Building Community-Wide Social and Emotional Support Systems in Massachusetts Gateway Cities:

Assessing Progress from the Perspective of Local Educators

MassINC
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EXECUTIVE SUMMARY

Efforts to build community-wide systems that support the social and emotional development of youth are arguably the most consequential initiatives unfolding in Gateway Cities today. These systems help protect at-risk children who, without effective intervention, face difficulties that can result in enormous costs for entire cities. Equally important, these support systems enhance the ability of all Gateway City youth to collaborate, problem-solve, and persevere. Such social-emotional skills create stronger citizens for inclusive urban communities and more effective workers for the industries of the future.

Building community-wide systems to support social and emotional development is inherently difficult. The design requires coordination across schools, youth development organizations, health care providers, and several state and local agencies. These interventions address sensitive topics, making them particularly challenging to introduce in culturally diverse cities. And the model requires schools to stand at the center of the system, stretching the duties of educators well beyond traditional boundaries. Despite these complexities, Gateway Cities are rising to the challenge because they recognize how vital these support systems are to their students and families, as well as their communities as a whole.

To help inform state education agencies and policymakers, this policy primer offers an examination of the many efforts to build community-wide social and emotional support systems throughout the Commonwealth, with a particular focus on the work of Gateway City educators. The full report provides an overview of recent policy developments and evidence-based strategies, as well as a presentation of data gathered through interviews and surveys with educators from 22 Gateway Cities. This executive summary synthesizes the information gathered into three high-level findings, and concludes with a series of five strategies to support the work of Gateway districts.

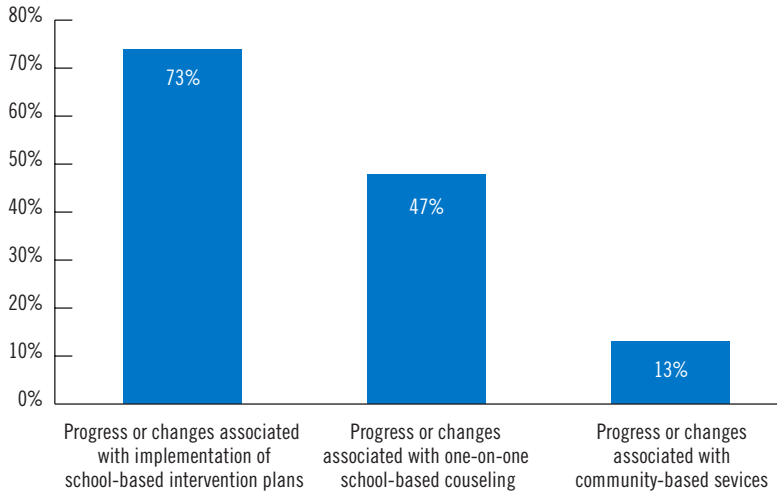
1. Gateway City schools offer a wide array of social and emotional supports, but school districts struggle to sustain these initiatives at scale.

In a robust community-wide social and emotional support system, schools fulfill many roles, including providing preventative social-emotional instruction to all students, screening all students to identify those at risk for developing mental health problems, and providing care to those students with needs that can be addressed most effectively in school settings. Surveys and interviews show that Gateway Cities are attempting to fulfill many of these roles, but they face a number of challenges performing these functions sustainably and at the scale needed:

- All Gateway Cities have implemented classroom-based social-emotional learning programs in one or more of their schools. Many are using a variety of programs. Three-quarters have PBIS/RTI and Second Step; nearly two-thirds have Responsive Classroom. About one-third have Open Circle and Steps to Respect.
- Gateway Cities struggle to provide staff training to implement evidence-based social-emotional learning curricula and approaches with fidelity. Less than half of districts report having acquired all of the professional development necessary to implement evidence-based programs. Obtaining the required training is complicated by insufficient funding, limited time with competing priorities, and high staff turnover.
- Most Gateway Cities have student support teams to develop plans for children with identified mental health needs, but in-school services are limited. Three-quarters of Gateway City districts do provide individual counseling to children, with or without a diagnosis or IEP, but more than 80 percent of district leaders say they lack the staff to provide these ser-

Figure ES1:

Districts Tracking Information Regarding Outcomes Associated with Utilization of Services



vices to all children who need them. Finding linguistically competent staff to deliver these services compounds the challenge in many cities; more than three-quarters of Gateway City districts have difficulty providing counseling because staff do not have the language skills to communicate effectively with students.

2. Gateway City students that require more intensive mental health treatment have difficulty accessing appropriate care in the community.

Despite considerable effort in Massachusetts to improve children's mental health services, Gateway City educators see a growing number of underserved students.

- Two-thirds of Gateway City districts characterize their communities as having moderate or major gaps in in the availability of therapeutic services, with particularly large unmet needs in mental health day programs, outpatient therapy, and trauma-focused therapy. These gaps result in long wait lists, which delay treatment or shift children to less suitable providers (i.e., therapists without linguistic or cultural competence or specialized training for the patient's condition).
- Even when services are available in Gateway Cities, children face a number of obstacles accessing them. District leaders frequently cite transportation as often or always a barrier (50 percent), followed by limits to insurance coverage (41 percent), and lack of insurance (32 percent).
- Linking students to less intensive support services in the community is also a challenge. Around two-thirds of Gateway City districts report moderate to major gaps in the availability of youth development programs and mentoring partnerships in their communities.

3. The backbone infrastructure Gateway Cities need to build high-functioning social and emotional support systems is underdeveloped.

Virtually every resource Gateway Cities have to build and sustain social-emotional support systems is targeted to programs and direct service provision, leaving precious few resources available to address the infrastructure desperately needed to support their efforts. Several platforms are needed to facilitate coordination and inform policymaking. They include:

- *Accountability and outcomes.* All Gateway districts are implementing a wide variety of social-emotional programs and services, but they generally lack the capacity to assess the outcomes of these efforts, such as the acquisition of social-emotional skills through evidence-based curricula or the behavioral changes resulting from intensive one-on-one community-based services. Only about one-fifth track utilization of community-based referrals and fewer track the outcomes associated with such services. Without the resources and capacity to monitor the impact of their efforts, district leaders cannot determine which instructional practices and services are yielding the most improvements for students. They also have dif-

ficulty factoring performance in this domain into accountability, which makes it more difficult to develop buy-in and commit time and resources to these activities.

- *Data systems and data integration*. Even when Gateway districts have the resources to monitor service provision or assess outcomes, they lack data systems that allow for data integration. In fact, many schools continue to document students' social-emotional issues and progress in paper files. Having an underdeveloped data infrastructure makes it difficult to assess school-wide or district-wide efforts, and makes it virtually impossible to share information across schools and agencies in order to coordinate care and to identify gaps in the services available in Gateway City communities.
- *Reimbursement and funding*. Only about half of Gateway City districts utilize third-party billing to recoup the cost of providing school-based counseling services. This can be explained, at least in part, by payment systems that do not facilitate the reimbursement of school districts for the costs of delivering medically necessary services to students, as several statewide taskforces have noted recently. Gateway Cities also frequently receive significant inflows of high-need students midyear due to unforeseen events, such as a new emergency shelter opening or refugee resettlement. Yet, there is currently no funding mechanism to help Gateway Cities absorb the unanticipated costs in a timely way, making it extremely difficult to adequately serve at-risk children during transitions, when they are particularly vulnerable.

To assemble the critical infrastructure needed to help Gateway Cities address barriers to developing and sustaining community-wide social and emotional support systems, this report blends ideas advanced directly by Gateway City educators with concepts collected from other quarters, and offers the following recommendations for consideration:

1. *Create funding mechanisms that better position schools to adequately address the social and emotional needs of their students*. As noted above, receiving reimbursement for medically necessary services is difficult and Gateway Cities are not adequately resourced to deliver the unanticipated services that they are called upon regularly to provide for the Commonwealth's most vulnerable children. Finding solutions to these financial challenges would better position Gateway Cities to overcome the barriers they face meeting the needs of all students.
2. *Partner with Gateway Cities to ensure that educators receive ongoing professional development*. High staff turnover makes it particularly difficult for Gateway Cities to sustain the work they put into preparing principals and teachers to create supportive learning environments and implement evidence-based curricula. With greater capacity to provide technical assistance and training, the Massachusetts Department of Elementary and Secondary Education (DESE) can aid districts working to implement and assess social and emotional programs at scale.
3. *Develop strategies to help Gateway Cities increase the cultural and linguistic diversity of their student support staff*. Recruiting a culturally diverse workforce to reflect the backgrounds of students is difficult for urban districts, but the problem is particularly severe when hiring social workers and other student support specialists. Given the critical importance of cultural sensitivity in these positions, creative new approaches must be found to address this problem.
4. *Promote innovation in school accountability to elevate the importance of social-emotional learning*. The lack of reliable assessments and an accountability framework for social-emotional instruction undermines its use. While these

assessments are still in the early stages of development and there are many unanswered questions about their use, the state can accelerate advances in this area by supporting districts looking to innovate and integrate social-emotional learning standards and accountability into their school improvement plans.

5. *Make use of technology to improve the delivery of behavioral health services.* From electronic health records and health information exchanges to integrated human service databases, Massachusetts is an undisputed leader in health IT. Given this expertise, efforts should be made to share the fundamental technology needed to support the realization of the community-wide social and emotional support systems Gateway Cities envision.

Figure ES2:

Perceived Gaps in Community-based Services: Districts Reporting a Moderate or Major Gap in Services

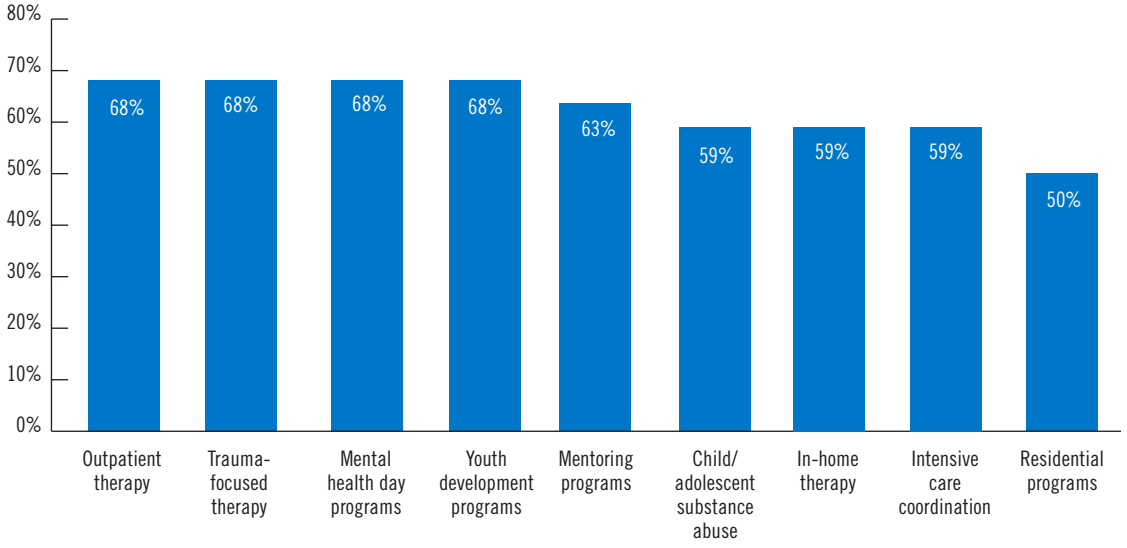
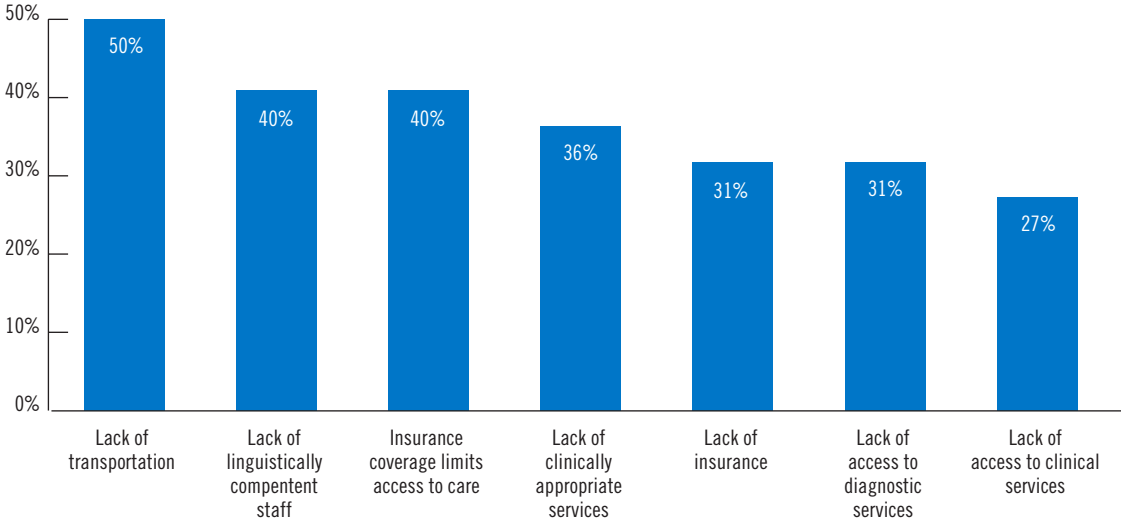


Figure ES3:

Barriers to Accessing Community Mental Health Services: Districts Reporting a Barrier Often or Always Exists



INTRODUCTION

School districts across Massachusetts are implementing a wide range of strategies to nurture the social and emotional development of their students. Efforts to create robust community-wide social and emotional support systems are particularly prevalent in Gateway Cities, where educators are deeply concerned by the effects of poverty and related issues, including mental illness, substance abuse, hunger, housing instability, child neglect, and violence.

This work is not new. For more than a century, urban educators have recognized that schools alone cannot address the social problems affecting children living in poverty, and they have sought to respond by connecting students to appropriate services through their schools.[1] But several undercurrents are changing the way leaders view social and emotional support systems and the urgency they attach to building them.

Perhaps the most notable shift is how the approach to providing social and emotional supports today is more connected to the curriculum and classroom instruction; in contrast, past models relied more heavily on school nurses, social workers, and external human service agencies. This development is driven by a growing body of research showing that providing social-emotional learning to all students can have a preventative effect. While there are many facets to this research, particularly poignant is the new science on the psychological trauma children growing up in poverty frequently endure and its impact on learning.[2] Outside of high-poverty school settings, social-emotional instruction is also catching on as preventative strategy for bullying and other more extreme forms of school violence—a growing problem for even the most affluent communities.

A second frame for the new emphasis on social and emotional supports, which is also very much grounded in the potential of instruction, is the growing recognition that social and emotional skills are critical to lifelong success. Once they were considered fixed personality traits, but research by the Nobel laureate James Heckman and others demonstrates that these character skills (often termed "soft skills" to the dismay of many in the field) can be taught effectively in public school settings.[3] High-growth industries in the new economy place a premium on a range of these skills, including the ability to collaborate, problem-solve, and adapt to change. These same skills have added significance in urban communities, where they can help students with differing cultures and values coalesce. Urban educators are also beginning to place greater emphasis on developing these skills in the context of racial identity, recognizing the unconscious impact racial bias can have on student performance.[4]

Community development is a final, more general lens through which one can view these Gateway City efforts. In neighborhoods where solutions to intergenerational poverty have been elusive and resources to marshal a robust response are increasingly scarce, leaders have been searching for more systemic and coordinated solutions. An oft-cited example is the integrated set of supports provided by the Harlem Children's Zone, and federal efforts to replicate this successful model through the *Promise Neighborhoods Initiative*. Looking to tap into resources made available through the Affordable Care Act, newer variants of this work have a strong emphasis on public health and social and emotional well-being. Examples include the Robert Wood Johnson Foundation's *Culture of Health* project, which

EFFORTS TO CREATE ROBUST COMMUNITY-WIDE SOCIAL AND EMOTIONAL SUPPORT SYSTEMS ARE PARTICULARLY PREVALENT IN GATEWAY CITIES

aims to focus communities on coordinated efforts to promote wellness; and the Aspen Institute's *Two Generation* program, built on the theory that the most effective way to move parents and children out of poverty is to serve them with whole family approaches.

Educators look at the rush to develop new models of social and emotional support with some healthy skepticism. Decades of work reveal how fraught with difficulty Full Service Schools and other models of providing wraparound services can be.[5] However, for all of the reasons outlined above, the idea of an effective community-wide system of social and emotional supports for students and families is too compelling to ignore.

Determined to meet the needs of their communities, Gateway Cities are becoming more tenacious and creative in their efforts to develop social and emotional support systems. Their most recent work has been advanced by a variety of programs administered by state education agencies. Responding to advocacy groups, lawmakers have also contributed by passing several significant pieces of new legislation. The collective voice of Gateway City leaders suggests a hunger to go further. Joining together to develop a common education vision in 2013, Gateway City educators made full build-out of community-wide social and emotional support systems a central pillar of their strategy.[6]

In an effort to assess progress toward the Gateway City vision for community-wide social and emotional systems, MassINC partnered with the UMass Donahue Institute to examine the status of these efforts from the lens of Gateway district leaders and educators. To that end, UMDI set out to assess the on-the-ground efforts of Gateway districts and give voice to their perspectives within the broader context of statewide policy and advocacy efforts. The pages that follow provide an overview of efforts in Gateway Cities to further the development of these systems, beginning with a review of recent policy developments in this area, followed by the presentation of findings from a survey of Gateway City district leaders and day-long site visits conducted with four districts, and concluding with a summary of key takeaways and five recommendations for consideration. This report is a joint effort of the UMass Donahue Institute and MassINC, with the Donahue Institute providing the data-driven findings and key takeaways and MassINC providing the overview of the broader context and strategic recommendations.

I. RECENT POLICY DEVELOPMENTS

Efforts to develop community-wide social and emotional support systems in Gateway Cities have been influenced by a flurry of activity at the state level, including new legislation, new programs and protocols from education agencies, changes to the delivery of behavioral health services, and advocacy initiatives. This context is important for understanding the current environment in Gateway Cities and the landscape for furthering state-level policy.

Legislation

During the past decade, the Massachusetts legislature passed several significant bills relating to the social and emotional growth of students. While these laws have been accompanied by very limited funding, they are spurring change in a variety of ways.

The first notable piece of recent legislation is the 2008 *An Act Relative to Children's Mental Health*. This law established the Behavioral Health and Public Schools (BHPS) Task Force and charged the body with building a framework to promote collaboration between schools and behavioral health service providers. In August 2011, the BHPS Task Force completed its work and presented a model with the following three tiers:[7]

Tier 1: Fostering the emotional well-being of all students through school-wide safe and supportive environments;

Tier 2: Providing supports and services that are preventive and enable schools to intervene early to minimize escalation of behavioral health symptoms; and

Tier 3: Delivering intensive services and participating in the coordinated care for the small number of students with significant needs.

The task force also issued a comprehensive self-assessment tool that districts can use to evaluate progress toward implementing a system that provides support across these three tiers.

While the BHPS Task Force was completing its work, the legislature passed a second law relating to social and emotional health in public schools. Among its many provisions, the 2010 *An Act Relative to Bullying in Schools* required the Department of Elementary and Secondary Education (DESE) to publish guidelines for the implementation of K through 12 social-emotional learning curricula. DESE released these guidelines in August 2011, around the same time the BHPS Task Force issued its framework.[8] The department's guidelines recommend the implementation of evidence-based curricula. They also encourage schools to complete the BHPS self-assessment.

The 2012 *An Act Relative to Student Access to Educational Services and Exclusion from School* is a third piece of major legislation with implications for Gateway City social and emotional support systems. The law mandates that students continue to receive educational services during periods of expulsion and suspension. When these provisions took effect in July 2014, they changed the nature of suspensions and effectively ended the practice of permanent expulsion.* While the law allows communities to seek reimbursement for expenses that they incur providing students with instruction in alternative settings, this only includes costs over the circuit breaker minimum; given this high threshold and the partial reimbursement provided by the circuit breaker, there are concerns that this new requirement may create budgetary challenges for Gateway City districts.[9]

The *Act Relative to the Reduction of Gun Vio-*

* It is also worth noting that, acting on evidence that racial disparities in school discipline contribute to disproportionate minority confinement, in recent years the US Department of Justice has pressured districts to examine disciplinary practices and seek alternatives to suspension.

lence, signed in August 2014, is the most recent indication that the legislature is still actively looking to ensure that schools develop strong social and emotional support systems. The law furthers the BHPS Task Force's recommendations by establishing a safe and supportive schools commission to advise DESE on the feasibility of statewide implementation of the BHPS framework. The law also calls upon DESE to provide a range of technical assistance to schools working to implement the framework.

Agency Programs and Protocols

In addition to implementing these legislative mandates, state agencies have worked to make the growth of social and emotional skills an integral component of schooling in a variety of ways. In 2010, the Board of Elementary and Secondary Education voted in 11 Conditions of School Effectiveness that articulate what all schools must have in place to educate students well. One of these conditions specifically calls for meeting the social, emotional, and health needs of all students. More recently, DESE made supporting social and emotional development a high-level goal in the department's 2014 Strategic Plan.

GATEWAY CITY LEADERS ARE FEARFUL THAT THEY WILL HAVE TO DISCONTINUE THESE PROGRAMS.

Massachusetts also called attention to the connection between social and emotional skills and career success in 2010, when the Board of Elementary and Secondary Education and the Board of Higher Education jointly adopted the following definition of career readiness: "an individual has the requisite knowledge, skills and experiences in the academic, workplace readiness and *personal/social domains* [emphasis added] to successfully navigate to completion an economically viable career pathway in a 21st century economy."[10]

To provide schools with more specific guidance, DESE developed the *Massachusetts Tiered System of Supports* (MTSS), a blueprint for building structures to meet the academic and non-academic needs of all students. Although originally developed within the special education section of the department, the Office of Tiered System of Supports now falls under an Associate Commissioner for the Statewide System of Support. This shift clearly underscores that the MTSS blueprint is meant to meet the needs of all students.

The MTSS office has hosted training sessions, such as the Positive Behavioral Intervention Supports Academy. The office also administers small grants that provide financial assistance for the development of tiered systems of support. Three Gateway Cities (Chelsea, Methuen, and Pittsfield) have received the *MTSS Partnership Grant,* which provides approximately $15,000 to support local implementation. Two others (Brockton and Lowell) have benefited from the *Safe and Supportive School Action Plans Grant,* a $10,000 award to help schools create safe and supportive learning environments for all students, based on the BHPS Assessment Tool.

More significant assistance flowed to a handful of Gateway Cities through the *Wraparound Zone (WAZ) Initiative,* a program supported with federal Race to the Top funding. Over 30 participating schools in six districts (Fall River, Holyoke, Lawrence, Lynn, Springfield, and Worcester) engaged in efforts to promote and improve school culture and climate, implement systems that identify student needs in academic and non-academic areas, and connect students to both universal supports and targeted interventions. These districts were expected to participate in a coalition of organizations and agencies to integrate a range of school and community resources for students, as well as to develop district-level systems to support the continuous improvement of their WAZ initiatives.

The WAZ grants provided up to three years

of funding that ended in FY 2013. Preliminary results from an independent evaluation conducted by American Institutes for Research suggests that these districts made considerable progress in implementing the wraparound approach, but the study also noted that maintaining these initiatives will be challenging without a sustainable funding source.[11]

Finally, Gateway City districts have utilized *School Improvement Grants* to strengthen the provision of social and emotional support in high-need schools. Between 2010 and 2014, these funds were available to Level 4 and 5 schools to underwrite the planning and implementation of turnaround strategies. Independent analysis suggests that a subset of turnaround schools that made substantial gains closing achievement gaps tended to provide targeted students with direct social and emotional support. As resources to offer these services are no longer available, Gateway City leaders are fearful that they will have to discontinue these programs.[12]

Behavioral Health Services

Access to mental health treatment is a critical component of social and emotional support systems. Often this care is delivered in school settings. When students receive services from external providers, school staff frequently play a role as members of an integrated treatment team. Issues relating to children's mental health have received significant attention by state health and human service agencies in recent years. While a full review of these efforts is beyond the scope of this report, two are particularly noteworthy.

In terms of changing the delivery of services to those with the greatest needs, the Children's Behavioral Health Initiative (CBHI) was a particularly prominent development. Established in 2008 by the Executive Office of Health and Human Services, the program implements the remedy in *Rosie D. v. Patrick*, a class action lawsuit filed on behalf of MassHealth-enrolled children with serious emotional disturbances. CBHI is intended to provide enhanced home and community-based behavioral health services. The initiative also includes a large interagency effort to develop an integrated system of state-funded behavioral health services for children and families.[13]

A second notable advance for children's mental health came in a major piece of legislation to contain health care costs enacted in 2012. The bill established a taskforce to examine opportunities to better integrate primary care and behavioral health treatment. This taskforce strongly emphasized that unaddressed child mental health conditions produce large long-term costs for the state. Drawing attention to barriers children face receiving mental health treatment that schools can help overcome, the taskforce called for the development of payment systems that allow for the reimbursement of medically necessary behavioral health services delivered in educational settings.[14]

While action on this recommendation is still pending, a similar finding was issued recently by the Children's Behavioral Health Advisory Council (a standing body created by the law implementing the *Rosie D.* settlement). The Council's 2014 annual report directed the state to explore health care financing systems that can facilitate reimbursement of behavioral health services provided in schools.[15]

Advocacy Initiatives

In large measure, the progress Massachusetts has made developing social and emotional systems of support over the past decade has been driven by research and advocacy organizations drawing attention to the need to place greater focus on improving behavioral health and promoting social-emotional learning.

For instance, the framework for creating trauma-sensitive schools that informed the 2008 children's mental health act was largely the product of efforts led by Massachusetts Advocates

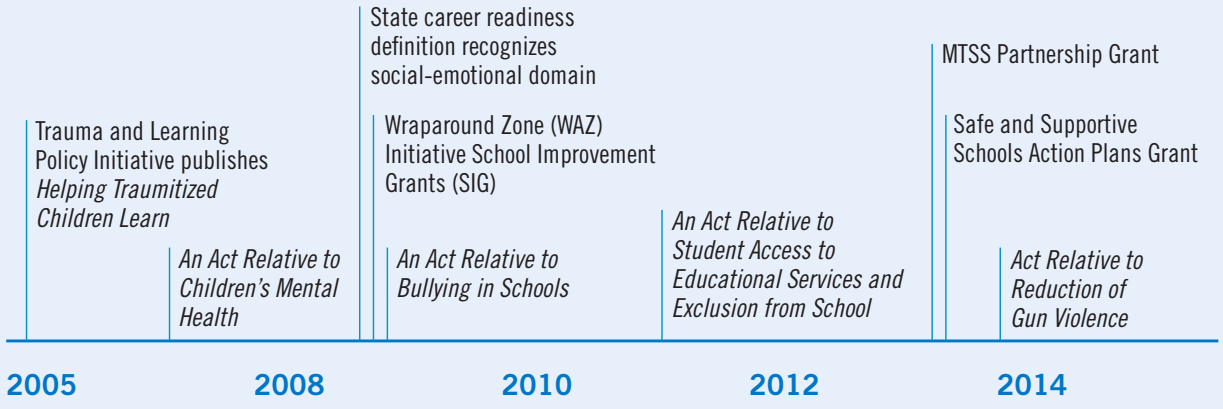
for Children. In partnership with Harvard Law School, Mass. Advocates formed the Trauma and Learning Policy Initiative. In 2005, the initiative published *Helping Traumatized Children Learn*, a report summarizing the emerging research documenting the impact trauma can have on children's learning, behavior, and relationships in school.[16]

The Social-Emotional Learning Alliance for Massachusetts (SAM) has also become actively engaged in policy efforts. With an all-volunteer public policy committee, SAM has promoted legislation such as a bill requiring all new teachers to receive training in social-emotional instruction.

Advocacy organizations have also been central to efforts to expand access to children's mental health care. Groups working to improve these services through a coordinated Children's Mental Health Campaign include Health Care for All, the Massachusetts Society for the Prevention of Cruelty to Children, and Health Law Advocates.

This context-setting narrative is far from complete. One should not infer that this wave of activity has necessarily strengthened social and emotional systems in Gateway Cities. The structures to deliver care are far more complex than can be captured here. It is particularly important to note that during the span of years covered in this review both the Department of Mental Health (DMH) and the Department of Children and Families (DCF) endured significant budget cuts. As captured by the Child Welfare League of America in a report examining systemic failures at DCF, resource limitations inhibited the ability of these agencies to care for the most vulnerable families, which Gateway City schools disproportionately serve.[17] In many ways, a close read of the section that follows suggests that despite all of the progress, educators see a growing number of children with unmet needs for social and emotional support.

STATE POLICY TIMELINE: INCREASING ATTENTION TO SOCIAL AND EMOTIONAL DEVELOPMENT



II. PERSPECTIVES FROM GATEWAY CITY EDUCATORS

School districts are just one part of a community-wide system to support social and emotional growth, but they are a central component. With unique access to a large majority of students and families, schools perform many of the primary functions, from screening children and delivering prevention programs to coordinating initiatives with outside agencies and providers. Lacking resources to examine the full breadth of Gateway City social and emotional support systems from multiple perspectives, Donahue Institute researchers focused on capturing the views of district leaders and educators. The results presented in this section are divided into four components: school district leadership, multi-tiered interventions, community-based services, and tracking utilization and outcomes.

1. School District Leadership

In small to midsize cities, school districts play a leadership role both in developing programs and policy across all schools and in integrating school-based initiatives and services with other organizations and providers in the community.

At this stage, many Gateway City school districts remain primarily focused on developing social and emotional support systems within their own network of school buildings. Nearly every district (21 of 22 responding) has a committee working on issues pertaining to social and emotional well-being, and more than half of the Gateway City districts are working to incorporate the BHPS framework into their school improvement plans (Figure 1).

Only about one-third of Gateway City districts have completed the BHPS self-assessment; however, during site visits, district leaders demonstrated a variety of other ways in which they are acting on recommended approaches in the framework. For instance, one administrator shared a policy and procedure manual with guidance for teachers on coordinating with mental health providers. Another described efforts to offer professional development to teachers and school leaders (who are responsible for meting out discipline) to build awareness that social and emotional issues can be at the root of inappropriate behavior.

While Gateway City school districts have a great deal of interaction with community partners, interviews suggest this activity is still somewhat transactional. For example, all four site-visit districts participate in regular meetings of local service providers and agencies, but these conversations tend to focus more on communicating updates regarding available services rather than planning or developing strategies to improve the provision and coordination of services.

CAPTURING GATEWAY CITY PERSPECTIVES

The University of Massachusetts Donahue Institute designed and implemented a district-focused study documenting the perspectives of Gateway City educators. The data presented throughout this section of the report are based on that study and serve, in part, to support this report's overall findings and MassINC's strategic recommendations.

In-depth interviews were conducted with Gateway City district leaders and educators during day-long site visits at four school districts (Brockton, Fitchburg, Revere, and Springfield).

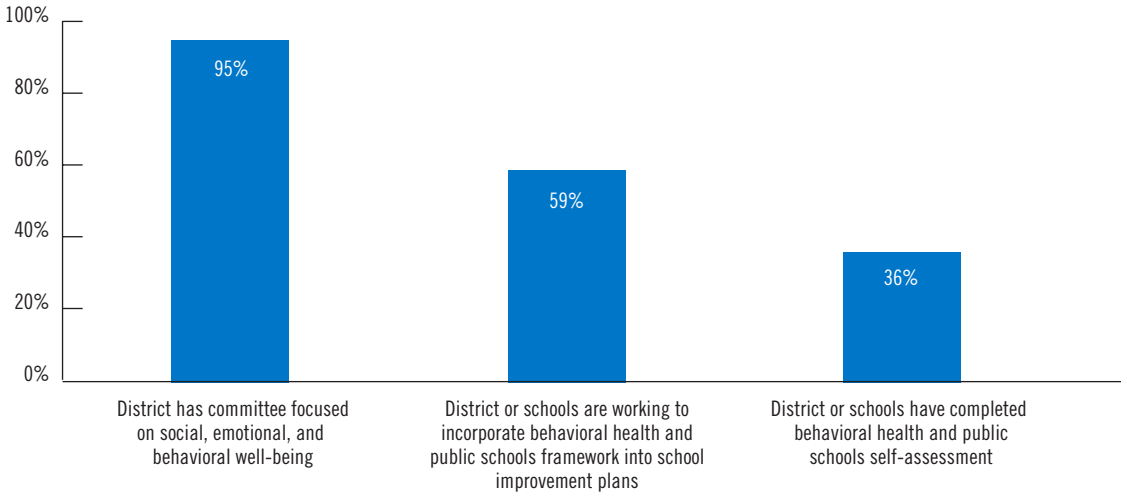
An online survey was emailed to the superintendent in each of the 26 Gateway City school districts. Twenty-one districts completed the survey and two districts responded in part.

The survey and a complete description of the methodology are provided in the Appendix.

There are some promising models of broader system-building efforts unfolding. Fitchburg, for instance, has formed a Health Advisory Wellness Committee to improve both physical and behavioral health within district schools and the larger community. The committee shares policies, protocols, and health curriculum offerings across school buildings to better coordinate efforts and reduce duplication. With the school district's leadership, Brockton has developed a Trauma Advisory Board. Established in 2008 with funding from a Safe and Supportive Schools grant, the board promotes coordination across the community with representatives from various state agencies, school committee members, police officers, the district attorney's office, the Boys and Girls Club, faith-based organizations, and Massachusetts Advocates for Children.

Figure 1:

District support of social, emotional, and behavioral well-being



APPRECIATING THE DEPTH OF THE CHALLENGE IN GATEWAY CITIES

Given that the needs of Gateway City students are well documented, the study did not focus on this as an area of inquiry. Throughout the study, however, district leaders repeatedly voiced concern over the growing prevalence of poverty, violence, substance abuse, mental illness, hunger, and housing instability and homelessness as chief among the issues their students encounter each and every day. Several district leaders reported that they are seeing severe social, emotional, and behavioral issues presenting at younger ages, including preschool and first grade. One superintendent noted that the adverse conditions and experiences his students face make it difficult for them to recognize what is "normal." He explained that children are coming to school believing that their experiences are the norm and functioning in a "fight or flight mode." One district estimated that 60 percent of their students have been exposed to trauma, and pointed out that there were at least 150 psychiatric hospitalizations of their students over the past year. Another noted that "it is not unusual to have kids needing to be removed by ambulance in the lower elementary levels due to completely unraveling." A few districts also noted the growing documented and undocumented immigrant populations and refugee populations with their unique issues and challenges, as well as the lack of support to address their needs.

While the growing attention to social and emotional development is seemingly good news for Gateway districts, with their high numbers of at-risk students, district leaders repeatedly voiced concern that the state's efforts have been generally underfunded. Moreover, Gateway City educators have been noticeably absent from the design and development of these policies and approaches, and the unique and demanding needs of their districts have not necessarily been fully considered.

2. Multi-Tiered System of Supports

The direct functions school districts play in a community-wide approach to the social and emotional development of youth lie within what is commonly termed a multi-tiered system of supports. This multi-tier system is often portrayed graphically as a pyramid with three levels: The base, or Tier 1, includes universal interventions that aim to foster the well-being of all students. Tier 2 is a middle layer of targeted early interventions focused on students identified with low to moderate needs. The peak, or 3rd tier, contains intensive services provided only to those students with serious behavioral health conditions. Efforts to build multi-tier systems in Gateway Cities span all three layers. Survey responses and interviews reveal success and challenges at each tier.

Tier 1: Universal Interventions

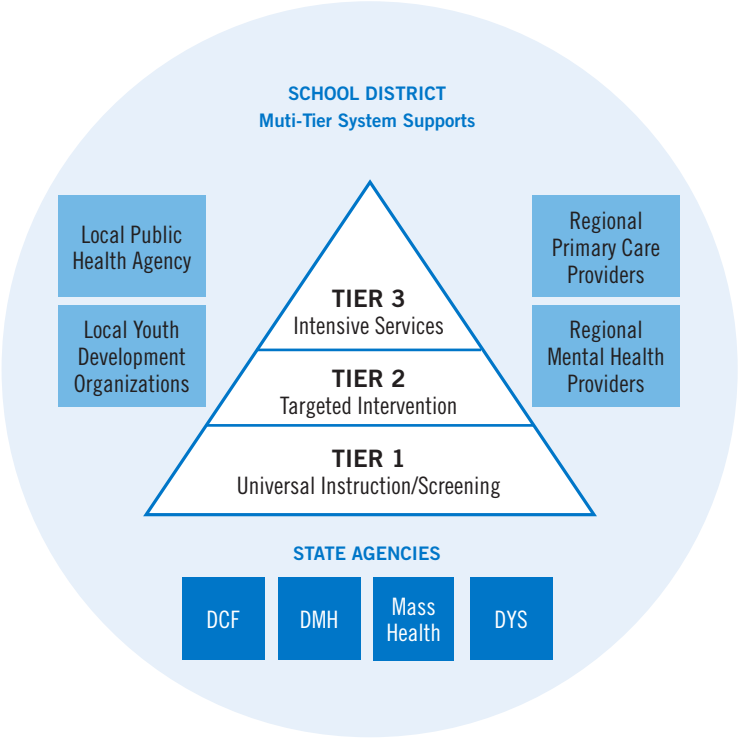
The first tier of the support system involves universal screening and instruction. The term "universal" conveys that these efforts touch all children in a grade or school. They are designed to build up each student's assets or protective factors, identify students at higher risk, and create a healthy whole-school climate that promotes common expectations around behavior.[18]

Universal Screening

Universal screening tools identify children who may be at risk for mental health problems. Research shows that these procedures help educators pinpoint behavioral disorders early, reduce the likelihood of misdiagnosing learning disabilities, improve student outcomes, and lower special education costs.[19] The BHPS framework calls for universal screening to monitor the academic as well as the social, emotional, and behavioral development of all students. A number of validated tools exist that teachers with appropriate training can use to carry out these screenings. DESE recommends employing these tools in combination with data management software that allows for progress monitoring.[20]

Only about one-third of Gateway City districts indicated that they have procedures in place to assess the social and emotional development of students (Table 1). And very few (2 of 21 responding) reported implementing screening procedures in all schools across the district and at every level (elementary, middle, and high school), though not necessarily in every grade. Of those that do universal screening, most (5 of 7) have a data system in place to track results.

Although the data seem to suggest that some Gateway districts are practicing universal screening procedures, the extent to which their practices are truly universal, utilize a valid screening tool, and are consistent with the BHPS recommendations is unclear. For instance, when describing their universal screening process, several of the Gateway district survey respondents provided information about their use of school-based teams to identify and assess students. While it may be



the case that these teams could receive referrals about any student, it is unlikely that they individually assess each and every student on a regular basis. During site visits, three of the four districts described implementing a tiered screening approach in several of their schools at the elementary, middle, and high school levels consistent with the Positive Behavioral Intervention Supports (PBIS) model. But of the districts reporting having universal screening, none of them identified a specific tool.

While it may be the case that some Gateway districts are implementing universal screening to some degree, the data suggest that there is some confusion about what constitutes universal screening and how it should be implemented.

Social and Emotional Learning

Universal approaches to developing social and emotional well-being also include the implementation of classroom-based curricula or school-wide approaches focused on teaching or modeling skills such as self-awareness, social relationships, and decision-making, and creating safe, positive learning environments. There is strong empirical support for these social-emotional programs. A recent meta-analysis found that children receiving this form of instruction had significantly improved social and emotional skills and academic performance. These studies showed positive and significant outcomes at all educational levels (e.g., elementary, middle, high school) and across different types of communities (e.g., urban,

Table 1:

Utilization of Universal Screening Procedures (n=21)

	NUMBER	PERCENT
District has universal screening procedures in place to assess the strengths and challenges of students relative to social emotional skills and behaviors.	7	33%
Of districts with screening procedures, school-level utilization of screening		
Elementary Schools		
All schools across district	4	57%
Most schools across district	1	14%
Some schools across district	1	14%
No schools across district	1	14%
Middle Schools		
All schools across district	3	42%
Most schools across district	1	14%
Some schools across district	1	14%
No schools across district	2	28%
High Schools		
All schools across district	4	57%
Most schools across district	1	14%
Some schools across district	0	0%
No schools across district	2	28%
Of districts with screening procedures, those with a data system in place to track screening results.	5	71%

Table 2:

Utilization of Classroom-based Curricula and School-wide Approaches (n=22)

	NUMBER	PERCENT
Districts that have schools implementing at least one classroom-based curriculum or school-wide approach.	22	100%
Of these, average number of curricula or approaches being implemented.	3.55	—
PBIS/RTI	17	77%
Second Step	17	77%
Responsive Classroom	14	63%
Open Circle	7	31%
Steps to Respect	7	31%
LifeSkills	6	27%
Other (Elements of Responsive Classroom, Guided Discipline, Restorative Justice, Social Thinking)	4	18%
Developmental Designs	2	9%
PATHS	2	9%
Al's Pals	1	4%
Michigan Model	1	4%

Table 3:

Level of Implementation of PBIS/RTI, Responsive Classroom, and Second Step (n=21)

	PBIS	RC	SECOND STEP
Number of Districts Implementing	17	14	17
Elementary Schools			
All schools across district	41.2%	14.3%	47%
Most schools across district	23.5%	14.3%	5%
Some schools across district	23.5%	57.1%	35%
No schools across district	8.7%	0.0%	5%
Don't know	0.0%	14.3%	5%
Middle Schools			
All schools across district	47.1%	14.3%	17%
Most schools across district	11.8%	7.1%	0%
Some schools across district	35.3%	21.4%	0%
No schools across district	5.9%	50.0%	70%
Don't know	0.0%	7.1%	11%
High Schools			
All schools across district	29.4%	7.1%	5%
Most schools across district	0.0%	0.0%	0%
Some schools across district	17.6%	14.3%	0%
No schools across district	47.1%	64.3%	76%
Don't know	5.9%	14.3%	17%

suburban, rural).[21]

The implementation of classroom-based social-emotional curricula or school-wide approaches to support social emotional learning and positive behaviors is common in Gateway Cities. All of the districts report efforts to implement at least one classroom-based social-emotional learning curriculum or approach, with most districts utilizing more than one (Table 2).

Survey results suggest the majority of Gateway Cities are employing at least one evidence-based program, such as Second Step, PBIS, and Responsive Classroom, in their elementary and middle schools (Table 3).

While an assessment of the fidelity or quality of implementation is beyond the scope of study, information gathered suggests that districts may struggle to offer programs as prescribed. For example, less than one-half of the districts implementing these strategies report having acquired all of the necessary professional development (Figure 2).

More specifically, the survey revealed extensive first-tier professional development needs (Table 4). All respondents believe they require more professional development on using disciplinary approaches that balance accountability with an understanding of students' social and emotional needs at all school levels in their district. And the vast majority indicated a desire for professional development related to identifying the early warning signs of social, emotional, and behavioral issues; responding to students with social-emotional or behavioral concerns; and understanding the impact of trauma on students' learning and social, emotional, and behavioral issues at school across all schools in the district. Comments from survey respondents underscore these findings (see text box, p. 22).

Figure 2:

Status of Professional Development among Districts Implementing PBIS, Responsive Classroom, or Second Step

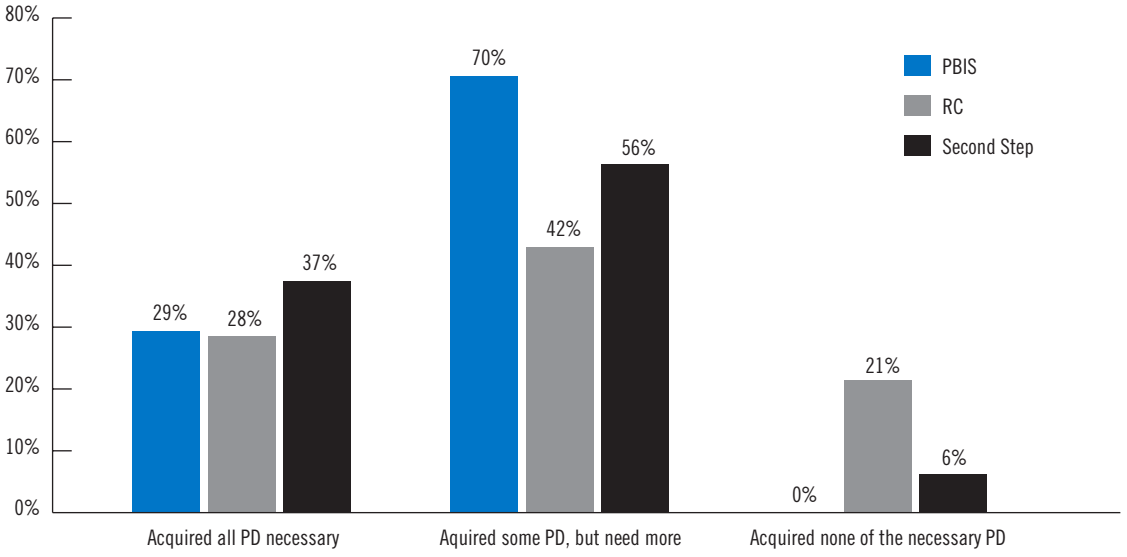


Table 4:

Districts Reporting a Need for Professional Development (n=21)

TOPICS	ELEMENTARY SCHOOLS	MIDDLE SCHOOLS	HIGH SCHOOLS
Identifying the early warning signs of social, emotional, and behavioral issues.	95%	95%	95%
Responding to students with social emotional or behavioral concerns.	95%	95%	95%
Knowing what school-based resources are available for students with social, emotional, and behavioral issues.	52%	52%	57%
Increasing cultural sensitivity.	71%	76%	76%
Engaging and communicating with families.	61%	81%	85%
Understanding the impact of trauma on students' learning and social, emotional, and behavioral issues at school.	95%	95%	95%
Using disciplinary approaches that balance accountability with an understanding of students' social, emotional, and behavioral issues/challenges.	100%	100%	100%

WHAT ARE SOCIAL AND EMOTIONAL SKILLS?

INTERPERSONAL
Leadership
Negotiation
Collaboration
Responsibility
Trust

INTRAPERSONAL
Grit
Adaptability
Curiosity
Self-direction
Initiative

Lack of consistent terminology to define social and emotional skills is a great frustration for those in the field. Experts interchangeably use a variety of vague terms, including character skills, 21st century skills, soft skills, and, perhaps the most unintelligible, non-cognitive skills. A clearer way to understand the skills that fall under the social and emotional umbrella is to divide them into two buckets: intrapersonal skills, which involve self-management, and interpersonal skills, which involve social interaction with others.

The Collaborative for Academic, Social, and Emotional Learning (CASEL) groups these skills into five competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision making. According to CASEL, schools can most effectively help students build these social-emotional competencies through multiyear efforts, beginning in preschool and continuing through high school. These efforts must be integrated to include effective classroom instruction, student engagement in positive activities in and out of the classroom, and broad parent and community involvement in program planning, implementation, and evaluation.[22]

The Boston-based nonprofit Transforming Education offers a preliminary estimate that, on average, teachers in the United States devote 4.3 hours to social-emotional learning per week. The value of this time amounts to somewhere between a $20 billion and $46 billion annual investment. While the literature is clear that social-emotional learning can produce sizeable gains, it also makes plain that these curricula must be implemented with fidelity to produce meaningful outcomes. Because districts do not use common social-emotional learning assessments, it is difficult to determine whether this programming yields improved SEL skills and to compare outcomes across programs.[23]

OVERCOMING TIER 1 CHALLENGES

Establishing buy-in around social and emotional learning is not an easy task. Adults must embrace the approach and model the behavior for their students. This can sometimes be difficult when teachers have different values and varying expectations for their students.[24] Research also shows that urban schools often struggle to implement evidence-based social and emotional learning models because of high staff turnover and a tendency to under-resource these programs.[25] Interviews with Gateway City leaders suggest they have encountered similar challenges in building a strong first tier, upon which their social and emotional support systems rest.

District leaders consistently emphasized that their desire to sustain or expand programs brushes up against financial realities, particularly when these programs are resourced with time-limited grants. Without sufficient funding, providing the ongoing professional development necessary to offer social emotional programs becomes a stubborn obstacle. As one survey respondent noted, "once the grant money is gone sustainability is a challenge, particularly in development of staff as turnover occurs."

Springfield serves as an excellent illustration of the difficult choices educators face when time-limited grant dollars supporting evidence-based programming dry up. Wraparound Zone funding underwrote the initial implementation of PBIS in Springfield. After the three-year grant ended, the district was forced to draw from the general education budget to sustain PBIS. Similarly, a School Improvement Grant supported the City Connects program in Springfield. The district highly valued this program, noting academic improvements in City Connects schools. The program was implemented in eight elementary and six middle schools with School Improvement Grant and Race to the Top funding. While district leaders would like to expand these programs, they struggle just to maintain them at current levels.

Gateway City leaders see other Tier 1 impediments, including differing priorities among individual school leaders and simply not having enough time to address social-emotional programming, both in terms of planning and implementation. One survey respondent wrote, "There are too many initiatives coming down from DESE, leaving limited time for full implementation of curricula and approaches that support social/emotional and behavioral [issues] with fidelity."

Tier 2: Targeted Interventions

Targeted Tier 2 interventions are both "selective" (i.e., provided to students at greater risk for an emotional disorder, such as a child who has witnessed violence) and "indicated" (i.e., a child whose behavior suggests they are at-risk).[26] These targeted interventions include student support teams and a variety of services that children with low to moderate needs commonly receive inside of school.

School-based Student Support Teams

For many years, schools have used student support teams to develop appropriate plans to meet the individual needs of children who require additional social and emotional support. Research shows that these teams can increase collaboration among teachers, student support specialists, and parents. While there is often dramatic variation in how teams function from building to building, evidence suggests effective support teams can lower referrals to special education and increase the academic learning time students receive.[27]

Most Gateway City districts have school-based student support teams (Table 5). Survey results show teams are present in all elementary schools for 15 districts, in all middle schools for 16 districts, and in all high schools for 17 districts.

Among districts that provided information about the identification and referral process, most indicated that referrals to school-based teams could be made by anyone on staff. It was also noted, how-

Table 5:

Utilization of School-based Support Teams (n=22)

	NUMBER	PERCENT
District utilizes school-based teams to discuss students with identified social, emotional, or behavioral concerns and develops plans to support those students.	21	95%
Prevalence of School-based Teams (n=20)		
Elementary Schools		
All schools across district	15	75%
Most schools across district	5	25%
Some schools across district	0	0%
No schools across district	0	0%
Middle Schools		
All schools across district	16	80%
Most schools across district	3	15%
Some schools across district	1	5%
No schools across district	0	0%
High Schools		
All schools across district	17	85%
Most schools across district	2	10%
Some schools across district	1	5%
No schools across district	0	0%

ever, that referrals generally come from teachers, guidance counselors, or school psychologists.

School-based student support teams are composed of a variety of staff members, including school administrators, special education teachers, adjustment counselors, general education teachers, and guidance counselors (Table 6). Few school-based teams include district-level administrators, consulting psychiatrists, or community-based providers.

Among districts utilizing school-based student support teams, 15 indicated that parents are invited to participate in team meetings. In addition, 17 reported having a process to attain parental consent to involve community-based mental health providers in team meetings about their child.

Second-Tier Programs or Supports

Gateway City districts offer a range of second-tier supports. One common model is the use of advisory periods, an approach increasingly found in urban schools to help personalize learning and give students a stronger connection to a caring adult. Though this is generally a universal approach, it may have particular benefits for those most in need of additional support. Though there is little empirical evidence demonstrating outcomes with these students, qualitative research suggests that in schools where advisories have been implemented well, teachers see them as a critical tool. Conversely, when they are mainly a home room model for attendance taking and other administrative functions, teachers feel they

Table 6:

Composition of School-based Teams (n=21)

MEMBERS OF TEAM	NUMBER	PERCENT
School administrators	19	90%
Special education teachers	19	90%
School adjustment counselors	18	85%
General education teachers	17	81%
Guidance counselors	16	76%
School nurses	13	61%
School psychologists	13	61%
Social workers	10	47%
District administrators	7	33%
Other	3	14%
School/consulting psychiatrist	2	9%
Community-based providers	2	9%
Local state agency representatives	0	0%

consume time without providing any real value.[28]

Three-quarters of Gateway City districts have advisory programs (Table 7). They are most common in high schools, with about half of districts reporting advisory programs in all of their high schools. In middle schools, they are far less prevalent; among the 22 districts responding, just four have advisories in all of their middle schools.

School-based mentoring is another widespread second-tier support. This practice has been subject to rigorous evaluation and yields mixed results. While in some circumstances school-based mentoring may have benefits—especially for students with moderate behavioral health conditions that do not prevent them from establishing relationships—studies show that mentoring can have unintended consequences, particularly for teenage boys.[29]

Mentoring is common in Gateway Cities, with about three-quarters of the districts having established these programs in at least one of their schools.

Support groups and skills-based workshops are another very common form of second-tier service. These groups and workshops cover a range of topics, from coping with grief, family mental illness, and family substance abuse to forming healthy relationships and building social skills. There are also groups focused on specific subpopulations (e.g., a support group for students with incarcerated parents) and specific events (e.g, a support group for girls who witnessed or experienced extreme violence while crossing into the United States through Mexico).

REVERE'S ADVISORY PROGRAM

In 2011, Revere designed an advisory program that assigns every high school student an advisory teacher during their freshman year. Students meet regularly with their advisor for their entire high school career. Each teacher is linked with approximately 16 students who meet as a group three times a week. Advisories focus on providing a structure to support the development of relationships between the teacher and students, with a goal of supporting students' social emotional well-being. The program also provides an opportunity for teachers to monitor changes in students and make referrals or recommendations to colleagues about following up with a student to address social-emotional concerns or needs. Advisors are also expected to act as liaisons and connect with parents as appropriate. The principal attributes the high school's recent successes—including falling dropout rates and rising academic performance—at least in part to the personal relationships formed through the advisory program.

Table 7:

Utilization of Advisory and Mentoring Programs (n=22)

	NUMBER	PERCENT
Schools in district have an Advisory Program linking students to a caring adult.	17	77%
Elementary Schools		
All schools across district	2	11%
Most schools across district	0	0%
Some schools across district	6	35%
No schools across district	8	47%
Middle Schools		
All schools across district	4	23%
Most schools across district	1	6%
Some schools across district	8	47%
No schools across district	4	23%
High Schools		
All schools across district	11	65%
Most schools across district	0	0%
Some schools across district	4	23%
No schools across district	1	6%
Schools in district have a Mentoring Program where at-risk students are matched with an older student in a one-on-one relationship.	16	73%
Elementary Schools		
All schools across district	1	6%
Most schools across district	2	12%
Some schools across district	6	37%
No schools across district	5	31%
Middle Schools		
All schools across district	3	19%
Most schools across district	1	6%
Some schools across district	6	37%
No schools across district	5	31%
High Schools		
All schools across district	5	31%
Most schools across district	3	19%
Some schools across district	4	25%
No schools across district	3	19%

Tier 3: Individual Interventions

Third-tier interventions for children with intensive social and emotional needs reach very few students directly, but the ability to deliver them effectively impacts the whole school. Especially in high-poverty districts, serving those with intensive needs can improve school climate and reduce so-called peer contagion.[30] Third-tier supports commonly include clinical intervention teams and individualized supports and services.

Clinical Intervention Teams

When school-based support teams are insufficient to address complex student needs, some districts utilize clinical consultation teams to gain medical expertise.

Two-thirds of Gateway City districts reported turning to a clinical team when school-based support teams were not able to meet a student's needs (Table 7). Of the 15 districts with a clinical support team in place, 9 invite parents to participate in meetings about their child and 11 have a process to attain parental consent to involve community-based mental health providers in clinical intervention team meetings.

In general, clinical intervention teams resemble school-based support teams. One notable difference, however, is the involvement of district-level administrators (e.g., directors of special education, pupil and personnel services, or counseling/psychological services); three-quarters of clinical teams have district administrators, compared with just one-third of school-based teams.

Individual Supports and Services

Ensuring students receive the care required for more intensive social, emotional, or behavioral conditions is particularly challenging for Gateway Cities.

Some Gateway City districts focus the provision of individual services and supports on students with an Individualized Education Plan (IEP), a legally binding written plan that describes exactly what services and accommodations a child with a learning disability will receive. However, about three-quarters of the districts also seek to offer individual counseling and support to those without a diagnosis or IEP (Figure 3).

Only about half of Gateway City districts utilize third-party billing to recoup costs they incur providing counseling services.

During site visits, school-based mental health counselors emphasized that the goal of their work with students (with or without a diagnosis) is to link them with community-based mental health services and to support students staying in or transitioning back to traditional school environ-

Table 8:

Prevalence of Clinical Intervention Teams (n=23)

	NUMBER	PERCENT
District utilizes a clinical intervention team to provide additional assessment and consultation if plans implemented by school-based are not adequate.	15	65%
Of districts with clinical intervention teams: Parents are invited to participate in clinical intervention team meetings about child. Process exists to attain parental consent to involve community-based mental health providers in clinical intervention team meetings about child.	 9 11	 60% 73%

Figure 3:

Delivery of Individual Services and Supports

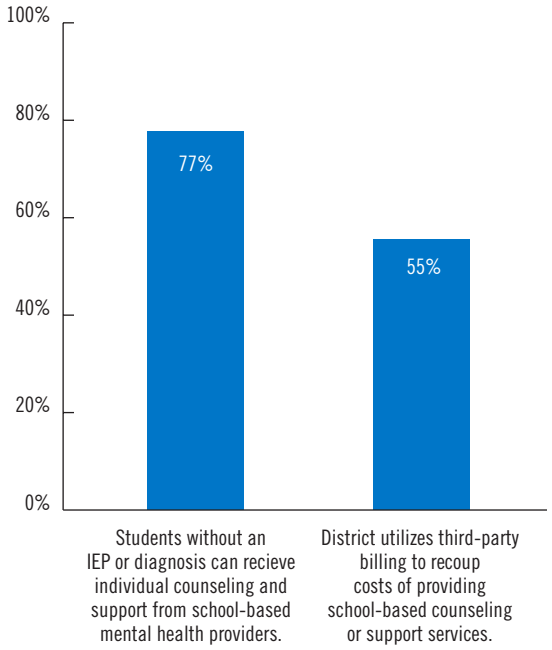
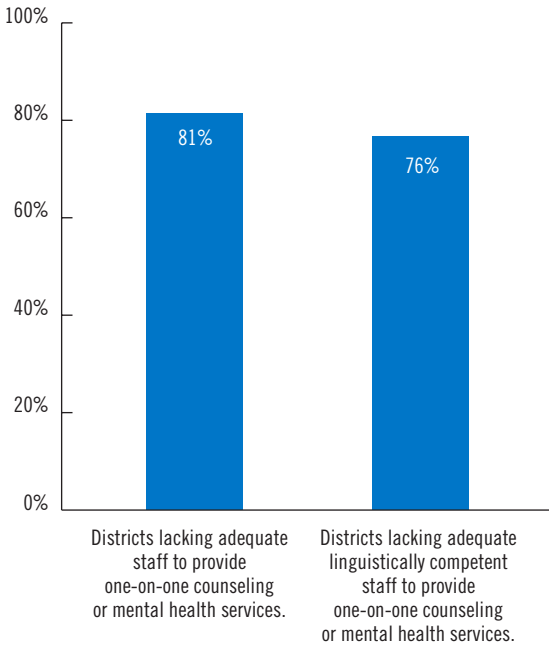


Figure 4:

Staffing to Provide Individual Services



ments. This role is filled by various staff in the four site-visit districts, but generally included building-based licensed social workers, adjustment counselors, guidance counselors, and in some instances school nurses. School psychologists also provide support, but they are generally not building-based in Gateway City schools (see text box p. 32).

Gateway City district leaders noted that they aim to have school-based mental health providers linked with every school building, though they stressed that they are not able to provide staffing at that level. Most districts reported having insufficient staff to provide one-on-one counseling or mental health services when needed (Figure 4). These staffing challenges are further exacerbated by the need for linguistically and culturally appropriate school-based services. Three-quarters of the Gateway City districts described difficulty hiring linguistically competent staff to deliver individual treatment.

3. Community-Based Mental Health and Other Services

Community-based services are critical to supporting a growing number of Gateway City students with more significant social and emotional needs. Although districts describe strong collaborations with community partners, they also see significant gaps in the availability of services and systems required to coordinate the care delivered by community providers with services offered in school settings.

Two-thirds of Gateway City districts characterized their communities as having moderate or major gaps in therapeutic services, including outpatient therapy, trauma-focused therapy, and mental health day programs. A similar percentage of districts reported moderate or major gaps in youth development and mentoring programs (Figure 5).

Even when services are available in the community, students and families often face barriers to accessing them. One-half of districts reported

Figure 5:

Perceived Gaps in Community-based Services: Districts Reporting a Moderate or Major Gap in Services

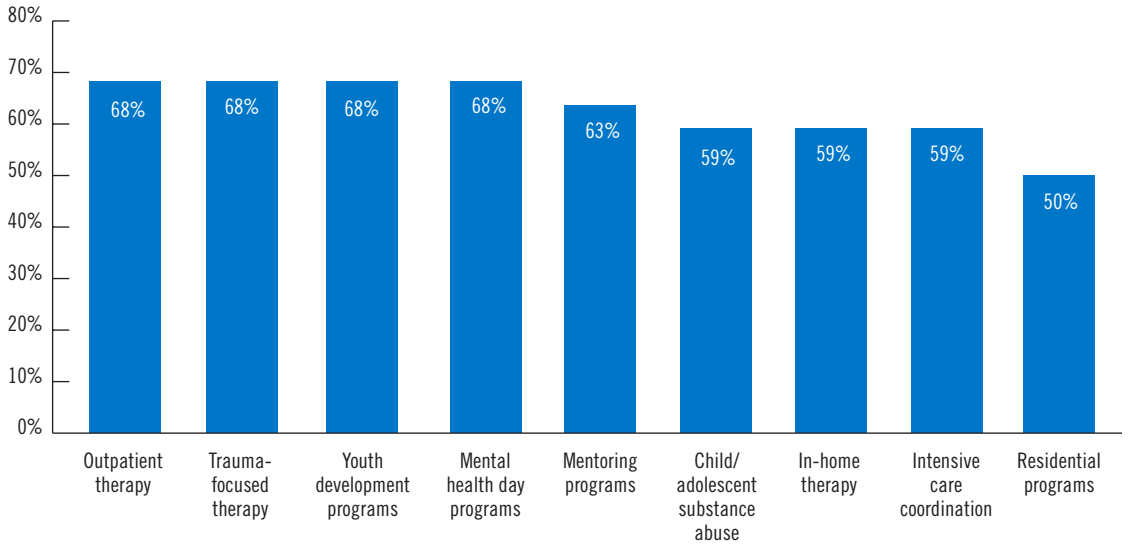
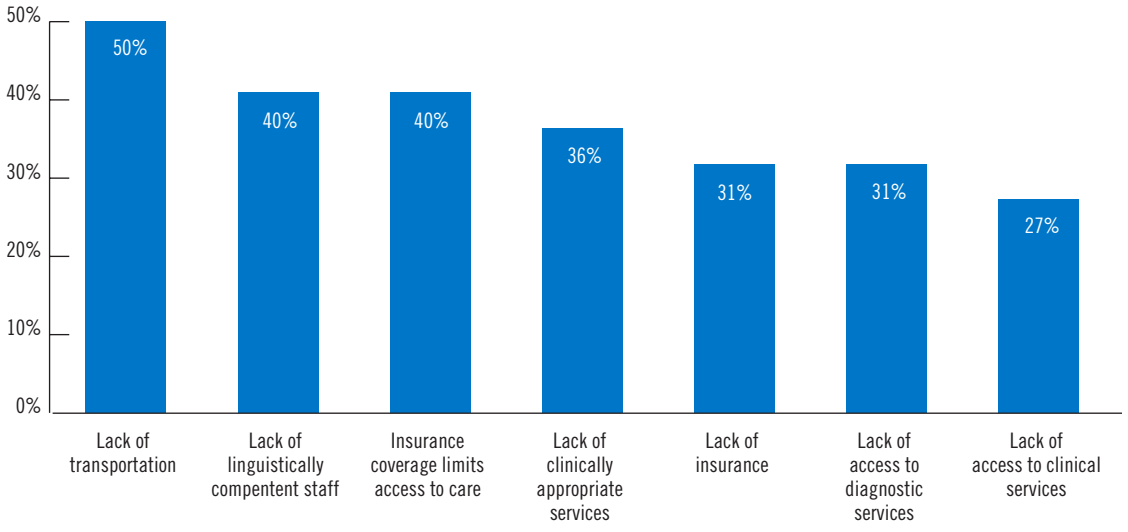


Figure 6:

Barriers to Accessing Community Mental Health Services: Districts Reporting a Barrier Often or Always Exists



that lack of transportation is often or always a barrier (Figure 6). In addition, just over 40 percent noted that language barriers and inadequate insurance coverage limit the effectiveness of community-based care. (For instance, districts noted that insurance limitations often mean care ends before students are ready to return to school.) Survey respondents also identified a number of other challenges, including mental health stigma, agency rules that prohibit psychiatric care unless the student is also receiving psychotherapy, the lack of continuity of care by the same professional over time, and fragmentation of services.

Survey data suggest ongoing collaboration between Gateway City school districts and com-

munity-based providers. More than three-quarters of the districts participate in regular, structured meetings with community-based providers and over half say they are often or always notified when a student is receiving community-based mental health services.

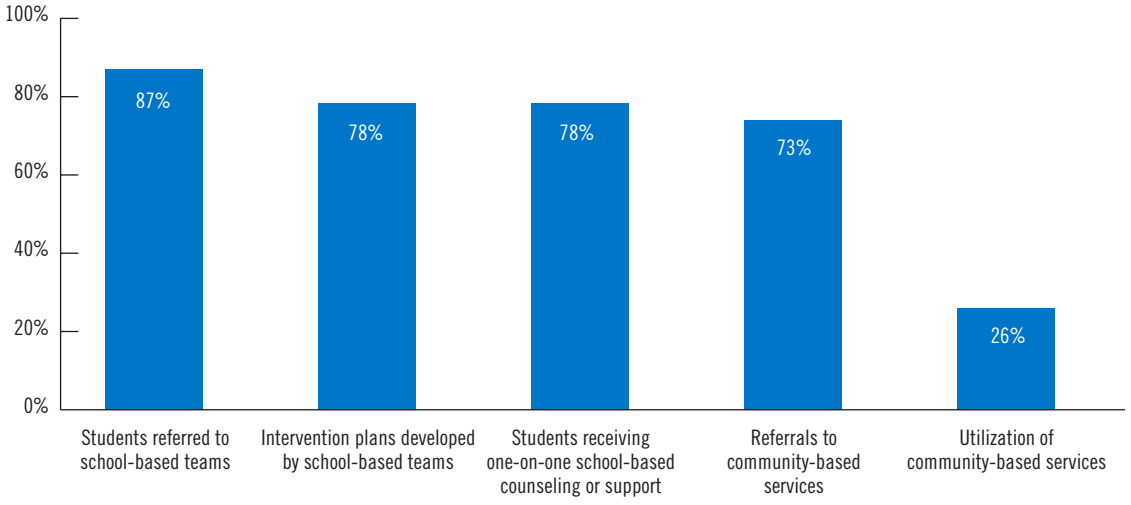
However, these collaborative efforts do not necessarily translate into care coordination. During site visits, district leaders highlighted systemic problems when trying to coordinate and access services with community-based mental health providers and state agencies. In cases where school leaders are aware that a student is receiving community-based mental health treatment, they reported there is often a lack of communication to support alignment of services. For example, one district noted that even when there are agreements for agencies to provide services to students in the schools, ongoing information about treatment is not consistently communicated to school social workers. Another district expressed concern about not being notified by community providers when their students are diagnosed with serious mental health conditions. The lack of notification was not seen as just an issue with community providers. District leaders and school-based mental health providers also expressed concern about not receiving information about the status of students referred to DCF. While confidentiality laws may have some impact on communication and coordination, district leaders noted other, more prevalent factors.

District leaders reported that communication and coordination between schools and community providers is haphazard, and based largely upon individual relationships, rather than an agreed-upon process. District leaders cited a need for protocols for communication or coordination of services in which clearly agreed-upon circumstances trigger when and how medical centers, DCF, or other providers share information.

During site visits, leaders from all districts described a "desperate" need for psychiatric (child-focused and outpatient), clinical, and wrap-around services. One district noted routinely seeing long waits for psychiatric beds or psychiatric day programs and one-on-one counseling in the community. Leaders in this district further explained that therapeutic interventions, ranging from family supports to psychiatric beds, are

Figure 7:

Districts Tracking Information Regarding Utilization of Services



just not available "anywhere close to the need that [they] see." Even when services are available, services such as psychiatric day programs are often supported by insurance for only two weeks. Once coverage ends, students are returned to school with needs unaddressed. The lack of availability and state support for intensive services is creating an untenable situation for districts that have students with severe and persistent issues. Survey respondents highlighted similar issues in their comments.

4. Tracking Utilization of Services and Student Outcomes

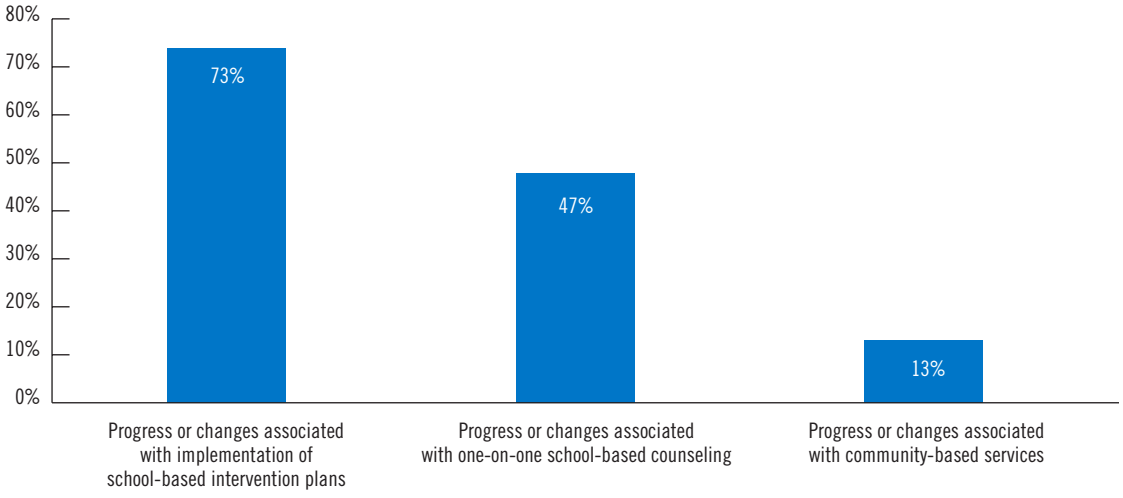
Understanding the extent to which social-emotional programs and supports are effective requires data to track utilization and outcomes. Most Gateway City districts track student referrals to school-based support teams and more than three-quarters track intervention plans and the number of students receiving one-on-one counseling and support from school providers (Figure 7). While three-quarters also track referrals to community-based services, only about one-quarter of the Gateway City districts document utilization of those referrals.

The extent to which districts monitor outcomes varies according to the provider (Figure 8). Most districts track changes associated with the implementation of school-based intervention plans, but less than half monitor outcomes associated with school-based counseling and only three capture outcomes associated with community-based services.

While districts are clearly making efforts to track utilization and outcome data beyond required reporting related to IEPs, district leaders and data managers shared that this information was usually recorded only at an individual level. Most often this information is maintained by guidance counselors, adjustment counselors, or school social workers in paper files. Tracking systems are inconsistent and fragmented, lacking in clear definitions of what should be monitored and how it should be captured. This makes it difficult to aggregate data to monitor trends and outcomes at a school or district level.

Figure 8:

Districts Tracking Information Regarding Outcomes Associated with Utilization of Services



STUDENT SUPPORT STAFFING CHALLENGES

During site visits, Gateway City leaders made it clear that virtually all district and school personnel have a role in supporting the social, emotional, and behavioral well-being of students. However, social workers, adjustment counselors, guidance counselors, nurses, and psychologists were most frequently identified as the primary providers of individual and group services and supports to students. DESE has specific licensing requirements for each of these professional support personnel, all of which call for advanced education and professional licensure.

When discussing the district and school-level staff providing individual and group services and supports to students, Gateway district leaders often referred to school social workers and school adjustment counselors interchangeably. In fact, DESE licensing requirements for these two positions are the same for both an initial license and a professional license, though not all school social workers and adjustment counselors have the same academic training. Although licensing requirements are the same for these positions, districts may define their roles differently. For instance, while both school social workers and adjustment counselors provide social, emotional, and personal support to students, social workers may also address environmental factors at home or in the community affecting student learning and behavior.

Guidance counselors, school nurses, and school psychologists were also frequently mentioned as providers of social, emotional, and behavioral supports. District leaders noted that the traditional roles of guidance counselor (academic counseling) and school nurse (primary health care) are being stretched to meet the social and emotional needs of students. A few districts have clinical interventionists, behavioral interventionists, or behavioral specialists on hand to work with students who have more intensive needs.

All of the districts interviewed indicated a need for more staff in these positions. One district provided staff-to-student ratios as evidence. They had only one adjustment counselor for every 1,200 students at the high school and noted that the recommended ratio is one counselor for every 200 to 350 students.

While budgetary constraints were most frequently cited as challenges to hiring, all four site-visit districts also noted that even when they have the funding, they cannot always find qualified candidates with the appropriate credentials to fill these positions, particularly when they are seeking bicultural/bilingual staff. They cited the "extensive" DESE license requirements for adjustment counselors as a barrier to hiring culturally appropriate staff. Survey respondents raised this issue as well. For instance, one noted that "not having enough staff that represents the diversity of the population or with the linguistic/cultural capability to facilitate services to the students" was a challenge to providing individual supports.

III. BUILDING OUT COMMUNITY-WIDE SOCIAL AND EMOTIONAL SUPPORT SYSTEMS

Systems to support the social and emotional development of youth are fundamental to the future of Gateway Cities. Leaders inside and outside of school districts must work together to unfurl these systems across the entire community, linking and coordinating resources. Positioning Gateway Cities for success will require helping them to address some immediate needs, while also taking steps to create the backbone infrastructure for systemic solutions. Toward these ends, this concluding section presents five recommendations, blending ideas advanced directly by Gateway City educators during interviews with concepts collected from other quarters over the research process.

1. Create funding mechanisms that better position schools to adequately address the social and emotional needs of their students.

Gateway City educators voiced an urgency to adjust both the adequacy and timeliness of school funding to account for the high number of students they serve with social emotional challenges. Specific suggestions offered include:

- Review and revise special education costs in the Chapter 70 formula. Leaders pointed out that the assumed special education percentage of 2.75 percent for all districts disproportionately hurts Gateway Cities and other districts with above-average populations of special education students.
- Provide funding for wraparound services that are shown to support academic achievement. Make additional funding available "in real time" for extraordinary circumstances, such as when a community has a sudden inflow of refugees.
- Review and address the high and inconsistent costs of private special education day programs.

Legislators clearly appreciate these urgent concerns. The Foundation Budget Review Commission is currently reviewing the special education assumptions in the state's Chapter 70 formula and a report recommending adjustments is anticipated in the coming months. The legislature's FY16 budget includes a 3 percent increase in funding for the circuit breaker—a bump over past years in which it has been level funded, making it difficult for the state to fulfill its aim to reimburse communities for 75 percent of the special education costs of high-need students. In recent years the legislature has also sought to provide DESE with emergency dollars to help districts respond to unforeseen events, including large mid-year enrollment changes. The FY16 budget includes $2.5 million for this reserve account, the highest funding level since FY09.

Over the long term, as Massachusetts reinvents the health care system to increase wellness and contain costs, the state can develop new strategies and funding mechanisms to increase access to behavioral health services in school settings. Studies have shown large improvements in youth mental health outcomes from school-based health centers, in part because students find school settings less stigmatizing and are 10 to 20 times more likely to seek care when behavioral health treatment is available in their schools. Research directly ties increases in school-based mental health services to improved academic outcomes and very significant dropout reductions.[31]

As noted by both the Behavioral Health Integration Task Force and the Children's Behavioral Health Advisory Council, the state's health care financing systems does not adequately facilitate reimbursement of behavioral health services provided in schools. While schools may be the ideal location for the delivery of services, they might not always be the most cost-effective location to pro-

vide care. The state can help communities evaluate opportunities for providing efficient school-based mental health treatment and create conditions for developing sustainable business models for school-based care where appropriate.[32]

2. Partner with Gateway Cities to ensure that educators receive ongoing professional development.

Data show that in many Gateway Cities, particularly the largest districts, teacher retention rates hover around 80 percent; on average, retention rates for principals are even lower. District leaders repeatedly stressed the need for additional assistance developing and providing ongoing professional development, specifically calling upon the department for more help implementing universal screening and instruction and developing trauma-sensitive schools.

The legislature's FY16 budget increases funding for the *Safe and Supportive School Action Plans Grant*, which has been used in the past for both technical assistance and professional development, to $500,000.

3. Develop strategies to help Gateway Cities increase the cultural and linguistic diversity of their student support staff.

Nearly all of the Gateway City leaders interviewed voiced concerns about having an inadequate number of culturally and linguistically diverse staff to meet the needs of their multicultural students. Leaders offered several suggestions related to reviewing and revising regulations and contractual obligations to facilitate the hiring of culturally and linguistically competent staff, including:

- Developing alternate pathways to licensure for adjustment counselors.
- Revising state technical assistance and accountability ratings so that districts are not penalized for hiring culturally or linguistically competent support staff who do not have other, less critical qualifications.
- Collaborating with other state agencies to develop incentives for people with diverse backgrounds to become social workers.
- Working with union leaders to secure contractual flexibility related to the allocation and acquisition of resources to help students with more intensive social and emotional needs.

4. Promote innovation in school accountability to elevate the importance of social-emotional learning.

While there is compelling evidence that social and emotional skills can be taught in school and that assessments can reliably capture growth in these skills, schools have not developed mechanisms to create accountability for social-emotional learning at scale. Work must be done to implement assessments before Massachusetts could put in place a statewide accountability policy that elevates social-emotional learning.[33] However, the state could act now to provide flexibility and incentives to help districts pilot new social-emotional learning standards and assessments and evaluate their impact.

The CORE districts in California provide an important precedent. In 2013, these 10 California school districts—which together serve more than one million students—received a waiver from No Child Left Behind that allowed them to develop an innovative school accountability system. Student social-emotional growth, combined with measures of school culture and climate, will make up 40 percent of a school's improvement score; the academic domain will account for the other 60 percent. CORE field-tested the social-emotional assessments during the past two years. In 2015-2016, they will roll out the full accountability system to all schools in six districts.

As education policymakers consider models for this type of collaboration and innovation in Massachusetts, they should look carefully at the Five District Partnership. Launched in 2012, the joint effort involving Chelsea, Everett, Mal-

den, Revere and Winthrop seeks to improve academic achievement by aligning curriculum, performance standards, assessments, instruction, resources, and professional development across the five districts. Encouraging Gateway Cities in different regions of the state to work together to develop social-emotional learning standards and assessments could provide incentive to collaborate and leverage resources in a similar fashion.

5. Make use of technology to improve the delivery of behavioral health services.

Technology cannot offer a panacea to the challenges Gateway Cities confront building robust community-wide social and emotional support systems, but it is critical to facilitating the kind of "design thinking" approach that will be required to address systemic problems with systemic solutions.[34]

For example, an integrated database that facilitates the flow of information between agencies could help alleviate some of the information sharing concerns raised by Gateway City educators. An integrated data system would also provide real value to researchers and policymakers seeking to understand the performance of each component of the system and identify service gaps. At least 11 states have built integrated databases that link records from schools, human service agencies, and community-based organizations.[35]

While Massachusetts has been a leading state in developing a longitudinal student data system, it has lagged behind others in integrating information across agencies.[36] In 2008, the Patrick administration sought to remedy this by convening agencies serving children and families and tasking them with building a statewide child and youth data reporting system known as the Readiness Passport. This effort quickly got bogged down by privacy concerns. Dozens of cities and states have developed MOUs between agencies to comply with federal laws governing access to educational information (FERPA) and health information (HIPAA), creating models that Massachusetts can draw from now to address sensitive privacy issues.

The push to develop secure electronic health records (EHRs) to improve coordination between primary care and behavioral health providers offers another promising technological solution to concerns raised by Gateway City educators. More than 90 percent of primary care practices now use this technology, but only about half of behavioral health providers in Massachusetts have EHRs. Considerable work remains in building health information exchanges (HIEs) that allow practices to transfer information and coordinate care. Only about one-quarter of the state's health care providers currently access HIEs.[37] Schools that are covered by a HIPAA agreement can now join the statewide health information exchange, the Mass HIway, to enable the secure and efficient exchange of information with behavioral health care providers and medical providers.

Massachusetts is at the forefront of efforts to accelerate the adoption of these technologies. The quasi-public Massachusetts eHealth Institute (MeHI) is working across the state to help doctors transition to EHRs. To speed integration, MeHI offers grants to behavioral health providers through its eHealth eQuality program. Under the 2012 cost containment law, the legislature has also provided $120 million to modernize community hospitals—including funding new information technology systems—through the Community Hospital Acceleration, Revitalization, & Transformation (CHART) grant program.

Gateway City health leaders looking to promote a design thinking approach to the development of social and emotional support systems can leverage the resources and energy the state is investing in this health IT to help their communities better understand unmet needs, address service gaps, and increase the wellness of their students and families.

APPENDIX A: METHODOLOGY

This section discusses all aspects of the methodology for the study, including an overview of the purpose of the study, the study design and instrumentation, and data collection.

The goal of this study was to document Gateway district strategies to support students' well-being and identify challenges facing districts as they address the needs of their students. Specific study questions include the following:

- What are the core elements of a social-emotional system (strategies, programs, interventions, and resources)?
- What are the characteristics and implementation status of district strategies, programs, interventions, and resources? How do they differ in nature and accessibility across schools and grade levels within districts?
- What do district leaders view as particular "points of promise" within districts relative to support for student social-emotional well-being?
- What do district leaders view as particular "points of concern" within districts relative to support for student social-emotional well-being?

Study Design & Instruments

The study design employed in-depth interviews and an online survey. In-depth interviews were conducted with district leaders and other informants during day-long site visits at four Gateway City school districts. An online survey was e-mailed to the superintendent in each of the 26 Gateway City school districts.

UMDI developed four interview protocols to be used during the site visits, including protocols for the superintendent, a finance informant, a district data informant, and for key informants with direct knowledge of the implementation of social-emotional supports and programs in the districts.

Interview questions for the superintendent, other district leaders, and key informants with particular knowledge of social, emotional, and behavioral programs and services addressed:

- District context for the provision of social-emotional programs and services
- District commitment to and the role of social-emotional programs and services in education
- Policies and procedures relative to social-emotional programs and needs
- Types and range of programs and services provided universally for all students in a given school or grade level
- Types and range of programs and services provided to students identified as "at risk" or with a specific diagnosis
- Family engagement
- Availability and utilization of community resources
- Challenges in implementing programs and services
- Gaps in the provision of programs and services
- Perceived successes in offering social-emotional programs or services

Specific protocols were developed for finance informants and data informants which focused on program and service financing and the ability to track and monitor data related to social-emotional programs and services.

In addition to site-visit protocols, a survey instrument was developed for all 26 Gateway City districts. The instrument was developed based, in part, on information gathered through the site visits. The MTSS and BHPS self-assessments were also reviewed to inform survey development. Initial drafts were reviewed by MassINC, as well as by some Gateway administrators and area experts on social-emotional programs and services. The final instrument was reviewed and approved by MassINC.

The survey addressed the 10 topic areas below:

1. District leadership support of efforts to promote social, emotional, and behavioral well-being

2. Universal screening procedures
3. Classroom-based social-emotional learning curricula and school-wide approaches that integrate social and academic learning
4. School-based student support teams
5. Individual supports and services for students identified or diagnosed with social, emotional or behavioral concerns
6. Other district or school-based programs and services to promote social, emotional, and behavioral well-being
7. Community-based services
8. Tracking utilization of services and student outcomes
9. Resource needs
10. Factors and challenges affecting the provision of social-emotional programs and services

The survey employed a mix of closed- and open-ended questions. However, due to concerns that the length of the survey might deter some from completing it, several closed-ended questions and nearly all of the open-ended questions were designated as optional.

Data Collection

Site Visits

MassINC forwarded a request to all Gateway City superintendents recruiting volunteers to participate in the site visits. Four districts were selected from those that volunteered to participate. Selection was based largely on the desire to include districts that were geographically diverse and represented a variety of district sizes. Brockton, Fitchburg, Revere, and Springfield school districts were selected and ultimately agreed to host the site visits.

Letters were sent to district superintendents via e-mail requesting meetings to conduct in-person interviews with the following individuals in each of the four districts:

- Superintendent and central office staff
- School principal or director of curriculum and instruction knowledgeable about social-emotional programming and services
- Staff with knowledge of data being collected in association with student social-emotional support systems
- Staff with knowledge of how social-emotional programs and services are resourced
- Other staff integral to social emotional programming and support services

Each of the four districts participated in day-long site visits during August or September of 2014. While the participants varied slightly, superintendents from each district participated. Participants also included assistant superintendents, directors of pupil and personnel services, chief financial officers, information and technology officers, principals, special education directors, school social workers, adjustment counselors, and others involved with the provision of supportive services to students. Each site visit consisted of four to five meetings with individuals or groups. Each meeting lasted from 60 to 90 minutes. All interviews were recorded with permission.

Survey Administration

The survey was administered through Qualtrics, an online survey platform. Superintendents from each of the 26 Gateway Cities were forwarded a unique link to the survey. The same survey was sent to all Gateway City superintendents, including those who participated in the site visits. However, superintendents who participated in the site visits were told that they did not need to complete any of the optional questions, as those were answered in detail during the site visits. All superintendents were encouraged to either complete the survey themselves or to forward it to an appropriate contact in the district to complete it. Several reminders were sent via e-mail. In total, 21 districts completed the required survey questions and 2 districts completed at least half of the required questions. The total response rate was 88.5 percent.

APPENDIX B: DISTRICT SURVEY INSTRUMENT

INTRODUCTION

Thank you for taking time to complete this survey. As you move through the questions, please use the forward and back arrow buttons at the bottom of the survey. Please do not use the forward and back arrows on your browser as this will take you out of the survey.

You may forward the link to whomever you feel is the best person to answer the questions for your district. You may also complete part of the survey, and forward the link to someone else to complete any remaining questions. Please do not click submit at the end of the survey until the survey is fully completed.

The information you provide will be transmitted directly to the UMass Donahue Institute for analysis. All information will remain confidential. District-level responses will not be reported.

I. DISTRICT SUPPORT OF SOCIAL, EMOTIONAL, AND BEHAVIORAL WELL-BEING

The first few questions ask about district or school-wide efforts to identify needs and plan strategies to support the social, emotional, and behavioral well-being of students.

1. Does your district or any of its schools have a committee or group focused on planning district-wide or school-wide strategies to support the social, emotional, and behavioral well-being of students?

Yes

No

Don't know

2. Is your district actively working to incorporate the Behavioral Health and Public Schools framework into existing School Improvement Plans?

Yes

No

Don't know

3. Has your district or any of its schools used the Behavioral Health and Public Schools Self-Assessment tool to identify areas where efforts, guidance, or support are needed to create and maintain safe and supportive school environments?

Yes

No

Don't know

II. SCREENING PROCEDURES

The next few questions are about screening procedures your district or its schools may have in place to assess social, emotional, and behavioral needs.

4. Does your district have universal screening procedures in place to assess the strengths and challenges of students relative to social emotional skills and behaviors? We are interested in screening procedures that are applied to all students or all students in a certain school or grade.

Yes – Go to Q5
No – Skip to Section III
Don't know – Skip to Section III

5. Briefly describe the screening procedure.

6. For each school level, please indicate how many schools are using a universal screening procedure that is applied to all students or all students in a certain school or grade.

	ALL SCHOOLS AT THIS LEVEL IN THE DISTRICT	MOST SCHOOLS AT THIS LEVEL IN THE DISTRICT	SOME SCHOOLS AT THIS LEVEL IN THE DISTRICT	NO SCHOOLS AT THIS LEVEL IN THE DISTRICT	DON'T KNOW
Elementary Schools	o	o	o	o	o
Middle Schools	o	o	o	o	o
High Schools	o	o	o	o	o

7. Is there a data collection system in place to track screening results?
Yes – Go to Q8
No – Skip to Section III
Don't know – Skip to Section III

8. OPTIONAL: Briefly describe the data system used to track screening results.

III. CLASSROOM-BASED CURRICULA AND SCHOOL-WIDE APPROACHES

In an effort to support social-emotional learning, promote positive behaviors, and create supportive school environments, some districts and schools are using classroom-based curricula and school-wide approaches. The next few questions are about the implementation of these types of strategies in your schools.

9. Which of the following classroom-based curricula or school-wide approaches are being implemented in your district to support social-emotional learning and positive behaviors? Select all that apply.

Al's Pals	Open Circle	Second Step
Developmental Designs	PATHS	Steps to Respect
LifeSkills	PBIS/RTI	Other: Specify_____
Michigan Model	Responsive Classroom	None – Skip to Section IV

For each CURRICULUM/APPROACH selected above, the survey will ask questions 10 and 11. Then all go to 12.

10. For each school level, please indicate how many schools are using [CURRICULUM/APPROACH].

	ALL SCHOOLS AT THIS LEVEL IN THE DISTRICT	MOST SCHOOLS AT THIS LEVEL IN THE DISTRICT	SOME SCHOOLS AT THIS LEVEL IN THE DISTRICT	NO SCHOOLS AT THIS LEVEL IN THE DISTRICT	DON'T KNOW
Elementary Schools	o	o	o	o	o
Middle Schools	o	o	o	o	o
High Schools	o	o	o	o	o

11. Please select the statement that best describes the amount of professional development that has been acquired to support the implementation of [CURRICULUM/APPROACH].

We have acquired the professional development necessary to implement this curriculum/approach.

We have acquired some of the necessary professional development, but need more.

We have not had any of the necessary professional development.

Other: Specify____

12. OPTIONAL: Please describe the sources of funding that support purchasing necessary materials and professional development to implement classroom-based curricula or school-wide approaches.

13. OPTIONAL: What, if any, challenges are you encountering in sustaining or expanding the implementation of classroom-based curricula or school-wide approaches?

IV. SCHOOL-BASED STUDENT SUPPORT TEAMS

The next few questions are about school-based teams that meet to discuss students with identified social, emotional, or behavioral concerns, and develop plans for connecting students to programs and services as appropriate.

14. Does your district utilize school-based teams to discuss students with identified social, emotional, or behavioral concerns and develop plans to support those students?

Yes – Go to Q15
No – Skip to Section V
Don't know – Skip to Section V

15. Please indicate which school levels have school-based teams.

	ALL SCHOOLS AT THIS LEVEL IN THE DISTRICT	MOST SCHOOLS AT THIS LEVEL IN THE DISTRICT	SOME SCHOOLS AT THIS LEVEL IN THE DISTRICT	NO SCHOOLS AT THIS LEVEL IN THE DISTRICT	DON'T KNOW
Elementary Schools	o	o	o	o	o
Middle Schools	o	o	o	o	o
High Schools	o	o	o	o	o

16. OPTIONAL: Who are the team members? Select all that apply.

District administrators
School administrators
General education teachers
Special education teachers
School adjustment counselors
Guidance counselors
Social workers
School nurses
School psychologists
School/consulting psychiatrists
Community-based providers
Local state agency representatives
Other _____

17. Are parents invited to participate in team meetings about their child?

Yes
No
Don't know

18. Is there a process to attain parental consent to involve community-based mental health providers in team meetings about their child?

Yes
No
Don't know

19. OPTIONAL: Please describe how students are identified for referral and who can make referrals to the team.

V. INDIVIDUAL SUPPORTS AND SERVICES FOR STUDENTS IDENTIFIED OR DIAGNOSED WITH SOCIAL EMOTIONAL OR BEHAVIORAL CONCERNS

The next few questions are about individual supports and services for high needs students who have been identified as having social emotional or behavioral issues requiring one-on-one attention, such as counseling offered by school staff or clinical interventions offered by mental health providers in the community or in the school. Individual services may be provided to students with specific diagnoses, as well as to students exhibiting emotional or behavioral issues who do not have a specific diagnosis.

20. Does your district have a clinical intervention team to provide additional assessment and consultation if plans implemented by school-based teams are not adequate?

Yes – Go to Q21
No – Skip to Q24
Don't know - Skip to Q24

21. OPTIONAL: Who are the team members? Select all that apply.

District administrators	Guidance counselors	Community-based providers
School administrators	Social workers	Local state agency representatives
General education teachers	School nurses	Other _____
Special education teachers	School psychologists	
School adjustment counselors	School/consulting psychiatrists	

22. Are parents invited to participate in clinical intervention team meetings about their child?

Yes
No
Don't know

23. Is there a process to attain parental consent to involve community-based mental health providers in clinical intervention team meetings about their child?

Yes
No
Don't know

24. Can a student receive individual counseling or support from a school-based mental health provider if the student does not have an IEP or diagnosis?

Yes
No
Don't know

25. Does your district use third-party billing to recoup some of the cost of providing school-based counseling or support services?

Yes
No
Don't know

26. OPTIONAL: What barriers or challenges do you encounter when trying to provide district- and school-based services that are clinically, linguistically, and culturally appropriate to students' needs and backgrounds?

VI. OTHER DISTRICT OR SCHOOL-BASED PROGRAMS AND SERVICES

The next few questions are about other programs and services that may be available in your district to support students' social-emotional well-being.

27. Please indicate whether schools in your district have an advisory program through which ALL students in a grade are linked with a caring adult.

	ALL SCHOOLS AT THIS LEVEL IN THE DISTRICT	MOST SCHOOLS AT THIS LEVEL IN THE DISTRICT	SOME SCHOOLS AT THIS LEVEL IN THE DISTRICT	NO SCHOOLS AT THIS LEVEL IN THE DISTRICT	DON'T KNOW
Elementary Schools	o	o	o	o	o
Middle Schools	o	o	o	o	o
High Schools	o	o	o	o	o

28. Please indicate whether schools in your district offer peer mentoring where at-risk students are matched with an older student in a one-on-one relationship.

	ALL SCHOOLS AT THIS LEVEL IN THE DISTRICT	MOST SCHOOLS AT THIS LEVEL IN THE DISTRICT	SOME SCHOOLS AT THIS LEVEL IN THE DISTRICT	NO SCHOOLS AT THIS LEVEL IN THE DISTRICT	DON'T KNOW
Elementary Schools	o	o	o	o	o
Middle Schools	o	o	o	o	o
High Schools	o	o	o	o	o

29. OPTIONAL: Briefly describe your advisory or peer mentor programs.

30. Do any of your schools offer support groups, such as those dealing with grief, living with trauma, or witnessing violence for students with specific identified needs?

Yes

No

Don't know

31. Do any of your schools offer skills-based groups or workshops (e.g., anger management, self-regulation) for students with specific identified needs?

Yes

No

Don't know

VII. COMMUNITY-BASED MENTAL HEALTH SERVICES

The next few questions are about students' access to and utilization of community-based mental health services.

32. Do district or school mental health providers participate in regular, structured meetings with community-based mental health service providers for the purposes of sharing information about available services, discussing referral and service protocols, and collaborating?

Yes
No
Don't know

33. How often are the schools in your district notified when a student is receiving community-based mental health services?

Never
Rarely
Sometimes
Often
Always
Don't know

34. For each of the community-based services and programs listed below, please indicate what, if any, gaps exist in availability.

SERVICES	NO GAP	MINOR GAP	MODERATE GAP	MAJOR GAP	DON'T KNOW
Outpatient therapy	o	o	o	o	o
Trauma-focused therapy	o	o	o	o	o
In-home therapy	o	o	o	o	o
Intensive care coordination	o	o	o	o	o
Mental health day programs	o	o	o	o	o
Residential programs	o	o	o	o	o
Child/adolescent substance abuse treatment	o	o	o	o	o
Mentoring programs	o	o	o	o	o
Youth development programs	o	o	o	o	o
Other: Specify_____	o	o	o	o	o

35. How frequently do the following factors impede students' and families' ability to access needed mental health services in the community?

BARRIERS	NEVER	SOMETIMES	OFTEN	ALWAYS
Lack of insurance	o	o	o	o
Insurance coverage limits access to care	o	o	o	o
Lack of clinically appropriate services	o	o	o	o
Lack of transportation	o	o	o	o
Lack of linguistically competent services/Language barriers	o	o	o	o
Lack of access to clinical services	o	o	o	o
Lack of access to diagnostic services	o	o	o	o
Other: Specify____	o	o	o	o

36. OPTIONAL: Briefly describe any other barriers or challenges students and families encounter when trying to access community-based services and programs.

37. OPTIONAL: Briefly describe what support is provided to students and families to help them access needed community-based services and programs.

VIII. TRACKING UTILIZATION OF SERVICES AND STUDENT OUTCOMES

The next few questions are about information you may gather to document students' utilization of services and outcomes associated with those services.

38. Which of the following types of information does your district track regarding students' utilization of services? Select all that apply.

Students referred to school-based teams
Intervention plans developed by school-based teams
Students receiving one-on-one school-based counseling or support
Referrals to community-based services
Utilization of community-based services
Other (specify):

39. Which of the following types of information does your district track regarding outcomes associated with students' use of services? Select all that apply.

Student progress or changes related to the implementation of school-based intervention plans
Student progress or changes associated with one-on-one school-based counseling or support
Student progress or changes associated with community-based services
Other (specify):

40. OPTIONAL: Briefly describe any systems used to track students' utilization of services and outcomes associated with those services.

IX. RESOURCE NEEDS

The next few questions are about resources your district may need to better support students' social-emotional well-being.

41. Do you believe your district has an adequate number of staff who are able to provide one-on-one counseling or mental health services?

Yes – Skip to Q43

No – Go to Q42

Don't know – Skip to Q43

42. How many additional staff do you feel you need to adequately address the needs of your students? Please specify the number of FTEs needed for each type of staff position. If you are unable to specify a number, please enter 99.

POSITION	ELEMENTARY SCHOOLS	MIDDLE SCHOOLS	HIGH SCHOOLS	DISTRICT-WIDE (NOT SCHOOL SPECIFIC)	DON'T KNOW
School adjustment counselors					
Guidance counselors					
Social workers					
School nurses					
School psychologists					
School/consulting psychiatrists					
Other licensed professionals: Specify___					
Other: Specify_____					

43. Do you believe your district has an adequate number of linguistically competent staff who are able to provide one-on-one counseling or mental health services?

Yes – Skip to Q45

No – Go to Q44

Don't know – Skip to Q45

44. How many additional linguistically competent staff do you feel you need to adequately address the needs of your students? Please specify the number of FTEs needed for each type of staff position. If you are unable to specify a number, please enter 99.

POSITION	ELEMENTARY SCHOOLS	MIDDLE SCHOOLS	HIGH SCHOOLS	DISTRICT-WIDE (NOT SCHOOL SPECIFIC)	DON'T KNOW
School adjustment counselors					
Guidance counselors					
Social workers					
School nurses					
School psychologists					
School/consulting psychiatrists					
Other licensed professionals: Specify_____					
Other: Specify_____					

45. For each school level, please indicate if you feel staff need professional development in the topics listed below.

PROFESSIONAL DEVELOPMENT TOPICS	ELEMENTARY SCHOOLS	MIDDLE SCHOOLS	HIGH SCHOOLS
Identifying the early warning signs of social, emotional, and behavioral issues	Need Don't need	Need Don't need	Need Don't need
Responding to students with social-emotional or behavioral concerns	Need Don't need	Need Don't need	Need Don't need
Knowing what school-based resources are available for students with social, emotional, and behavioral issues	Need Don't need	Need Don't need	Need Don't need
Increasing cultural sensitivity	Need Don't need	Need Don't need	Need Don't need
Engaging and communicating with families	Need Don't need	Need Don't need	Need Don't need
Understanding the impact of trauma on students' learning and social, emotional, and behavioral issues at school	Need Don't need	Need Don't need	Need Don't need
Using disciplinary approaches that balance accountability with an understanding of students' social, emotional, and behavioral issues/challenges	Need Don't need	Need Don't need	Need Don't need

46. OPTIONAL: What would be most helpful to improve the provision of social-emotional services and programs in your district?

47. OPTIONAL: What, if any, specific supports or resources from DESE would be helpful?

48. OPTIONAL: What, if any, specific supports or resources from state agencies, such as DCF, DYS, DMH and DPH, would be helpful?

X. FACTORS AND CHALLENGES AFFECTING THE PROVISION OF SOCIAL EMOTIONAL PROGRAMS AND SERVICES

49. What are the common challenges you encounter in providing a full range of social-emotional programs and services in your district?

50. OPTIONAL: How do state mandates or initiatives impact your ability to support social emotional well-being?

51. OPTIONAL: In the next two years, what if any changes do you expect regarding your district's provision of social-emotional programs and services? What factors will influence those changes?

ENDNOTES

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20 Massachusetts Department of Elementary and Secondary Education. "Universal Screening and Progress Monitoring" Retrieved from www.doe.mass.edu/mtss/monitoring.html (2011, October 11).

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