Social Emotional Learning Grant: Fiscal Year 2023 Report on Universal Mental Health Screening Pilot

This report describes grant activities related to funds allocated from Chapter 126 of the Acts of 2022, 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.

November 2024

This document printed on recycled paper

November 12, 2024

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 this report, *Social Emotional Learning Grants: Fiscal Year 2023 Report on Universal Mental Health Screening Pilot,* pursuant to Chapter 126 of the Acts of 2022, line item 7061-0028, that reads in part:

> *"…provided further, that not later than August 31, 2023, 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 the Our Way Forward report[1] and our new Educational Vision. These resources are particularly important as we continue to see student social and emotional, behavioral, and mental health and educator mental wellness concerns.

The efforts funded through this line item helped further the ability of communities across the commonwealth to maximize coordination with service providers and establish more comprehensive continuums of care. These funds helped to increase student access to

---

[1] From our 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.

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' social and emotional and 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.

The (SEL and Mental Health) grant, awarded in December 2022 provided professional development (PD) and coaching supports to help school staff 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 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.

In collaboration with the Department, this report has been prepared by Shannon Lee, Vice President of Communications and Strategic Initiatives at Walker, and John Crocker, Director of School Mental Health and Behavioral Services at Methuen Public Schools and Founder/Director of the Massachusetts School Mental Health Consortium.

Sincerely,

Russell D. Johnston
Acting Commissioner of Elementary and Secondary Education

Table of Contents

Introduction

The Department of Elementary and Secondary Education respectfully submits this Report to the Legislature: *Social Emotional Learning Grants: Fiscal Year 2023 Report on Universal Mental Health Screening Pilot,* pursuant to Chapter 126 of the Acts of 2022, line item 7061-0028:

> *"For 1-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 funds 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, 2023, 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 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; provided further, that not later than August 31, 2023, 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 grant activities 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 from both the Social Emotional Learning line item 7061-0028 and the Student Wellness School Supports/Supporting Healthy Alliances Reinforcing Education line item 7061-9650.

Selection of Participating Grantees

In September 2022, the Department posted the fiscal year 2023 (FY2023) Request for Proposals (RFP) opportunity through Fund Code (FC) 311 [Supporting Students' Social Emotional Learning, Behavioral and Mental Health, and Wellness through Multi-Tiered Systems of Support (SEL and Mental Health Grant)](). Massachusetts public school districts, including charter schools, and educational collaboratives were eligible to apply. On October 13, 2022, the Department received 40 applications requesting over $3 million. After conducting its grant review process, the Department awarded a total of over $3 million to all forty (40) applicants to implement activities district-wide or in one or more schools that increase student access to behavioral and mental health services.

Summary Report: Piloting Universal Mental Health Screening

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

In FY2023 a total of twenty-one (21) grantees out of forty (40) opted in to participate in Piloting Universal Mental Health Screening. One district chose to opt out due to staffing challenges, leaving twenty schools. They represent urban, suburban, and rural school districts (referred to from this point forward as "grantees").

In June 2023, grantees completed an end of year survey, with questions about the universal mental health screening data they collected and their experiences piloting universal mental health screening systems. This report presents a summary of their survey responses, divided into two sections, with the first section focused on their data and the second section focused on their experiences.

Section 1: FY2023 Universal Mental Health Screening Data

This section provides an overview of FY2023 grantees' universal mental health screening data, including the total number of students screened and a delineation of the number of students screened by grade and key demographic categories.

All twenty (20) grantees were successful in their universal mental health screening efforts. Each grantee selected at least one universal mental health screening tool and screened at least one group of students by the end of FY2023. Upon the conclusion of June 2023, grantees had screened a total of 11,805 students. The number of students screened ranged from a total of 10 students for a smaller school district to a total of 3,985 for a large school district. This district accounted for 33.8 percent of all the students screened.

Following is additional information about the number of students screened, particularly the number of students screened by grade, demographic group, gender, and three

additional demographic categories (i.e., students identified as high needs, students with disabilities, and students who are English Language Learners). Please note that there are some discrepancies between the total number of students screened and the total number of students screened by grade, demographic group, and gender, largely due to data collection methods to be discussed further.

Students Screened by Grade–Figures 1 and 2

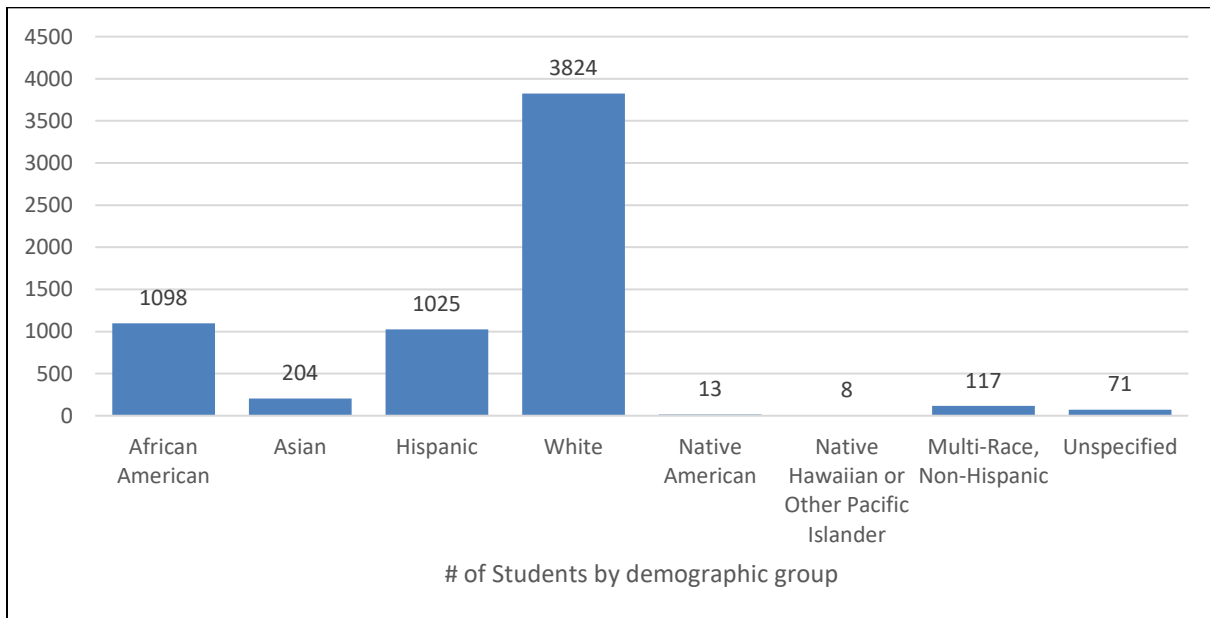| Grade	# of Students Screened
Kindergarten	729
First Grade	445
Second Grade	466
Third Grade	814
Fourth Grade	1,506
Fifth Grade	1,022
Sixth Grade	1,495
Seventh Grade	1,186
Eighth Grade	1,285
Ninth Grade	1,183
Tenth Grade	627
Eleventh Grade	530
Twelfth Grade	198
TOTAL	**11,486**
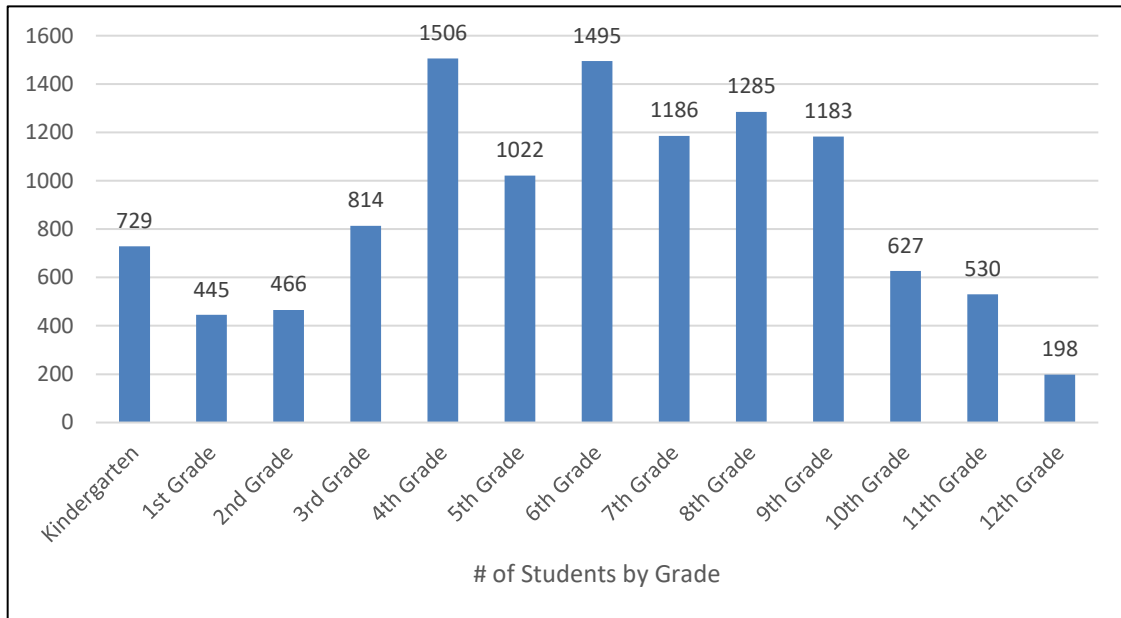
The trend that emerges from the mental health screening data by grade is consistent with universal mental health screening practices. Students are often screened for behavioral

and mental health issues, especially related to mood and/or anxiety, in middle grades and early high school. There are fewer developmentally appropriate tools that assess similar issues among younger children, and screening older high school students generally leaves little time to meet their needs in a school-based setting. As the graph demonstrates, however, there is FY2023 mental health screening data across all grades, from kindergarten through 12th Grade.

Students Screened by Demographic Group–Figures 3 and 4

Race/Ethnicity	# of Students Screened
African American	1,098
Asian	203
Hispanic	1,025
White	3,824
Native American	13
Native Hawaiian or Other Pacific Islander	9
Multi-Race, Non-Hispanic	117
Unspecified	71
TOTAL	**6,360**

# of Students by demographic group

The mental health screening data by demographic group shows the greatest discrepancy between the total number of students screened and the total number broken down by demographic group. There are two primary reasons for this discrepancy. First, a few districts did not report demographic data about the students, for reasons that may be related to a variety of challenges; and one district reported that the online screening program did not include a field for capturing demographic group and they had not set up

another way to collect the information. In other cases, students self-identified their demographic groups, resulting in data that cannot easily be organized into the state's demographic group categories. Due to difficulties with category alignment, these data were excluded from the total number screened by demographic group in the chart above.

As the Department continues additional years of piloting screening with districts, DESE will work closely with grantees to improve data collection related to race and ethnicity, with the goal of having as complete demographic data as possible from districts related to students screened in FY2024 and beyond. DESE will increase efforts to make sure districts are clear about data collection requirements prior to participation in the screening pilot, and have tools and methods to be collecting and then reporting on demographic data as part of their screening and reporting practices. Additionally, DESE will communicate with coaches at several key time periods of the initiative (e.g., before the start, mid-way through, and during data submission time) to emphasize the importance of complete data collection and to provide support and technical assistance to grantees to proactively address any challenges that arise.

Students Screened by Gender–Figures 5 and 6

Gender	# of Students Screened
Female	5508
Male	5681
Non-binary	174
TOTAL	**11,363**
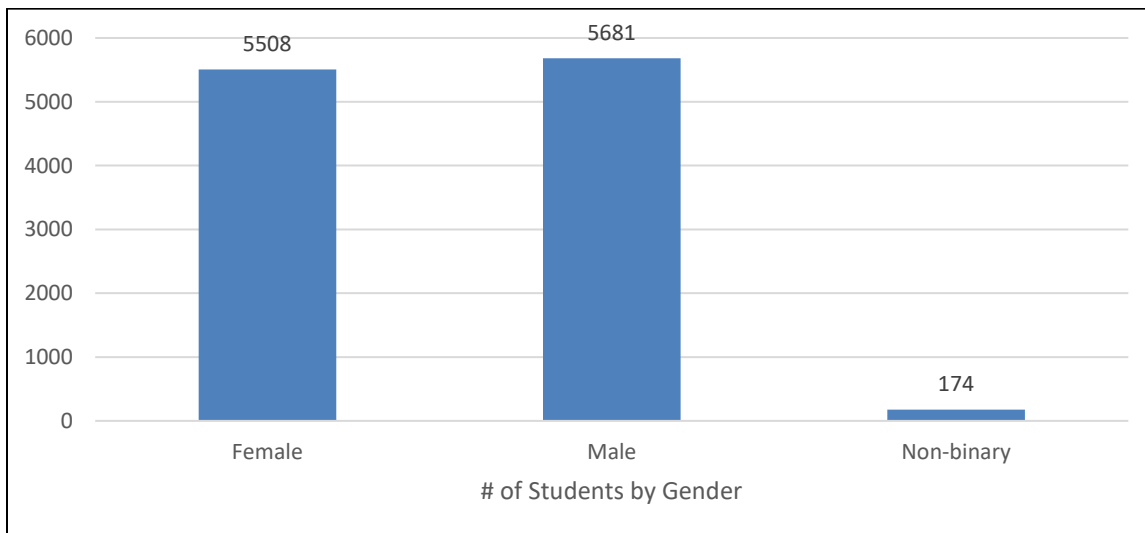
Similar to students being able to self-identity their demographic group, some grantees provided students the option to self-identify their gender identity. For the purpose of this report, the following gender identities are included in the non-binary category: non-binary,

trans, gender queer, gender non-conforming, and other. In addition to this data, there is a small amount (approximately 1 percent) of screened students for whom DESE did not receive gender information. It is unclear if this information was not collected or if students chose to leave the field blank (for example because there are no available categories that affirm their gender identity.

Students Screened and Other Demographics–Figure 7

Of the 11,805 students screened, 2,403 (20.4 percent) were identified as having high needs; 1,743 (14.8 percent) were identified as having a disability; and 830 (7.0 percent) were identified as an English Language Learner.

Other Demographics	# of Students Screened
Students Identified as High Needs	2,403
Students with Disabilities	1,743
English Language Learners	830

Students Needing Additional Support or Follow-Up Screenings
Of the 11,805 students screened, 775 (6.6 percent) were identified as needing additional support or follow-up screenings (including students who indicated- suicidal ideation or intent to self-harm). Of all twenty (20) grantees, eight (8) indicated that students were typically seen for additional support services the day of screening; two (2) indicated within a week of screening; 3 indicated within two weeks of screening; and three (3) indicated within a month of screening.

Of the 775 students identified as needing additional support services, 99 (12.8 percent) were referred for services outside of the school or district. Students and families were most commonly referred to their local mobile crisis team, community-based counseling providers or therapists, William James INTERFACE Referral Service, Care Solace, and/or Riverside Community Care.

Mental Health Screening Tools Utilized
Grantees reported utilizing a total of 13 mental health screening tools in FY2023. Of the twenty (20) grantees, 13 (65 percent) reported implementing one screening tool; 4 (20 percent) reported implementing two screening tools; and 3 (15 percent) reported implementing three screening tools.

Section 2: FY2023 Themes and Trends in Open-Ended Responses regarding Experiences

This section provides an overview of FY2023 grantees' responses to open-ended questions about their experiences piloting universal mental health screening systems, including questions about their successes, challenges, aspects of the process they found surprising or unexpected, plans for future universal mental health screening efforts, and their belief in the sustainability of these efforts.

Grantees' responses to these questions were highly informative, and a key theme emerged almost immediately. Grantees' self-reported successes directly align with the core components of an effective universal mental health screening system. Conversely, their self-reported- challenges are consistent with issues that arise when these components are missing and/or have not yet been fully developed.

This pilot opportunity continues to inform the Department of the multiple complexities in administering screenings. Some challenges identified by districts are time, financial, and staff training. For some districts challenges arose around understanding the difference between a universal mental health screener and a social emotional screener. All districts who opted in to participate in this pilot were given professional development to understand the differences and purpose of the two types of screeners.

Following are highlights from their responses about: 1) Successes; 2) Implications and Considerations for the Future; and 3) Benefits of Coaching and Consultation.

Successes
Grantees' responses indicate that they experienced the greatest success implementing universal mental health screening processes when one or more of the following components was in place:

- Buy-in
- Infrastructure and Processes
- Plans for Follow-Up
- Student and Family Engagement

Buy-In
Grantees' responses indicated that buy-in from stakeholders contributed greatly to the success of their universal mental health screening efforts. Grantees identified a range of stakeholders that made their efforts possible, including administrators, teachers, school support staff, counseling staff, students, families, and community-based- providers. Stakeholders such as these can increase acceptance, awareness, and sustainability of universal mental health screening practices. For example, when asked what facilitated their success, a grantee stated: *"The actual tool itself, ...was non-intrusive and helped with buy-in from staff, admin, and parents/guardians."* Given this, the grantee is in better positioned to implement the same tool next year, particularly as their key stakeholders

have a deeper understanding of the purpose of the tool, the questions asked, and the ease with which it can be administered.

It is worth noting that the importance of buy-in cannot be overstated, especially buy-in from senior administrators. Efforts to gain or increase buy-in must be directed at senior administrators, in addition to others of course. Visible buy-in from senior administrators demonstrates that universal mental health screening efforts have merit and are the purview of a wide swath of stakeholders, not just those who oversee and implement screening practices. Grantees who reported high levels of success piloting universal mental health screening systems generally also reported having had buy-in from senior administrators.

Additionally, efforts to gain or increase buy-in from teachers and families must be given significant consideration. Several grantees reported having targeted strategies for engaging teachers and families – partly to ensure that teachers and families understood the larger goals of the mental health screening process, and partly to ensure that they understood the teacher- or family-specific mental screening tools they were being asked to complete and how the data from these tools would be stored and utilized.

With buy-in being such a strong, recurring theme in grantees' responses, it is clear that effective universal screening mental health efforts necessarily account for: 1) educating and creating consensus among stakeholders regarding the value of universal mental health screening ; 2) establishing an inclusive team-based approach to mental health screening, with team members reflecting a range of stakeholders including administrators; and 3) ensuring that teams have a shared vision and plan for mental health screening logistics, communication, and follow-up.

Infrastructure and Processes
Grantees' responses indicated that in addition to having buy-in, having a robust infrastructure and well-defined- processes – in place prior to screening – was also critical to the success of their universal mental health screening efforts. Grantees noted that several key elements related to infrastructure and processes were particularly important. For example, several grantees mentioned the following elements in their responses:

- **Clearly defined purpose, goals, and objectives**: Ensuring that those responsible for coordinating universal mental health screening efforts, along with other key stakeholders, developed and can articulate a clear understanding of the purpose, goals, and objectives for implementing a screening process in their school/district/collaborative.

- **Collaboration and coordination:** Ensuring that relevant parties were collaboratively oriented to the selected tool, informed about and trained in their respective roles in the screening process, and prepared to perform their responsibilities throughout the screening process.

- **Accessibility and inclusivity**: Ensuring that selection of the tool – and communication about the selected tool – was informed by and aligned with overarching screening goals; students' developmental ages, stages, and abilities; and students' and families' racial, cultural, and linguistic backgrounds.

- **Technology, data management, and integration**: Ensuring that technology was user friendly; cost-effective; tailored to both the tool selected and the unique needs of the staff, students, and families; able to provide real-time data tracking, monitoring, and analysis; designed with data protection and privacy safeguards; and developed or configured to be integrated with student information and other data systems.

According to many grantees, once these key elements were in place, facilitation of the mental health screening process tended to run smoothly and resulted in a clear sense of which students required follow-up.

Plans for Follow-Up

Grantees' responses indicated that several schools/districts/collaboratives have routine practices, and in some case more formal systems approaches, in place for identifying and responding to students who may be experiencing a mental health challenge. Accordingly, when these schools/districts/collaboratives implemented universal mental health screening efforts, they tended to have defined plans in place to follow up with students whose screenings suggested a need for additional screening and/or more formal follow-up. Plans for follow-up with students, and often their families as well, included ongoing check-ins and other personalized support, as well as referrals to school support staff and/or community-based providers. Below are two quotes that further emphasize the importance of having established plans that can be enacted if or when a student is identified as needing additional support services, either in the school/district/collaborative or through an external provider.

Speaking to their plans for follow-up, a charter school in metro Boston stated: *"We were able to use the response data to follow up with students who indicated reason for concern and offer support services to the students and their families."* Regarding whether they believe this approach to be sustainable, they noted: *"As long as we retain our counseling department staff, who were all heavily involved in the planning, implementation, and follow-up, this is an initiative that our district can continue in the future."*

Also answering the question regarding sustainability, a regional high school in southeastern MA stated: *"The development of detailed protocol for pre-screening, screening, and post-screening are critical to our ability to continue screening. Our access to [our provider entity] for outside referrals is crucial. Adjusting the school adjustment counselor role to include screening follow-up and group counseling intervention will be essential to the continuation of screening."*

According to these comments, sustainability of future universal mental health screening efforts is not necessarily a reflection of interest and desire to continue, but rather access to and availability of inhouse and external practitioners who can respond to students' unique needs in a timely manner.

Student and Family Engagement

Another theme that emerged from grantees' responses was how engaged students were in the universal mental health screening process, and in turn how crucial their investment in the process was to the schools/districts/collaboratives' overall success. Below are a series of quotes that demonstrate this further.

- *"We were surprised with how open-minded the students were to answering screening questions openly and honestly and how willing they were to answer follow-up questions with counselors." (Regional high school in southeastern MA)*

- *"How honest students were in their answers and how seriously they took the screening." (Regional high school in western MA)*

- *"Middle School Students 6-8 were really interested in taking the screener and learning more about mental health. We had a huge increase in students asking about somatic symptoms and how they relate to mental health. Teachers and admin were all on board. Some teachers made the screener extra credit or provided raffle tickets as an incentive – which was a huge help! The data was useful to inform therapeutic skill building groups and community organization connections for students/families. The [platform we used] was easy to use and delineating all the data (gender, cohort, age, EL, disability)."* (Charter school in southeastern MA)

Considerations for Future Practice

Grantees' responses surfaced themes regarding areas of growth or improvement relative to piloting universal mental health screening systems. These trends have been distilled into several key areas, as they have clear implications and considerations for future practice. These areas include:

- Timing: Initiating, Staging, and Administration
- Scaling Up Communication
- Follow-Up with Identified Students and Responsive Staffing

Timing: Initiating, Staging and Administration

A consistent theme noted by grantees was related to timing, specifically their desire to begin piloting universal mental health screening systems as early as possible in the school year. Starting early in the school year, grantees are better able to account for activities that can be particularly time-intensive, such as engaging administration in mental health screening planning efforts, developing a mental health screening communication plan, mapping out the logistics of mental health screening administration, conducting mental health screening in waves to reduce strain on the team and/or practitioners responsible for

follow-up, and conducting a thorough and meaningful follow-up process with the high percentage of students identified as needing additional mental health screening or supports. By allocating- sufficient time for these activities in late summer or early fall, there are greater opportunities to be flexible and responsive if or when situations arise that can potentially challenge the success of the overarching mental health screening process.

Related to this, several grantees indicated that a primarily challenge to the success of their overarching mental health screening process was allocating requisite time to conduct mental health screening and to follow up with students identified as needing follow-up. Some grantees noted that the time of year they chose for screening had an impact on their ability to focus on and seamlessly carry out mental health screening administration. For example, some grantees selected a window of time during the school year to implement mental health screening, and then found that their efforts were made more complicated by co-occurring activities such as MCAS administration. These grantees reported that they will be better prepared in terms of future scheduling given the key lessons they learned this past school year.

Additionally, some grantees indicated that a challenge to the mental health screening process was determining how best to stagger mental health screening administration. For example, grantees that elected to screen larger cohorts of students divided students into small groups to be screened in iterative cycles. This strategy allowed grantees to achieve universal screening without overwhelming the follow-up team with a single wave of referrals.

Scaling Up Communication
Some grantees that had prior experience piloting universal mental health screening systems reported that scaling up their communication plans regarding expanded mental health screening efforts was particularly time-intensive. While these grantees were able to build on their original communication plans, some were surprised by the increased amount of time needed to communicate with those who were new to mental health screening, particularly newly impacted staff, students, and families. With that said, some grantees noted that communication planning would be more streamlined in the future given the amount of planning they engaged in during the past year.

All districts that opted in to participate in the universal mental health screening were given coaching and professional development to assist in building systems around screening practices. The Department will continue to work with districts that opt in to participate in universal mental health screening and all districts to better understand screening practices and implementation.

Follow-Up with Identified Students and Responsive Staffing
Several grantees reported a high prevalence of students identified as needing follow-up, with some students able to be seen by internal staff, at least initially, and others by community-based providers. Many grantees indicated that internal staff responsible for

coordinating follow-up were generally able to meet with students within a week of screening. To make this happen, grantees reported having to make a concerted effort to determine how best to leverage existing staff to ensure that students received timely follow-up and were routed to appropriate services to meet their needs, while also maintaining ongoing operations and responsibilities. These staff tended to be school--based mental health staff, including school counselors, school social workers, adjustment counselors, and school psychologists.

Through coaching and consultation, grantees were prompted to consider adaptations to current school staffing models as a function of the need to follow up with and provide services to an influx of students with identified mental health needs, including the allocation of staff who typically have not been utilized to provide mental health-related services. Some grantees may find it necessary to reconfigure and/or redeploy staff to address students' mental health needs, particularly with the ongoing shortage of community-based mental health providers that can accept referrals for students in need of additional services. Reasons for these shortages include a limited number of providers in various geographic areas as well as a limited number of culturally and linguistically competent providers;

Grantees are expected and supported to consider where needed and feasible how best to equip and make available in-school staff that can provide mental health services – ideally at all tiers, including tier 1/prevention.

Districts have utilized funding to support screening best practices as well as other mental health and social emotional learning efforts. The Department will continue to work with school districts to provide coaching and professional development to address these challenges learned through best practices identified in this pilot.

Coaching and Consultation
Twenty grantees received funding to pilot universal mental health screening systems, and 19 (95 percent) participated in professional development and coaching and consultation that the Department made available to support grantees' efforts in this area.

Grantees reported several highlights from their experiences with coaching and consultation, particularly that they were:
- Given a high-level orientation to piloting universal mental health screening systems, including but not limited to information about essential infrastructure and processes
- Introduced to common issues that arise during mental health screening and a plethora of strategies that can be applied to address these issues
    - Including thinking through and identifying solutions to address pinch points and barriers to successful implementation

- Provided with and trained to utilize toolkits with user-friendly resources, such as already developed templates and spreadsheets
- Provided with regularly scheduled, formal coaching sessions and other ad hoc opportunities to:
    - Share updates about pilot successes and challenges, and receive feedback from the assigned coach and other grantees

Grantees reported that coaching offered them a comprehensive plan for piloting universal mental health screening systems, with guidance and instructions for developing a detailed timeline that would allow for screening to be initiated and scaled up at a comfortable pace. Additionally, coaching enabled grantees to brainstorm, generate, and modify, as needed, their own mental health communication plans, administration schedules and protocols, and follow-up procedures to meet the needs of identified students. Grantees benefited from having all of this in place prior to launching their screening efforts. More specifically, by grantees having each of these activities clearly and thoroughly mapped out prior to implementation, they were more likely to overcome barriers to implementation.

Grantees also reported that they found great value in the toolkits that coaches provided and/or made accessible. For example, grantees noted that they utilized the communication protocols and templates, as well as the readymade, already digitized screening tools (e.g., screening measures in Google forms). By having to place less focus on designing these materials, grantees were able to dedicate more attention to determining how they would use the materials, particularly to identify individuals and groups of students in need of follow-up and more actively engage in data analysis for decision-making and reporting purposes.

Grantees expressed gratitude for having opportunities, both formal and informal, to connect with their coach and fellow grantees to ask questions and receive feedback throughout their respective pilots, including during planning and implementation phases. Grantees reported that these opportunities served to reduce stress related to executing their respective pilots, which generally increased confidence that they had the capacity to carry out their pilots as intended. Grantees attributed a great deal of their success to support from their coaches and peer support from and shared learning with other grantees.

It was clear from grantees' responses that they attributed a great deal of their mental health screening success, and belief in the sustainability of their efforts, to the coaching and consultation that the Department offered through this grant opportunity. Grantees' responses further indicate that they deeply appreciated the collaborative learning experience, and gained significant knowledge, skills, and insight thanks to their participation.

The pilot was valuable to districts and Department learning and will inform work in FY2023 and beyond. DESE and its vendors continue to learn about challenges and needs districts

are experiencing around choosing and implementing universal mental health screeners through this pilot. DESE will continue to offer support through coaching and professional development to address these needs to support screening practices. The Department can be contacted for more information about other aspects of the grant program if desired.