friend(s) |
- ☐mentor / counselor(s) |
- ☐other (write it in) |
- ☐nobody |

Show if response to The biggest supports in my life are is other (write it in)

**\*The biggest supports in my life are:** \_\_\_\_\_

---

## My Health & Safety

**\*I get along with the people I live with**

- ☐yes |
- ☐sometimes |
- ☐no |

**\*At home I sometimes or always experience (Part 1)**

*You can choose more than one and there are more options on the next screen.*

- ☐eating dinner as a family |
- ☐not knowing where we will sleep |
- ☐insulting others causes problems at home |
- ☐spending time together |
- ☐watching a movie/show together |
- ☐staying home alone for a long time |
- ☐alcohol/drug use causes problems at home |
- ☐taking care of family members |
- ☐prefer not to answer |
- ☐none |

**\*At home I sometimes or always experience (Part 2)**

*You can choose more than one.*

- ☐playing games together |
- ☐skipping/missing meals |
- ☐fighting or physically hurting others or animals |
- ☐going out in nature |

- ☐moving from place to place |
- ☐family traditions we do together |
- ☐family member serving time in jail |
- ☐cooking together |
- ☐other (write it in) |
- ☐prefer not to answer |
- ☐none |

Show if response to **At home I sometimes or always experience (Part 2)** is **other (write it in)**

**\*Please describe what you experience at home**

---



---



---



---

**\*I feel safe at school**

- ☐yes |
- ☐sometimes |
- ☐no |

Show if response to **My age is is 13**

- ➡ Or if response to **My age is is 14**
- ➡ Or if response to **My age is is 15**
- ➡ Or if response to **My age is is 16**
- ➡ Or if response to **My age is is 17**
- ➡ Or if response to **My age is is 18**
- ➡ Or if response to **My age is is 19**
- ➡ Or if response to **My age is is 20**
- ➡ Or if response to **My age is is 21**
- ➡ Or if response to **My age is is 22**
- ➡ Or if response to **My age is is 23**
- ➡ Or if response to **My age is is 24**

**\*I sleep this many hours, on an average night**

*If you usually go to bed at 10pm and wake up at 6am you sleep 8 hours.*

- ☐3 |
- ☐3.5 |
- ☐4 |
- ☐4.5 |
- ☐5 |
- ☐5.5 |
- ☐6 |
- ☐6.5 |
- ☐7 |
- ☐7.5 |
- ☐8 |
- ☐8.5 |
- ☐9 |
- ☐9.5 |
- ☐10 |
- ☐10.5 |
- ☐11 |
- ☐11.5 |
- ☐12 |

Show if response to **My age is is 11**

- ➡ Or if response to **My age is is 12**

**\*I sleep this many hours, on an average night**

*If you usually go to bed at 10pm and wake up at 6am you sleep 8 hours.*

- ☐3 |
- ☐3.5 |
- ☐4 |
- ☐4.5 |

- ☐ 5 |
- ☐ 5.5 |
- ☐ 6 |
- ☐ 6.5 |
- ☐ 7 |
- ☐ 7.5 |
- ☐ 8 |
- ☐ 8.5 |
- ☐ 9 |
- ☐ 9.5 |
- ☐ 10 |
- ☐ 10.5 |
- ☐ 11 |
- ☐ 11.5 |
- ☐ 12 |

**\*In the past year, how many times have you used cigarettes/tobacco?**

- ☐ Never |
- ☐ Once or twice | Moderate risk |
- ☐ Monthly | Moderate risk |
- ☐ Weekly or more | Moderate risk |

**\*In the past year, how many times have you drank alcohol?**

- ☐ Never |
- ☐ Once or twice | Moderate risk |
- ☐ Monthly | Moderate risk |
- ☐ Weekly or more | Moderate risk |

**\*In the past year, how many times have you used marijuana/weed/cannabis?**

- ☐ Never |
- ☐ Once or twice | Moderate risk |
- ☐ Monthly | Moderate risk |
- ☐ Weekly or more | Moderate risk |

**\*In the past year, how many times have you used a vaping device containing nicotine and/or other flavors?**

- ☐ Never |
- ☐ Once or twice | Moderate risk |
- ☐ Monthly | Moderate risk |
- ☐ Weekly or more | Moderate risk |

Invalid branching logic

**\*In the past year, how many times have you used prescription drugs that were <u><b>not prescribed for you</b></u> (such as pain medication or Adderall)?**

- ☐ Never |
- ☐ Once or twice | Moderate risk |
- ☐ Monthly | Moderate risk |
- ☐ Weekly or more | Moderate risk |

Invalid branching logic

**\*In the past year, how many times have you used illegal drugs (such as cocaine or Ecstasy)?**

- ☐ Never |
- ☐ Once or twice | Moderate risk |
- ☐ Monthly | Moderate risk |
- ☐ Weekly or more | Moderate risk |

Invalid branching logic

**\*In the past year, how many times have you used inhalants (such as nitrous oxide)?**

- ☐ Never |
- ☐ Once or twice | Moderate risk |
- ☐ Monthly | Moderate risk |
- ☐ Weekly or more | Moderate risk |

Invalid branching logic

**\*In the past year, how many times have you used herbs or synthetic drugs (such as salvia, 'K2', or bath salts)?**

- ☐ Never |
- ☐ Once or twice | Moderate risk |
- ☐ Monthly | Moderate risk |
- ☐ Weekly or more | Moderate risk |

Show if response to In the past year, how many times have you used cigarettes/tobacco? is Never

- ➡ And if response to I am in grade is 6
- ➡ And if response to I am in grade is 7
- ➡ And if response to I am in grade is 8

**\*How likely are you to smoke cigarettes or use tobacco in the next year?**

- ☐ Unlikely |
- ☐ Maybe | Moderate risk |
- ☐ Likely | Moderate risk |

Show if response to In the past year, how many times have you drank alcohol? is Never

- ➡ And if response to I am in grade is 6
- ➡ And if response to I am in grade is 7
- ➡ And if response to I am in grade is 8

**\*How likely are you to drink alcohol in the next year?**

- ☐ Unlikely |
- ☐ Maybe | Moderate risk |
- ☐ Likely | Moderate risk |

Show if response to In the past year, how many times have you used marijuana/weed/cannabis? is Never

- ➡ And if response to I am in grade is 6
- ➡ And if response to I am in grade is 7
- ➡ And if response to I am in grade is 8

**\*How likely are you to use marijuana / weed / cannabis in the next year?**

- ☐ Unlikely |
- ☐ Maybe | Moderate risk |
- ☐ Likely | Moderate risk |

Show if response to In the past year, how many times have you used a vaping device containing nicotine and/or other flavors? is Never

- ➡ And if response to I am in grade is 6
- ➡ And if response to I am in grade is 7
- ➡ And if response to I am in grade is 8

**\*How likely are you to vape, or use e-cigs in the next year?**

*This includes using a hookah or other device.*

- ☐ Unlikely |
- ☐ Maybe | Moderate risk |
- ☐ Likely | Moderate risk |

Invalid branching logic

**\*Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?**

- ☐ Yes | Moderate risk |
- ☐ No |



Invalid branching logic

**\*Do you ever use alcohol or drugs while you are by yourself, or alone?**

☐yes | Moderate risk |

☐no |

Invalid branching logic

**\*Do you ever forget things you did while using alcohol or drugs?**

☐yes | Moderate risk |

☐no |

Invalid branching logic

**\*Do your family or friends ever tell you that you should cut down on your drinking or drug use?**

☐yes | Moderate risk |

☐no |

Invalid branching logic

**\*Have you ever gotten into trouble while you were using alcohol or drugs?**

☐yes | Moderate risk |

☐no |

**\*Has anyone bullied, threatened or harassed you in real life or on social media?**

*(Used power to repeatedly hurt you on purpose with words or physical attacks).*

☐never |

☐more than a year ago |

☐within the last year | Moderate risk |

☐within the last month | Moderate risk |

☐within the last week | Moderate risk |

Show if response to Has anyone bullied, threatened or harassed you in real life or on social media? is within the last week

⇒ Or if response to Has anyone bullied, threatened or harassed you in real life or on social media? is within the last month

**\*Because of bullying, I feel my safety is at risk now**

☐yes | High risk |

☐unsure |

☐no |

Show if response to I am in grade is 9

⇒ Or if response to I am in grade is 10

⇒ Or if response to I am in grade is 11

⇒ Or if response to I am in grade is 12

⇒ Or if response to I am in grade is 8

**\*In the past year, have you been in a romantic and/or intimate relationship?**

☐yes |

☐no |

Show if response to In the past year, have you been in a romantic and/or intimate relationship? is yes

**\*Has someone you were in a romantic and/or intimate relationship with pressured you to do things you did not feel comfortable doing?**

☐yes | Moderate risk |

☐no |

Show if response to In the past year, have you been in a romantic and/or intimate relationship? is yes

**\*Has someone you were in a romantic and/or intimate relationship with tried to control you?**

(e.g. making you fearful or scared, telling you what to wear, deciding who you will get to spend time with, demanding phone passwords, etc.?)

☐yes | Moderate risk |

☐no |

---

## My Stress & Coping

**\*On most days I feel**

Please choose up to two.

(You can choose up to 2 answers)

☐angry |

☐scared |

☐worried |

☐irritable |

☐sad |

☐tired |

☐ok |

☐good |

☐great |

**\*What have others said you are good at or what makes you proud of yourself?**

You can choose more than one.

☐art / crafts |

☐being a good friend / making friends |

☐exercise and sports |

☐gaming |

☐helping out at home |

☐leadership |

☐music |

☐participating in clubs |

☐religion / spirituality |

☐school |

☐taking care of animals |

☐theater / dance |

☐using technology |

☐writing and reading |

☐other (write it in) |

☐none |

Show if response to What have others said you are good at or what makes you proud of yourself? is other (write it in)

**\*Others have said I am good at**

---

---

---

---

**\*I am happy with my eating habits and the way I feel about my body**

☐yes |

☐sometimes |

☐no |

Show if response to I am in grade is 9

➡ Or if response to I am in grade is 10

➡ Or if response to I am in grade is 11

➡ Or if response to I am in grade is 12

➡ Or if response to I am in grade is 8

**\*Within the last year, have you purposefully vomited, taken diet pills, or intentionally not eaten to lose weight or control your weight?**

- ☐ Yes | Moderate risk |  
☐ No, but I've thought about it |  
☐ No |

**\*Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?**

- ☐ Not at all | GAD-2 Anxiety Screen: 0  
☐ Several days | GAD-2 Anxiety Screen: 1  
☐ More than half the days | GAD-2 Anxiety Screen: 2  
☐ Nearly every day | GAD-2 Anxiety Screen: 3

**\*Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?**

- ☐ Not at all | GAD-2 Anxiety Screen: 0  
☐ Several days | GAD-2 Anxiety Screen: 1  
☐ More than half the days | GAD-2 Anxiety Screen: 2  
☐ Nearly every day | GAD-2 Anxiety Screen: 3

**\*Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?**

*How often have you felt like not doing your usual activities?*

- ☐ Not at all | PHQ-2 Depression Screen: 0  
☐ Several days | PHQ-2 Depression Screen: 1  
☐ More than half the days | PHQ-2 Depression Screen: 2  
☐ Nearly every day | PHQ-2 Depression Screen: 3

**\*Over the last 2 weeks, how often have you been bothered by feeling down, depressed, irritable, or hopeless?**

- ☐ Not at all | PHQ-2 Depression Screen: 0  
☐ Several days | PHQ-2 Depression Screen: 1  
☐ More than half the days | PHQ-2 Depression Screen: 2  
☐ Nearly every day | PHQ-2 Depression Screen: 3

**\*During the past year, have you ever hurt yourself on purpose like cutting, biting, burning, or hitting?**

- ☐ Yes | High risk |  
☐ No |

Show if response to <u>During the past year,</u> have you ever hurt yourself on purpose like cutting, biting, burning, or hitting? is yes

**\*When did you last hurt yourself on purpose?**

- ☐ More than 1 year ago |  
☐ More than 1 month ago |  
☐ Over the past month |  
☐ This week |

**\*During the past year, did you ever seriously think about ending your life?**

- ☐ Yes | High risk |  
☐ No |

Show if response to <u>During the past year,</u> did you ever seriously think about ending your life? is yes

**\*When did you last feel this way?**

- ☐ More than 1 year ago |  
☐ More than 1 month ago |  
☐ Over the past month |  
☐ This week |

Show if response to <u>During the past year,</u> did you ever seriously think about ending your life? is yes

**\*Have you ever tried to kill yourself?**

☐yes | High risk |  
☐no |

**\*When things are tough or stressful, I get through the tough times by**

*You can choose more than one.*

☐attending religious / cultural services |  
☐exercise |  
☐gaming |  
☐hanging out with family / friends |  
☐making art / drawing |  
☐making / listening to music |  
☐meditation / yoga |  
☐prayer |  
☐reading / writing |  
☐relaxing / taking a break |  
☐social media |  
☐talking to someone I trust |  
☐other (write it in) |  
☐none |

Show if response to When things are tough or stressful, I get through the tough times by is other (write it in)

**\*When things are tough or stressful, I get through the tough times by**

---

---

---

---

**\*I feel this way about the future:**

*You can choose up to 3 feelings.*

(You can choose up to 3 answers)

☐sad |  
☐hopeless |  
☐scared |  
☐worried |  
☐OK |  
☐hopeful |  
☐excited |  
☐other (write it in) |

Show if response to I feel this way about the future: is other (write it in)

**\*I feel this way about the future:**

---

---

---

---

**\*<u>At school</u>, there is an adult who will help me if I need it**

☐yes |  
☐sometimes |  
☐no | Isolation (tally): 1

**\*<u>At school</u>, there is an adult who really cares about me**

☐yes |

☐ sometimes |  
☐ no | Isolation (tally): 1

**\*<u>At school</u>, there is an adult who tells me when I do a good job**

☐ yes |  
☐ sometimes |  
☐ no | Isolation (tally): 1

**\*<u>At school</u>, there is an adult who listens to me when I have something to say**

☐ yes |  
☐ sometimes |  
☐ no | Isolation (tally): 1

**\*<u>At school</u>, there is an adult who believes that I will be a success**

☐ yes |  
☐ sometimes |  
☐ no | Isolation (tally): 1

---

## Post-Category

### feedback\_splash

Feedback In the next section, you'll receive feedback based on your responses and more information about each area. The feedback will come in this order: Sleep, Alcohol and Drug Use, Relationships, and Emotions.

Show if response to I sleep this many hours, on an average night is 7.5  
➤ Or if response to I sleep this many hours, on an average night is 8  
➤ Or if response to I sleep this many hours, on an average night is 8.5  
➤ Or if response to I sleep this many hours, on an average night is 9  
➤ Or if response to I sleep this many hours, on an average night is 10

### Great amount of sleep

Because you indicated that you get at least 8 hours of sleep every night, you are making healthy decisions. Great job!

Show if response to I sleep this many hours, on an average night is 9.5  
➤ Or if response to I sleep this many hours, on an average night is 10.5  
➤ Or if response to I sleep this many hours, on an average night is 11  
➤ Or if response to I sleep this many hours, on an average night is 11.5  
➤ Or if response to I sleep this many hours, on an average night is 12  
➤ Or if response to I sleep this many hours, on an average night is 9  
➤ Or if response to I sleep this many hours, on an average night is 9.5  
➤ Or if response to I sleep this many hours, on an average night is 10  
➤ Or if response to I sleep this many hours, on an average night is 10.5  
➤ Or if response to I sleep this many hours, on an average night is 11  
➤ Or if response to I sleep this many hours, on an average night is 11.5  
➤ Or if response to I sleep this many hours, on an average night is 12

### Great amount of sleep

Great amount of sleep- Because you indicated that you get at least 9 hours of sleep every night, you are making healthy decisions. Great job!

Show if response to I sleep this many hours, on an average night is 3  
➤ Or if response to I sleep this many hours, on an average night is 3.5  
➤ Or if response to I sleep this many hours, on an average night is 4  
➤ Or if response to I sleep this many hours, on an average night is 4.5  
➤ Or if response to I sleep this many hours, on an average night is 5  
➤ Or if response to I sleep this many hours, on an average night is 5.5  
➤ Or if response to I sleep this many hours, on an average night is 6  
➤ Or if response to I sleep this many hours, on an average night is 6.5  
➤ Or if response to I sleep this many hours, on an average night is 7  
➤ Or if response to I sleep this many hours, on an average night is 3  
➤ Or if response to I sleep this many hours, on an average night is 3.5  
➤ Or if response to I sleep this many hours, on an average night is 4  
➤ Or if response to I sleep this many hours, on an average night is 4.5

- ➡ Or if response to I sleep this many hours, on an average night is 5
- ➡ Or if response to I sleep this many hours, on an average night is 5.5
- ➡ Or if response to I sleep this many hours, on an average night is 6
- ➡ Or if response to I sleep this many hours, on an average night is 6.5
- ➡ Or if response to I sleep this many hours, on an average night is 7
- ➡ Or if response to I sleep this many hours, on an average night is 7.5
- ➡ Or if response to I sleep this many hours, on an average night is 8
- ➡ Or if response to I sleep this many hours, on an average night is 8.5

## How is your sleep

How is your sleep? The American Academy of Pediatrics recommends teens your age get {{recommended\_sleep\_amount}} hours of sleep each night. You report sleeping {{missing\_sleep\_nightly}} hour(s) less than recommended on average.

- Show if response to I sleep this many hours, on an average night is 3
- ➡ Or if response to I sleep this many hours, on an average night is 3.5
  - ➡ Or if response to I sleep this many hours, on an average night is 4
  - ➡ Or if response to I sleep this many hours, on an average night is 4.5
  - ➡ Or if response to I sleep this many hours, on an average night is 5
  - ➡ Or if response to I sleep this many hours, on an average night is 5.5
  - ➡ Or if response to I sleep this many hours, on an average night is 6
  - ➡ Or if response to I sleep this many hours, on an average night is 6.5
  - ➡ Or if response to I sleep this many hours, on an average night is 7
  - ➡ Or if response to I sleep this many hours, on an average night is 3
  - ➡ Or if response to I sleep this many hours, on an average night is 3.5
  - ➡ Or if response to I sleep this many hours, on an average night is 4
  - ➡ Or if response to I sleep this many hours, on an average night is 4.5
  - ➡ Or if response to I sleep this many hours, on an average night is 5
  - ➡ Or if response to I sleep this many hours, on an average night is 5.5
  - ➡ Or if response to I sleep this many hours, on an average night is 6
  - ➡ Or if response to I sleep this many hours, on an average night is 6.5
  - ➡ Or if response to I sleep this many hours, on an average night is 7
  - ➡ Or if response to I sleep this many hours, on an average night is 7.5
  - ➡ Or if response to I sleep this many hours, on an average night is 8
  - ➡ Or if response to I sleep this many hours, on an average night is 8.5

## How does this add up over one week?

How does this add up over one week?{{hours\_slept\_nightly}} + {{hours\_slept\_nightly}} + {{hours\_slept\_nightly}} + {{hours\_slept\_nightly}} + {{hours\_slept\_nightly}} + {{hours\_slept\_nightly}} + {{hours\_slept\_nightly}} = {{hours\_slept\_weekly}}That's at least {{missing\_sleep\_weekly}} missing hours of sleep per week!

## Why getting enough sleep is important

- Show if response to I sleep this many hours, on an average night is 3
- ➡ Or if response to I sleep this many hours, on an average night is 3.5
  - ➡ Or if response to I sleep this many hours, on an average night is 4
  - ➡ Or if response to I sleep this many hours, on an average night is 4.5
  - ➡ Or if response to I sleep this many hours, on an average night is 5
  - ➡ Or if response to I sleep this many hours, on an average night is 5.5
  - ➡ Or if response to I sleep this many hours, on an average night is 6
  - ➡ Or if response to I sleep this many hours, on an average night is 6.5
  - ➡ Or if response to I sleep this many hours, on an average night is 7
  - ➡ Or if response to I sleep this many hours, on an average night is 3
  - ➡ Or if response to I sleep this many hours, on an average night is 3.5
  - ➡ Or if response to I sleep this many hours, on an average night is 4
  - ➡ Or if response to I sleep this many hours, on an average night is 4.5
  - ➡ Or if response to I sleep this many hours, on an average night is 5
  - ➡ Or if response to I sleep this many hours, on an average night is 5.5
  - ➡ Or if response to I sleep this many hours, on an average night is 6
  - ➡ Or if response to I sleep this many hours, on an average night is 6.5
  - ➡ Or if response to I sleep this many hours, on an average night is 7
  - ➡ Or if response to I sleep this many hours, on an average night is 7.5
  - ➡ Or if response to I sleep this many hours, on an average night is 8
  - ➡ Or if response to I sleep this many hours, on an average night is 8.5

## Ways to get a good night's sleep

*Lots of things can get in the way of a good night's sleep, here is what you can do to help.*

- Hide if response to In the past year, how many times have you used cigarettes/tobacco? is Never
- ➡ And if response to In the past year, how many times have you drank alcohol? is Never
  - ➡ And if response to In the past year, how many times have you used a vaping device containing nicotine and/or other flavors? is Never
  - ➡ And if response to In the past year, how many times have you used marijuana/weed/cannabis? is Never

## feed\_back\_alcohol

Alcohol and Drug Use Feedback based on your responses

Show if response to In the past year, how many times have you used cigarettes/tobacco? is Never  
⇒ And if response to In the past year, how many times have you drank alcohol? is Never  
⇒ And if response to In the past year, how many times have you used a vaping device containing nicotine and/or other flavors? is Never  
⇒ And if response to In the past year, how many times have you used marijuana/weed/cannabis? is Never

#### Your results: substances

You said that you did not use any substances in the past year. That's a healthy decision! Coming up: More information about drinking, vaping and smoking, and other substances.

Invalid branching logic

#### Your results: alcohol use

Your results: alcohol use- You said that you did not drink any alcohol in the last year. That's a healthy decision!

Show if response to I am in grade is 6  
⇒ Or if response to I am in grade is 7  
⇒ Or if response to I am in grade is 8

#### What are common risks of alcohol use?

*Here are the facts.*

Invalid branching logic

#### You said that you did not use any marijuana in the last year.

That's a healthy decision! You said that you did not use any marijuana in the last year.

Show if response to I am in grade is 6  
⇒ Or if response to I am in grade is 7  
⇒ Or if response to I am in grade is 8

#### Marijuana can have harmful effects on teen health

Invalid branching logic

#### Your results: cigarette smoking

Your results: cigarette smoking. You said that you did not smoke cigarettes in the last year. That's a healthy decision!

Show if response to I am in grade is 6  
⇒ Or if response to I am in grade is 7  
⇒ Or if response to I am in grade is 8

#### Is vaping just inhaling "flavoring?"

Show if response to I am in grade is 6  
⇒ Or if response to I am in grade is 7  
⇒ Or if response to I am in grade is 8

#### What's in the vapor?

*The vapor contains even more harmful chemicals that weren't originally in the liquid because of the heating process.*

Show if response to I am in grade is 9  
⇒ Or if response to I am in grade is 10  
⇒ Or if response to I am in grade is 11  
⇒ Or if response to I am in grade is 12

#### Substance Use & Its Effects

Hide if response to I am in grade is 6  
⇒ Or if response to I am in grade is 7  
⇒ Or if response to I am in grade is 8

## Prescription Drug Misuse

*Taking someone else's prescription medication can have unintended side effects, or negatively interact with other medications you're taking. Some of the most misused medications are:*

Hide if response to I am in grade is 6  
➡ Or if response to I am in grade is 7  
➡ Or if response to I am in grade is 8

## Prescription Drug Misuse (continued)

*Opioids are highly addictive.*

Hide if response to I am in grade is 6  
➡ Or if response to I am in grade is 7  
➡ Or if response to I am in grade is 8

## Fentanyl

Fentanyl can be fatal. Fentanyl is a powerful synthetic opioid drug that is approximately 100 times more powerful than other opioids. If you are taking a pill that someone else has given you, you may not know what else is in it - it could be laced with Fentanyl. Fentanyl does not have a taste or smell. It is sometimes sold as counterfeit OxyContin, Xanax, and other prescription drugs.

## \*Would you like to see additional tips about alcohol and drugs?

☐ yes |  
☐ no |

Show if response to Would you like to see additional tips about alcohol and drugs? is yes

## What is binge drinking?

Show if response to Would you like to see additional tips about alcohol and drugs? is yes

## Tips to avoid drinking and drugs

Invalid branching logic

## Prescription Drug Misuse

*Taking someone else's prescription medication can have unintended side effects, or negatively interact with other medications you're taking. Some of the most misused medications are:*

Invalid branching logic

## Prescription Drug Misuse (continued)

*Opioids are highly addictive.*

Invalid branching logic

## Fentanyl

Fentanyl can be fatal. Fentanyl is a powerful synthetic opioid drug that is approximately 100 times more powerful than other opioids. If you are taking a pill that someone else has given you, you may not know what else is in it - it could be laced with Fentanyl. Fentanyl does not have a taste or smell. It is sometimes sold as counterfeit OxyContin, Xanax, and other prescription drugs.

## feedback\_relationships

Relationships Everybody deserves a healthy relationship, and no one deserves to be harmed in their relationships. Harm is not just physical. Click next to see feedback based on your responses.

Signs that a relationship is healthy is <b>when the other person and you:</b>



**Warning signs that a relationship maybe be unhealthy or abusive is when <b>either person:</b>**

Show if response to Has someone you were in a romantic and/or intimate relationship with pressured you to do things you did not feel comfortable doing? is yes  
⇒ Or if response to Has someone you were in a romantic and/or intimate relationship with tried to control you? is yes

### unhealthy relationship feedback

If you have experienced relationship abuse, you are not alone. 1 in 3 teens experience some form of abuse (physical, emotional, sexual) in a dating relationship before age 18. It is never ok to abuse or harm another person. No one deserves to be hurt and you did nothing to cause it. You deserve a safe relationship. Help is available. Check in with an adult you trust.

### feedback\_emotions

Emotions Feedback based on your responses

Show if Tally: PHQ-2 Depression Screen is Greater than or equal to 0 and Less than 3

### Your mood

Your mood Right now, your responses show that you are unlikely to be experiencing depression. If things change talk with your doctor or nurse or another adult you trust.

Show if Tally: PHQ-2 Depression Screen is Greater than or equal to 3 and Less than Infinity

### Your mood

Your mood Right now, your responses show that you may be experiencing depression.

Show if Tally: PHQ-2 Depression Screen is Greater than or equal to 3 and Less than Infinity

### Steps <b>YOU</b> can take to try to improve

Show if response to I am in grade is 9  
⇒ Or if response to I am in grade is 10  
⇒ Or if response to I am in grade is 11  
⇒ Or if response to I am in grade is 12

**Many teens get help with depression or sad feelings. Below are some benefits of sharing your feelings.**

Show if response to I am in grade is 6  
⇒ Or if response to I am in grade is 7  
⇒ Or if response to I am in grade is 8

**Many teens get help with depression or sad feelings. Below are some benefits of sharing your feelings.**

### \*Are you currently seeing a counselor or therapist?

☐ yes, in school |  
☐ yes, outside of school |  
☐ no |

### Welcome

These last questions ask for your feedback about the survey and will help us make it better in the future. Thank you!

### \*Using this tool was

☐ Overly confusing |  
☐ confusing |  
☐ easy |  
☐ Overly easy |

**\*Understanding the questions in this survey was**

*Just think about the wording.*

☐very confusing |

☐confusing |

☐easy |

☐very easy |

**Is there anything else you want to say about this survey?**

---

---

---

---

---

## Ending screens

### Thank you

All done! Thank you for completing Check Yourself.

---

### Tallies:

#### PHQ-2 Depression Screen

##### Tally interpretation:

Greater than or equal to 0 — less than 0: negative

Greater than or equal to 3 — less than 3: positive | Moderate risk

---

#### GAD-2 Anxiety Screen

##### Tally interpretation:

Greater than or equal to 0 — less than 0: negative

Greater than or equal to 3 — less than 3: positive | Moderate risk

---

#### Isolation (tally)

##### Tally interpretation:

Greater than or equal to 3 — less than 3: positive | Moderate risk

Ombuds Case # 2023-0160 & 2023-0515

**APPENDIX B**

DCHS Response to Investigation Report and Recommendations

**Department of Community and Human Services**

CNK-HS-0400  
Chinook Building  
401 Fifth Avenue, Suite 400  
Seattle, WA 98104

**206-263-9000**

206-296-0583 Fax (Reception)  
206-205-1634 Fax (Clinical Services)  
7-1-1 TTY/TDD

July 16, 2024

TO: Jeremy Bell, Ombuds Director, King County Ombuds Office

FR: Amber Green, Acting Deputy Director, Department of Community and Human Services  
(DCHS) Amber Green

Amber Green (Jul 16, 2024 12:38 PDT)

RE: Response to Report of Investigation and Recommendation, Case # 2023-0160 & 2023-0515

Thank you for the detailed investigation and report regarding the parental complaints of the School Based Screening, Brief Intervention and Referral to Services/Treatment (SB-SBIRT) program funded by the King County Department of Community and Human Services (DCHS).

The recommendation that DCHS should include in all SB-SBIRT privacy compliance communications a plain-language notice that caregivers and students should contact their school or school districts about their privacy and public disclosure policies is valid and appropriate. We understand how that could be confusing, when stated that the records are confidential, and some districts have disclosed these records due to their district interpretation of FERPA and public records requests. DCHS is committed to including this plain-language notice in all SB-SBIRT privacy compliance communications beginning in the fall 2024 school year.

Our SB-SBIRT team plans to review the current data share agreements with all districts in the upcoming school year (2024). The current agreements state, “the district will perform a regular manual check process to remove all direct student identifiers from the [screener] response data...” and recommend that requirement be extended to any public records requests of this data. However, as the ombuds report noted, King County does not control the processing of public records requests by school districts, and they work with their own legal counsel and privacy officers regarding those requests.

DCHS shares the concern expressed in the ombuds report regarding the disclosure of private student information via the narrative reports generated and shared by the school district several years ago. We have since added additional language to our narrative reports requesting that no identifiable student information be shared.

One of the concerns that continues to be raised is the validity and evidence base of the School Based Check Yourself tool used to screen students across King County. The tool contains within it, validated screeners that are widely known and utilized in the behavioral health community. The entire question set of the School Based Check Yourself tool is readily available for parents and caregivers to view. However, as noted with the RCW 43.20C.005, Washington State law on juvenile prevention and intervention services recognizes that there are some gaps in what is available to use, that tools should be “primarily evidence-based and researched-based... to the extent possible within existing resources.” The School Based Check Yourself tool fits this description. While there has been no research done on the entirety of the tool itself, it currently represents the most comprehensive tool available to address the variety of needs across the districts and students within King County. DCHS has not conducted SB-SBIRT research, is not doing so now, and will not in the future. This includes not doing research on the tool itself, which is why it contains validated tools within it that are evidenced-based, and where there was not a tool or question that met the needs of the districts available within a validated tool, those questions were evidenced-informed by professionals within the community and developed in collaboration with districts and county staff.

Clarifications in the Report:

- Survey and screen have different definitions and are used interchangeably in this report. Check Yourself is a screen not a survey.
- IV. Background, top of page 3, Brief Intervention
  - Note that school districts will follow their policies regarding student disclosure of safety concerns. School staff are mandated reporters, the student might have to follow up with staff post screening due to what they endorse. School districts are trained to make sure students are informed of when/if confidentiality will be maintained or not.
- VIII. Credentials and Brief Interventionists

As the funder of the SB-SBIRT program, King County does not oversee the hiring of the professionals within the school districts who are providing the brief intervention to students. The interventionists reflect the community they are serving and can come from a wide spectrum of professional experience. DCHS has purposely not required that Interventionists have a specific type of license or clinical training. Beginning in Fall of 2024, DCHS will have school districts attest that all staff performing the brief interventions and meeting with students as part of the SB-SBIRT program received appropriate training and possess foundational knowledge in areas such as suicide prevention and self-injury procedures, anxiety and depression, substance abuse, Motivational Interviewing as well as other areas

covered by the screener. DCHS emphasizes staff currently meeting with students have had trainings in those topics as required by OSPI and their individual school district positional requirements. This new attestation process will reinforce the understanding of the expertise required for the role of Brief Interventionist regardless of how the position is classified by individual districts.

The ombuds report clearly outlines and responds to the various concerns presented by the parent community and DCHS supports the findings and recommendations within the report.

The SB-SBIRT program continues to support students across King County in connecting with staff in school to meet their needs and get any additional supports. It allows for students to feel seen and receive care if they need it.

We appreciate the sincere concerns expressed regarding student health, welfare, and privacy. Through these concerns, we can continue to respond to those needs in more meaningful and effective ways which provide clarity and transparency to the community.

Please reach out if you have any questions or need any additional information. Thank you.

cc: Kelly Rider, Department Director, DCHS  
Sheila Capestany, Division Director, Children, Youth & Young Adults Division, DCHS  
Susan McLaughlin, Division Director, Behavioral Health & Recovery Division, DCHS

Ombuds Case # 2023-0160 & 2023-0515

**APPENDIX C**

Ombuds Closing Letter



## King County

### OFFICE OF THE OMBUDS

**Jeremy Bell, Ombuds Director**

810 Third Ave., Ste. 705  
Seattle, WA 98104  
Phone: (206) 477-1050 V/TDD  
Fax: (206) 296-0948  
ombudsmail@kingcounty.gov  
www.kingcounty.gov/ombuds

July 18, 2024

Amber Green, Acting Deputy Director  
Department of Community and Human Services

**Re: Closing Letter in Ombuds Case # 2023-0160 & 2023-0515**

Dear Acting Deputy Director Green,

In accord with KCC 2.52.140, I am writing to thank you for your memo of July 16 responding to our June 27 draft findings in the above-referenced cases.

We appreciate that DCHS has accepted our recommendation to include a plain-language notice in its SB-SBIRT privacy compliance communications that caregivers and students should contact their school or school district about those entities' privacy and public disclosure policies. On top of DCHS's advisements about its own compliance with privacy and disclosure laws, we believe this additional communication can help caregivers more fully understand where their students' data would be stored. Though our report does not include a recommendation that DCHS review data sharing agreements with all participating school districts, we were also pleased to see that your team plans to do so in the upcoming school year.

Thank you as well for providing several clarifications to our draft report. Based on your memo, we changed one of two occurrences of the term "survey" to "screener" in the final report. The other occurrence appears in a quotation referring to a survey apparently conducted following a subset of brief interventions. In addition, your point that state-mandated reporters (of child abuse or neglect) appropriately might not always be able to honor student confidentiality is well taken. We have added language about that to the final report.

We are grateful for your and DCHS staff's cooperation and assistance during our investigation. It is evident to us that the SB-SBIRT program responds to several crises impacting youth nationally and in King County, while the program maintains student and caregiver autonomy to opt out. Please feel free to reach out to me with any additional questions or follow-up. The investigation files in the above-referenced cases are now closed.

Sincerely,

Jeremy Bell  
Ombuds Director