

Social Emotional Learning Grants

This report describes grant activities related to funds allocated from Chapter 24 of the Acts of 2021, Social Emotional Learning Grants line item 7061-0028, which are being coordinated with those related to line item 7061-9650 Student Wellness School Supports/Supporting Healthy Alliances Reinforcing Education (SHARE) Grant Program. The combined grant aims to build capacity of schools, districts charter schools, and educational collaboratives to do one or more of the following:

- Pilot universal mental health screenings for students in kindergarten to grade 12;
- Develop comprehensive integrated multi-tiered systems for student, family, and educator social-emotional and or/mental health supports; and
- Build sustainable infrastructure to facilitate integrated coordination between school and community-based and/or providers.

August 2022

Massachusetts Department of Elementary and Secondary Education
75 Pleasant Street, Malden, MA 02148-4906
Phone 781-338-3000 TTY: N.E.T. Relay 800-439-2370
www.doe.mass.edu



This document was prepared by the
Massachusetts Department of Elementary and Secondary Education
Jeffrey C. Riley
Commissioner

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www.doe.mass.edu





Jeffrey C. Riley
Commissioner

Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3000
TTY: N.E.T. Relay 1-800-439-2370

August 29, 2022

Dear Members of the Joint Committee on Education, the Joint Committee on Mental Health, Substance Use and Recovery, and House and Senate Committees on Ways and Means:

I am pleased to submit this report, *Social Emotional Learning Grants*, pursuant to Chapter 24 of the Acts of 2021, line item [7061-0028](#), signed into law July 16, 2021, that reads in part:

“...provided further, that not later than August 31, 2022, the department shall submit a report to the joint committee on education, the joint committee on mental health, substance use and recovery and the house and senate committees on ways and means that shall include: (1) a description of the participants in the pilot program; (2) a summary of the data collected from program participants; and (3) any recommendations to further expand the availability of mental health screenings for students...”

This line item helps advance the Department of Elementary and Secondary Education’s (Department) strategic priority to [strengthen social emotional competencies, health, and safety](#), which aims to promote systems and strategies that foster safe, positive, healthy, culturally-responsive, and inclusive learning environments that address students’ varied needs and improve educational outcomes for all. The funding provides critical resources to schools, districts, charter schools and educational collaboratives as they build “systems of integrated student supports” to “free children up to engage in the type of critical thinking and deeper learning to which our schools and education systems aspire,” as described in my [Our Way Forward](#) report.¹ These systems are particularly important amidst this global pandemic, where we are continuing to see heightened levels of student behavioral and mental health concerns as well as educator mental health and wellness concerns.

The efforts funded through this line item and supplemented and coordinated with funds through the *Increasing Student Access to Behavioral and Mental Health Services* line item [7061-9650](#) and additional federal funding from the *Elementary and Secondary School Emergency Funds (ESSER)* helped further the ability of communities across the commonwealth to maximize coordination with service providers and establish more comprehensive continuums of care.

¹ From my June 2019 [Our Way Forward](#) report to the Board of Elementary and Secondary Education (<https://www.doe.mass.edu/bese/docs/fy2019/2019-06/item2.docx>): Weiss, Elaine and Reville, Paul (2019). *Broader, Bolder, Better: How Schools and Communities Help Students Overcome the Disadvantages of Poverty*. Cambridge, MA: Harvard University Press, 4-5.

These funds helped to increase student access to behavioral and mental health services, including grant funded services, delivered in partnership with community-based providers, for students. In addition, professional development coordinated by the Department and offered to school staff supported their ability to identify students' behavioral and mental health needs as well as educators' needs as part of comprehensive, integrated, tiered approaches to promoting wellness for all students and educators, and to address needs of students requiring additional supports.

For example, all three funding sources made possible the competitive Fund Codes (FC) 613-311-332 [Supporting Students' Social Emotional Learning, Behavioral & Mental Health, and Wellness through Multi-Tiered Systems of Support](#) (SEL & Mental Health) grants, which were [awarded](#) in January 2022. Professional development (PD) supported by these line items included, among other offerings detailed in this report, PD to help school staff to identify students in need of services and connect those students to services as well as address the wellness needs of staff.

If you have any questions, feel free to contact me or Kristen McKinnon, Assistant Director of Student and Family Support, via Kristen.A.McKinnon@mass.gov, or Rachelle Engler Bennett, Associate Commissioner, Student and Family Support via RachelleEngler.Bennett@mass.gov. We look forward to continuing to facilitate and coordinate this work and thank the Governor and Legislature for your commitment to the students of the Commonwealth.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey C. Riley". The signature is fluid and cursive, with the first name "Jeffrey" being the most prominent part.

Jeffrey C. Riley
Commissioner of Elementary and Secondary Education

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Introduction

The Department of Elementary and Secondary Education (Department) respectfully submits this Report to the Legislature: Social Emotional Learning Grants pursuant to Chapter 24 of the Acts of 2021, line item [7061-0028](#), signed into law July 16, 2021:

“For one-time grants to school districts, charter schools and educational collaboratives to adapt, expand or strengthen multi-tiered systems of support to respond to the social emotional and behavioral health needs of students, families and educators; provided, that the department of elementary and secondary education shall develop the criteria for the grants; provided further, that grants may be awarded to school districts, charter schools and educational collaboratives that: (i) integrate equitable, culturally-competent and accessible social emotional learning skills into curriculum; (ii) implement targeted and evidenced-based supports for students at risk of not reaching social and behavioral expectations; (iii) provide professional development for staff members to recognize and respond to mental and behavioral health challenges that may arise during in-person or remote learning; and (iv) solicit feedback from a culturally and regionally diverse cross-section of students, families and caregivers to ensure that social emotional learning efforts reflect the school community's values and priorities; provided further, that preference in awarding grants shall be given to applicants that prioritize racial equity and cultural responsiveness; provided further, that in awarding grants the department may consider the amount of federal Elementary and Secondary School Emergency Relief funding received by a district; provided further, that, for districts that the department determines have received substantial federal Elementary and Secondary School Emergency Relief funding, preference in awarding grants may be given to those districts that commit to not less than a 100 per cent match in federal Elementary and Secondary School Emergency Relief funds; provided further, that grant awards shall not be contingent upon a match in federal funding for those districts that the department determines have not received substantial federal Elementary and Secondary School Emergency Relief funding; provided further, that the department shall, to the extent feasible, take affirmative steps to ensure the success of grant recipients in strengthening multi-tiered systems of support including, but not limited to, increased outreach and administrative support; provided further, that not less than \$1,000,000 shall be expended for a pilot program to provide universal mental health screenings for students in kindergarten to grade 12, inclusive; provided further, that participants in the pilot program shall establish mental health support teams composed of existing student support personnel and screenings shall be performed by a member of such a team; provided further, that grants awarded through the program may be used to support costs related to implementation of screening protocols, professional development and technical assistance; provided further, that not later than June 30, 2022, participants in the pilot program shall submit a report to the department of elementary and secondary education including, but not limited to, the: (a) number of students who received mental health screenings, delineated by demographic group and grade level; (b) number of students requiring additional support or follow-up screenings, including students who indicated suicidal ideation or intent to self-harm; (c) length of time between the initial screening

Specialized Instructional Support Personnel-school counselors, school psychologists' school social workers and adjustment counselors.

and subsequent support services provided; (d) number of students referred for additional support services outside of the school district; and (e) types of screening tools used; and provided further, that not later than August 31, 2022, the department shall submit a report to the joint committee on education, the joint committee on mental health, substance use and recovery and the house and senate committees on ways and means that shall include: (1) a description of the participants in the pilot program; (2) a summary of the data collected from program participants; and (3) any recommendations to further expand the availability of mental health screenings for students”

This report provides information about grants and professional development offered through this line item and includes the required information about (1) a description of the participants in the pilot program; (2) a summary of the data collected from program participants; and (3) any recommendations to further expand the availability of mental health screenings for students.

The Department continues to work collaboratively with the Executive Office of Health and Human Services (EOHHS), including the Departments of Public Health and Mental Health (DPH and DMH), to leverage existing and planned initiatives and to promote complementary and supplemental activities. The Department also continues to make efforts to coordinate and align related opportunities where helpful, and to use multiple funding sources where needed and appropriate to support related goals. For example, the grant program described below includes funding sources from the Social Emotional Learning line item 7061-0028, as well as the Student Wellness School Supports / Supporting Healthy Alliances Reinforcing Education (SHARE) line item 7061-9650, along with some additional federal funding from the Elementary and Secondary School Emergency Relief Fund (ESSER).

Selection of Participating Grantees

In October 2021, the Department posted the fiscal year (FY2022) Request for Proposals (RFP) opportunity through Fund Codes (FCs) 613-311 and FC 332 [Supporting Students' Social Emotional Learning, Behavioral & Mental Health, and Wellness through Multi-Tiered Systems of Support \(SEL & Mental Health Grant\)](#). Massachusetts public school districts, including charter schools, and educational collaboratives were eligible to apply. On November 18, 2021, the Department received 93 applications requesting over \$13 million. After conducting its grant review process, the Department awarded a total of approximately \$11.1 million (see Table 1 below for details) to 73 grantees to implement activities district-wide or in one or more schools that increase student access to behavioral and mental health services. Approximately \$1.6 million from line item 7061-9650 will support districts serving high percentages of low-income students.

Table 1: Awarded by Funding Source

Line Item/Source	Fund Code	Total Amount
7061-0028	311	\$5,666,391
7061-9650	613	\$2,284,487
ESSER	332	\$3,136,421
Total Awarded		\$11,087,299

Specialized Instructional Support Personnel-school counselors, school psychologists' school social workers and adjustment counselors.

Summary Report: Piloting Universal Mental Health Screening

In collaboration with the Department, this report has been prepared by Walker Consulting, a vendor contracted by the Department to provide professional to grantees and associated assistance to the Department.

The following data was collected based on criteria in the legislative line item 7061-0028, ***Social Emotional Learning***

- Number of students who received mental health screenings, delineated by demographic group and grade level;
- Number of students requiring additional support or follow-up screenings, including students who indicated suicidal ideation or intent to self-harm;
- Length of time between the initial screening and subsequent support services provided;
- Number of students referred for additional support services outside of the school district; and
- Types of screening tools used.

Background Data

A total of thirty-two (32) grantees out of ninety-three (93) participated in Piloting Universal Mental Health Screening. They represent urban, suburban, and rural school districts.

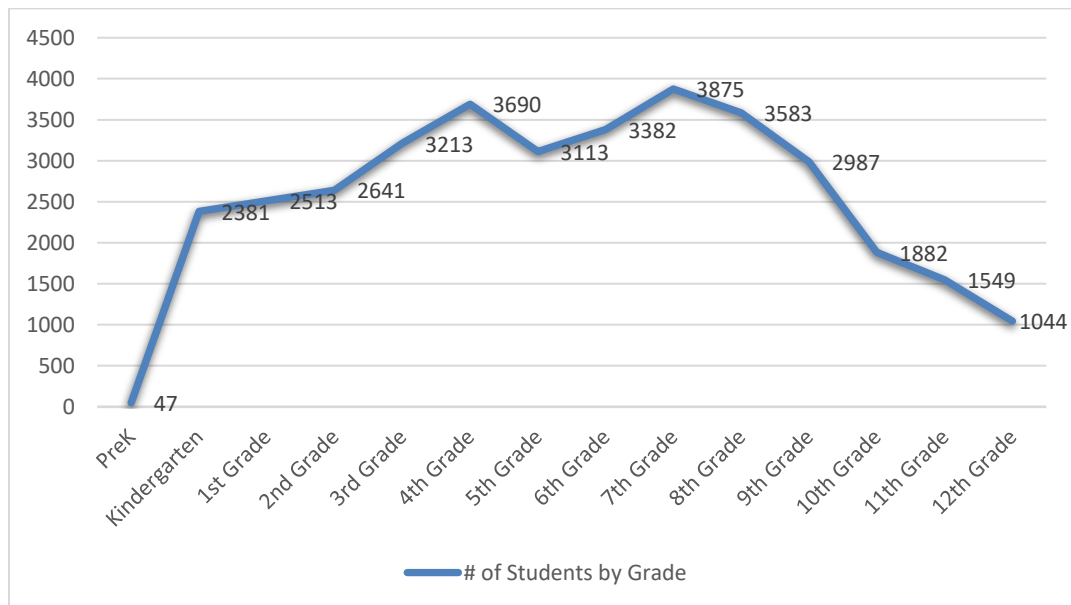
It is important to note that some grantees were entirely new to piloting a universal screening tool, while others had utilized at least one screening tool in the past and were now expanding their screening process to include at least one new screening tool and/or the screening of additional students (e.g., students in other classrooms; students in other grades). Regarding grantees that were new to piloting a universal screening tool, one grantee reported that did not screen any students in FY2022; they created a system for screening students, including the selection of a screening tool and plan for implementation; however, they expressed concern about screening students late in the school year.

Of the 31 grantees that screened students during FY2022, a total of 36,105 students were screened. For these 31 grantees, the number of students screened ranged from a total of 15 students for a smaller school district to a total of 11,443 for a large district. The largest district accounted for 32 percent of all the students screened.

Below is additional information regarding the number of students screened, including the number of students screened by grade, race/ethnicity, gender, and three additional demographics (i.e., students with disabilities, students identified as low income, and students who are English Learners). Please note that there are some discrepancies between 1) the total number of students screened and 2) the total number of students screened by grade, race/ethnicity, and gender. This is because approximately 5 grantees were slightly off in their reporting by category.

Students Screened by Grade - Table and Chart 1.1 and 1.2

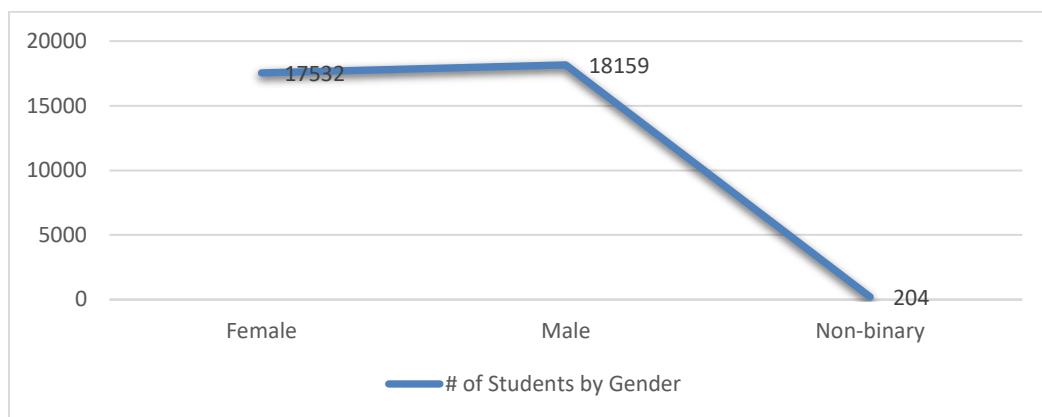
Grade	# of Students Screened
Pre-Kindergarten (PK)	47
Kindergarten	2,381
First Grade	2,513
Second Grade	2,641
Third Grade	3,213
Fourth Grade	3,690
Fifth Grade	3,113
Sixth Grade	3,382
Seventh Grade	3,875
Eighth Grade	3,583
Ninth Grade	2,987
Tenth Grade	1,882
Eleventh Grade	1,549
Twelfth Grade	1,044
TOTAL	35,900



Students Screened by Race/Ethnicity – Table and Chart 2.1 and 2.2

Gender	# of Students Screened
Female	17,532
Male	18,159
Non-binary	204
Total	35,895

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Students Screened & Other Demographics – Table 3.1

Other Demographics	# of Students Screened
Students identified as low income	17,720
Students with Disabilities	7,383
English Language Learners	5,137

Of the 36,105 students screened, 17,720 (49 percent) were identified as low income; 7,383 (20 percent) were identified as having a disability; and 5,137 (14 percent) were identified as an English Language Learner.

Students Needing Additional Support or Follow-Up Screenings

Additionally, of the 36,105 students screened, 3,014 (8 percent) were identified as needing additional support or follow-up screenings (including students who indicated suicidal ideation or intent to self-harm). For these 3,014 students, the average number of days between the initial screening and subsequent support services provided was 6.5 days, with a minimum average of 0 days and a maximum average of 30 days/1 month.

Of the 3,014 students identified as needing additional support services, 954 (32 percent) were referred for services outside of the school or district. Students and families were most commonly referred to current or new counseling providers or therapists, pediatricians, [William James INTERFACE Referral Service](#), [Care Solace](#), and/or [Riverside Community Care](#).

Screening Tools Utilized

Grantees reported utilizing a total of 18 screening tools in FY2022. Just over half of the grantees reported implementing one screening tool, and the others reported using multiple screening tools. Two grantees each reported using six screening tools.

Following are the screening tools that grantees reported using, beginning with the most cited*:

1. Generalized Anxiety Disorder 7-item (GAD-7) – 9 grantees

Specialized Instructional Support Personnel-school counselors, school psychologists' school social workers and adjustment counselors.

2. Devereux Student Strengths Assessment (DESSA) – 7 grantees
3. Patient Health Questionnaire-9 (PHQ-9) – 4 grantees
4. Panorama (including the Social-Emotional Learning Survey) – 4 grantees
5. Behavior Intervention Monitoring Assessment System-2 (BIMAS-2) – 3 grantees
6. Screening, Brief Intervention, and Referral to Treatment (SBIRT) – 3 grantees
7. Strengths and Difficulties Questionnaire (SDQ) – 3 grantees
8. Columbia-Suicide Severity Rating Scale (C-SSRS) – 2 grantees
9. SAEBRs (Social, Academic, and Emotional Behavior Risk Screener) – 2 grantees
10. Revised Child Anxiety and Depression Scale (RCADS) – 2 grantees
11. Brief Screen for Adolescent Depression (BSAD) – 2 grantees
12. Penn State Worry Questionnaire (PSWQ) – 2 grantees
13. Child and Youth Resilience Measure (CYRM-R) – 1 grantee
14. Holistic Student Assessment (HAS) – 1 grantee
15. CRAFFT 2.1+N (CAR, RELAX, ALONE, FORGET, FRIENDS, TROUBLE, plus Tobacco and Nicotine)
16. Screen for Child Anxiety Related Disorders – 1 grantee
17. Behavioral and Emotional Screening System (BESS) – 1 grantee
18. Closegap – 1 grantee

*Some grantees utilized multiple tools listed.

Coaching and Consultation

Brief summary:

- *Resources that were practical: templated language for communication, readymade screening tools that utilize technology (Google forms and sheets)*

The vast majority of grantees (95 percent) participated in the professional development and coaching that the Department made available to support grantees' implementation of universal mental health screening. In their open-ended responses, grantees consistently reported that the professional development and coaching offered were instrumental to their successful implementation of universal mental health screening. Many grantees described the ways in which the professional development and coaching served to shape their overall understanding of universal mental health screening, the various pathways one may take to implement screening efforts, and the specific activities that one may engage in as part of the screening process. Furthermore, many grantees reported an increase in their confidence and ability to carry out screening efforts given the insight they gained regarding the critical components that would need to be addressed as they developed their respective action plans and timelines for implementation.

Grantees further expressed appreciation for the opportunity to regularly meet with their group coach and fellow grantees to not only learn about the critical components mentioned above, but also to engage in shared learning with other grantees, which allowed them to inquire with each other how to operationalize specific screening activities and how to best navigate barriers as they engaged in these activities. Several grantees highlighted that the available resources helped to ease the burden or workload of early implementation activities, including but not limited to having access to template language to support communication with families, staff, and students and digitized screening tools that supported collection and analysis of the screening data. Grantees also cited the importance and impact of available technical assistance and support

Specialized Instructional Support Personnel-school counselors, school psychologists' school social workers and adjustment counselors.

outside of the scheduled professional development and coaching sessions, with many commending the coaches for being responsive and relational thought partners.

Implications/Considerations

Brief summary:

- *Accurately identifying data by gender*
- *Internal resources*
- *Resources that were practical: templated language for communication, readymade screening tools that utilize technology (Google forms and sheets)*
- *Leveraging staff/staffing models - who will follow up? Who will p/u students for services? Are we utilizing all staff effectively to provide services?*
- *Group based services and the importance of temporal services*
- *Timing of screening*

Grantees' work to pilot screening tools provided coaches with an opportunity to learn more about school and district experiences throughout the implementation process. This helped to highlight several implications and considerations that may influence the design of future opportunities to support screening efforts. One issue that is especially important to note is that grantees did not share a common procedure for collecting data, which is evidenced in some of the data discrepancies between the overall number of students screened and specific demographic fields, including but not limited to data by gender for students identified as non-binary. For these data in particular, some grantees gathered the data through student self-reports, while others utilized the data in student records in their student management system or housed in the Edwin Analytics portal. As this resulted in some data discrepancies (i.e., missing or potentially inaccurate data), grantees would benefit from further guidance regarding data integrity, which can be achieved through the development of clear procedures for common collection of these data for reporting purposes.

The number and type of referrals that were made to internal resources [e.g., Specialized Instructional Support Personnel (SISP) and other staff who provide group and/or individual therapeutic care] represent additional data that were not collected but would help to inform the state's understanding of grantees' capacity to respond to the screening results internally. This process is also important as it enables grantees to reflect on their readiness and capacity to provide follow-up care to students in lieu of external supports.

Grantees considered different models of staff utilization as a function of increased referrals and the requisite follow-up that occurred following screening administration. An investment in supporting grantees in understanding how they can utilize their SISPs, design staffing models and systems of referral, and develop tiered services, inclusive of group based and time-limited services, would serve to extend the utility of screening beyond simply identifying students with needs. This would enable grantees to build and establish successful service delivery models, staffing models, and comprehensive systems of support.

The pilot was valuable to districts and department learning and will inform work in FY2023 and beyond. The department can be contacted for more information about other aspects of the grant program if desired.