Social Emotional Learning Grant: Fiscal Year 2024 Report on Universal Mental Health Screening Pilot

This report describes grant activities related to funds allocated from Chapter 28 of the Acts of 2023, 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 schools and community-based and/or providers.

November 2024

November 12, 2024

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

I am pleased to submit this this report, *Social Emotional Learning Grants: Fiscal Year 2024 Report on Universal Mental Health Screening Pilot*, pursuant to Chapter 28 of the Acts of 2023, line item 7061-0028, that reads in part:

> *"…provided further, that not later than September 3, 2024, 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/DESE) "whole student" strategic objective that includes a focus on supporting implementation of multi-tiered systems of support (MTSS) that help all students progress both academically and in their social, emotional, and behavioral development. The funding provides critical resources to schools, districts, charter schools and educational collaboratives as they build "systems of integrated student supports" to meet the needs of historically underserved groups and communities, create culturally and sustaining classroom and school practices and high expectations and targeted interventions" as described in our 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 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 2024 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 me or Jessica Leitz, Director of External Partnerships, jessica.leitz@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,

Russell D. Johnston,
Acting Commissioner of Elementary and Secondary Education

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Introduction

The Department of Elementary and Secondary Education respectfully submits this Report to the Legislature: *Social Emotional Learning Grants: Fiscal Year 2024 Report on Universal Mental Health Screening Pilot,* pursuant to Chapter 28 of the Acts of 2023, 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; and 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 July 1, 2024, each participant 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 September 3, 2024, 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 student.***

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 October 2023, the Department posted the fiscal year (FY2024) Request for Proposals (RFP) opportunity through Fund Code (FC) 613/311 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 November 9, 2023, the Department received forty-two (42) applications requesting over $3 million. After conducting its grant review process, the Department awarded a total of over $3 million to all forty-two (42) 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, and number of students referred for additional support services outside of the school district;
- Types of screening tools used;
- Description of the participants in the pilot program;
- Summary of the data collected from the program participants; and
- Any recommendations to further expand the availability of mental health screenings for students.

Background Data
In FY2024 a total of thirteen (13) grantees out of forty-two (42) opted in to participate in Piloting Universal Mental Health Screening. They represent urban, suburban, and rural school districts (referred to from this point forward as "grantees").

In June 2024, 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. We continue to learn about the opportunities and challenges of conducting screenings in school settings and DESE is continuing to offer resources such as coaching funding through this grant opportunity and professional development to build systems to strengthen screening practices.

Section 1: FY2024 Universal Mental Health Screening Data

This section provides an overview of the FY2024 grantees' universal mental health screening data, detailing the total number of students screened and a breakdown by grade and key demographic categories, in compliance with state budget requirements for this grant.
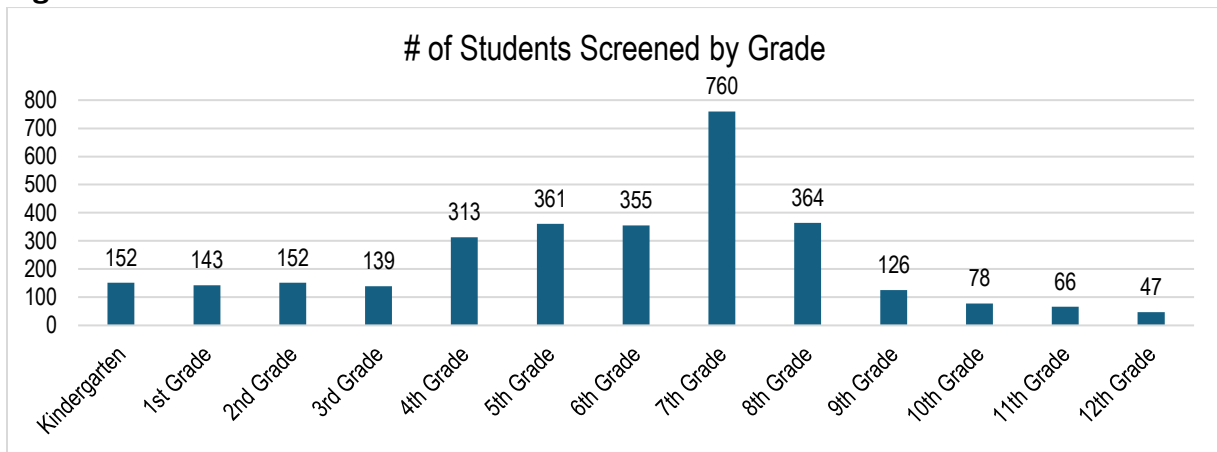
All thirteen (13) grantees were successful in their universal mental health screening efforts. Each grantee selected at least one universal mental health screening tool and screened at least one group of students by the end of FY2024. By June 2024, a total of 3,056 students had been screened across all grantees. The range of students screened varied significantly. As this is a pilot, some districts started with a smaller number of students, and one school screened 5 students. A larger, regional school district screened 1,347 students, which was the largest number of students and accounted for 44.1 percent of all screenings.

Students Screened by Grade – Figures 1 and 2

Figure 1

Grade	# of Students Screened	% of Students Screened
Kindergarten	152	5.0%
First Grade	143	4.7%
Second Grade	152	5.0%
Third Grade	139	4.5%
Fourth Grade	313	10.2%
Fifth Grade	361	11.8%
Sixth Grade	355	11.6%
Seventh Grade	760	24.9%
Eighth Grade	364	11.9%
Ninth Grade	126	4.1%
Tenth Grade	78	2.6%
Eleventh Grade	66	2.2%
Twelfth Grade	47	1.5%
TOTAL	**3,056**	**100.0%**

Figure 2

# of Students Screened by Grade

Grade	Count
Kindergarten	152
1st Grade	143
2nd Grade	152
3rd Grade	139
4th Grade	313
5th Grade	361
6th Grade	355
7th Grade	760
8th Grade	364
9th Grade	126
10th Grade	78
11th Grade	66
12th Grade	47

According to the FY2024 data, middle school students (fifth through eighth grade) accounted for 1,840 (60.2 percent) of the mental health screenings, reflecting a continued emphasis on this critical transitional period in a youth's life. This marks an increase from FY2023, where 43.4 percent of screenings targeted this demographic.

Two main factors may contribute to this trend:

- **Addressing the Unique Challenges of Middle School:** The middle school years are marked by significant changes that can profoundly impact student wellbeing. During this period, students encounter more complex social dynamics and increasing academic pressures. Additionally, the onset of puberty triggers a host of physical and emotional changes, necessitating greater mental health support. Targeted screening efforts are intended to proactively identify and address the stresses associated with these challenges, ensuring students receive the necessary interventions to support their development and academic success.

- **Targeted Screening Tools Tailored for Middle School Needs:** Many of the screening tools employed are specifically designed to detect and address the psychological and emotional issues prevalent among youth in these grades. These tools are tailored to the developmental milestones and potential stressors characteristic of this age group, such as peer influence, identity exploration, and academic stress. By using age-appropriate and contextually relevant screening instruments, grantees can improve the accuracy and efficacy of their interventions, thereby better supporting middle school students' mental health.

Students Screened by Demographic Group – Figures 3 and 4

Figure 3

Race/Ethnicity	Total # of Students in Participating Districts	% of Students in Participating Districts	# of Students Screened	% of Students Screened
African American	1,309	4.2%	119	3.9%
Asian	1,692	5.5%	114	3.7%
Hispanic/Latino	5,829	18.8%	245	8.0%
Multi-Race, Non-Hispanic	1,616	5.2%	70	2.3%
Native American	75	.2%	6	0.2%
Native Hawaiian or Other Pacific Islander	17	.1%	3	0.1%
White	20,410	65.9%	2511	82.2%
TOTAL			**3,068***	**100.0%**

Note: Two districts provided a higher count for race/ethnicity than the total number screened, resulting in a total higher than 3,056. The department will continue to work with districts to further improve reporting accuracy.

Figure 4
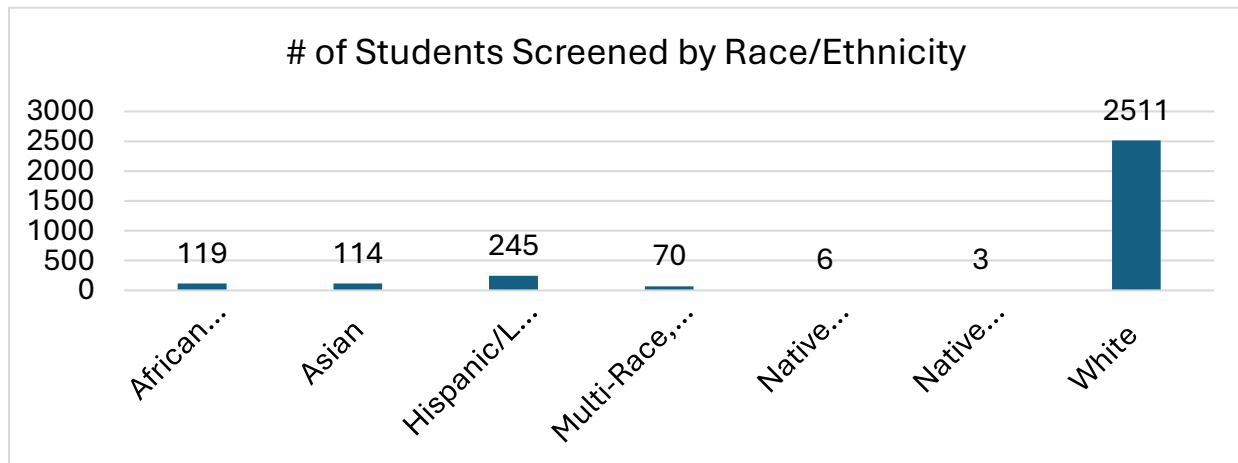
Analysis of FY2024 data for the 13 participating districts reveals that a significant majority (82.2 percent) of screenings involved White students. Overall, white students represent approximately 66 percent of all the students enrolled in these 13 districts, and 53 percent of all students in the Commonwealth, indicating an overrepresentation of white students participating in these screening pilots.

The Department will continue to work with the coaches supporting districts to ensure that districts are considering ways that they can implement screening in ways that are accessible and equitable. Tailoring approaches to be culturally sensitive and inclusive can help bridge any gaps in participation. In FY25, the Department will also be further prioritizing high-needs districts by giving competitive priority to districts where a proportion of high-needs students enrolled in school year 2023-24 was at or above the statewide average.

Students Screened by Gender – Figures 5 and 6

Figure 5

Gender	# of Students Screened	% of Students Screened
Female	1481	48.5%
Male	1562	51.1%
Non-binary	2	0.1%
Blank/Not Specified	11	0.4%
TOTAL	**3,056**	**100.0%**

Figure 6
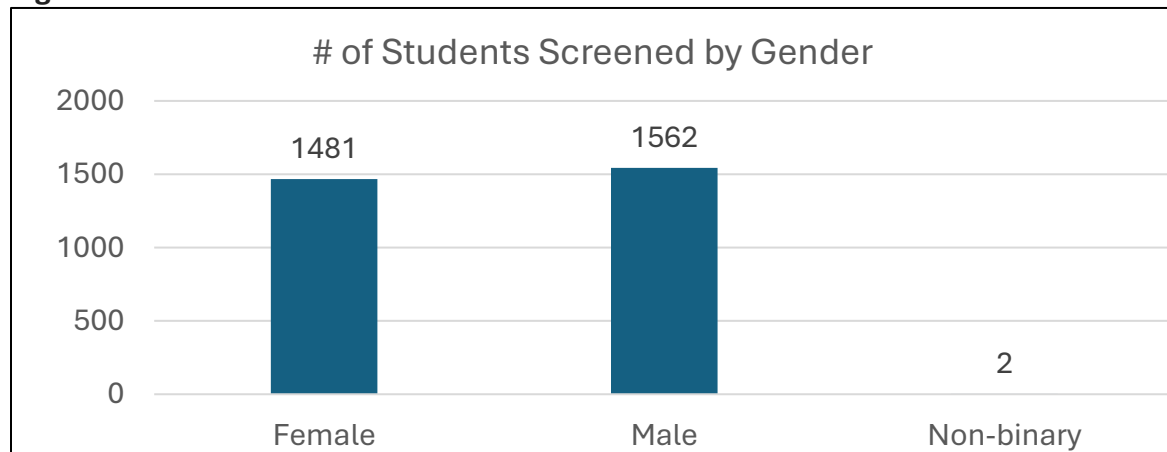
Students Screened & Other Demographics – Figure 7

Figure 7

Other Demographics	# of Students Screened	% of Students Screened
Students Identified as High Needs	1,035	33.9%
Students Identified as Low Income	802	26.2%
Students with Disabilities	527	17.2%
English Learners	98	3.2%

Students Needing Additional Support or Follow-Up Screenings

Of the 3,056 students screened, 487 (15.9 percent) were identified as needing additional support or follow-up screenings, including those expressing suicidal ideation or intent to self-harm. Response times for providing these students with support or follow-up services varied, ranging from 1 to 21 days from the initial screening. Notably, 7 students received services on the day of or within one day of their screening, while 21 days was an outlier. The average response time across all cases was 4 days.

Of the 487 students needing additional support, 134 (27.7 percent) were referred to external services. Referrals were made to at least seven behavioral health organizations. Telehealth services were provided through at least one organization, and referral and care navigation were facilitated by at least three organizations. Also, students were referred to youth mobile crisis intervention services, current therapists, pediatricians, and community-based therapists via primary care providers or insurance coverage. In FY2025, DESE will ask districts to provide additional details about why referrals to external services may not have been made, whether because they were not needed (some students who were screened received services within school or had existing services outside of school) or for another reason.

Mental Health Screening Tools Utilized

Grantees reported utilizing a total of 14 mental health screening tools in FY2024. Of the 13 grantees, 6 (46.2 percent) reported implementing one screening tool 4 (30.8 percent) reported implementing two screening tools and one grantee each (7.7 percent) reported implementing three, four, and five screening tools.

Section 2: FY2024 Themes & Trends in Open-Ended Responses regarding Experiences

This section provides an overview of FY2024 grantees' responses to open-ended questions about their experiences piloting universal mental health screening systems. These questions covered their successes, challenges, unexpected aspects of the process, plans for future screening efforts, and beliefs 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 or have not yet been fully developed.

The following are highlights from their responses about: i.) Successes; ii) Future Considerations; and iii) Benefits of Coaching & Consultation.

i. **Successes**

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

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

STAKEHOLDER BUY-IN

Consistent with past years, grantees' responses again emphasized that stakeholder buy-in significantly contributed to the success of their universal mental health screening efforts. A range of stakeholders—including administrators, teachers, school support staff, counseling staff, students, families, and community-based providers—made these efforts possible. These stakeholders are essential for increasing acceptance, awareness, and sustainability of screening practices.

The importance of buy-in, especially from senior administrators, cannot be overstated. Efforts to gain or increase buy-in should specifically target senior administrators, among others. Visible buy-in from senior leaders serves two major purposes: demonstrating the value of screening efforts and fostering wider engagement among stakeholders. Grantees who reported high levels of success in piloting screening systems also noted strong buy-in from senior administrators.

Targeted strategies for engaging teachers and families are crucial. Several grantees have made sure that these groups understand the goals of the mental health screening process, the details of the screening tools, and the procedures for data storage and use.

Effective universal mental health screening efforts must account for:

- Educating and creating consensus among stakeholders about the value of screening;
- Establishing an inclusive team-based approach with team members representing a diverse range of stakeholders, including administrators; and
- Ensuring that teams have a shared vision and a clear plan for logistics, communication, and follow-up.

INFRASTRUCTURE AND PROCESSES

Grantees' responses indicated that, in addition to buy-in, having a robust infrastructure and well-defined processes in place prior to screening was 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:

- **Clearly Defined Purpose, Goals, and Objectives:** It is vital that those responsible for coordinating universal mental health screening efforts, along with other key stakeholders, develop and articulate a clear understanding of the purpose, goals, and objectives for implementing a screening process.

- **Collaboration and Coordination:** Relevant parties must understand the selected tool, be trained in their roles, and be prepared to perform their responsibilities in the screening process.

- **Accessibility and Inclusivity:** The selection of the tool and communication about the selected tool must be informed by and aligned with overarching screening goals, considering students' developmental ages, stages, abilities, and students' and families' racial, cultural, and linguistic backgrounds.

- **Technology, Data Management, and Integration:** Technology should be user-friendly, cost-effective, and tailored to the selected tool and the unique needs of the staff, students, and families. It should provide real-time data tracking, monitoring, and analysis, include data protection and privacy safeguards, and be developed or configured for integration with student information and other data systems.

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

PLANS FOR FOLLOW-UP

Grantees' responses indicated that many schools/districts already have routine practices, and in some cases, more formal systems, for identifying and responding to students who may be experiencing mental health challenges. Accordingly, when these entities implemented universal mental health screening efforts, they typically had defined plans in place for following up with students whose screenings suggested a potential need for additional evaluation or more formal follow-up.

Follow-up plans for students—and often their families—included ongoing check-ins and other personalized support options, as well as referrals to school support staff or community-based providers. For example, one grantee stated: "We were able to use the response data to follow up with students who indicated concerns and offer support services to the students and their families."

STUDENT AND FAMILY ENGAGEMENT

Grantees were pleasantly surprised by the high level of student engagement in the universal mental health screening process. Their engagement was a major contributor to the overall success of the screening. For example:

- "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."
- "Middle school students were really interested in taking the screener and learning more about mental health. The data was useful to inform therapeutic skill-building groups and community organization connections for students and families."

ii. Future Considerations

Grantees' responses revealed themes regarding areas of concern or improvement in piloting universal mental health screening systems. These trends have been distilled into several key areas with clear implications and considerations for future practice:

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

Timing: Initiating, Staging, & Administration

A consistent theme noted by grantees was related to timing, specifically the desire to begin piloting universal mental health screening systems as early as possible in the school year. Starting early allows for better planning and execution of the screening process. Some

grantees reported that their efforts were complicated by concurrent activities, such as MCAS administration, indicating a need for better scheduling in the future.

Scaling Up Communication

Grantees reported that scaling up communication plans for expanded mental health screening efforts was time intensive. While building on their original communication plans, they found that reaching newly impacted staff, students, and families required more time and energy than initially anticipated-.

Follow-Up with Identified Students and Responsive Staffing

Grantees reported a high prevalence of students identified as needing follow-up, which necessitated a concerted effort to leverage existing staff for timely responses. Internal staff responsible for coordinating follow-up typically met with students within a week of screening. Given the shortage of community-based mental health providers, grantees found it necessary to reconfigure or redeploy staff to adequately address the students' mental health needs.

iii. Benefits of Coaching & Consultation

All thirteen (13) grantees who received funding to pilot universal mental health screening systems participated in professional development, coaching, and consultation offered by DESE. Highlights from their experiences include:

- High-level orientation to piloting universal mental health screening systems
- Introduction to common issues and strategies for addressing them
- Access to toolkits with user-friendly resources
- Regularly scheduled coaching sessions and ad hoc opportunities to share updates and receive feedback

Grantees reported that coaching provided them with a comprehensive plan for piloting universal mental health screening systems, complete with guidance and instructions for developing a detailed timeline, and modifying their mental health communication plans, administration schedules, and follow-up procedures. The toolkits provided by coaches were particularly valuable, enabling grantees to focus more on utilizing the materials and engaging in data analysis for decision-making and reporting purposes.

Grantees expressed gratitude for the opportunities to connect with their coach and fellow grantees, which reduced stress related to executing their pilots and increased confidence in their ability to carry out their projects as intended. They attributed much of their success to the support from coaches and peer support from other grantees.

In conclusion, the coaching and consultation provided by DESE were crucial to the success of the grantees' mental health screening efforts and their belief in the sustainability of these initiatives. The collaborative learning experience was highly valued, and grantees gained significant knowledge, skills, and insights through their participation.