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Note: Project Logic Model can be found in Appendix G. Project Timeline, Detailed Management Plan, Technical Appendix, and References can be found in Appendix J.

A. SIGNIFICANCE

Innovative New Strategy: The Alliance for Inclusion and Prevention (AIP), in partnership with the EASEL Lab at the Harvard Graduate School of Education (HGSE) and the Framingham and Lynn, Massachusetts public school districts, is pleased to submit an Education Innovation and Research (EIR) early-phase proposal, *SELECT Schools (Social-Emotional Learning to Address Equity, COVID-19, and Trauma in Schools)*. The recent sharp decline in academic achievement and mental well-being in school-age children across the United States has been widely documented.^{1,2} While the COVID-19 pandemic is undoubtedly a significant factor, some of these concerns were evident beforehand – especially related to declines in children’s mental health.³ The pandemic-induced effects of social isolation, loss and grief, and symptoms of childhood traumatic stress on both academic progress and social emotional development continue to be felt in schools across the country. We propose to address these ongoing challenges with an innovative project in 26 K-5 schools in two Massachusetts school districts. An important innovation in the *SELECT Schools* model is ***Integration*** of trauma-informed social emotional learning (TI-SEL) at both the classroom and counseling tiers of MTSS, nested within the whole-school framework of US ED’s Trauma-Sensitive Schools Training Package. TSSTP was created for US ED by the National Center for Safe and Supported Learning Communities (NCSSLE).⁴ *SELECT Schools* builds on the research on SEL Kernels and integrates selected Kernels that are most relevant for students with traumatic stress into everyday teacher classroom practices at Tier 1. It also integrates trauma-relevant Kernels alongside evidence-based CBT trauma treatments designed for use in schools into counseling supports at Tiers 2 and 3. The goal is to weave trauma-relevant SEL skills and competencies via Kernel activities into the fabric of everyday teaching and learning across all school settings.

EIR Priorities: Our project addresses “Absolute Priority 1: Demonstrates a Rationale” and “Absolute Priority 4: Field-Initiated Innovations: Meeting Student Social, Emotional, and Academic Needs.”

Academic Achievement and Children’s Mental Health: A 2022 report by the National Center for Education Statistics found the largest ever decline among U.S. 4th graders in reading and the first decline in math since 1990. Further, students who were already underperforming showed significantly greater declines in reading and math. These same students were less likely to have a laptop/internet access or to have an adult in school or at home to help them with schoolwork.¹ Additional evidence of disproportionate pandemic impact is found in a 2023 report from the Center for School and Student Progress described similar declines compared to pre-pandemic for both reading and math scores for 4th - 8th graders, in which the most significant declines for elementary students were math scores for Black students.⁵

Indicators of children’s mental health, which have been in decline for more than a decade, were further exacerbated by the COVID pandemic and continue to be felt in classrooms across the country. Alarming, suicide is currently the second leading cause of death for youth ages 10-14.⁶ Emergency room visits related to mental health concerns for children ages 5-11 rose 31% from 2019 to 2020.⁷ In a 2020 survey of parents with children ages 5-12, 22% reported a worsening of emotional or mental health since COVID.⁸ In addition to the traumatic stress on children of pandemic-related social isolation and housing and financial insecurity, 1 in 450 children lost a caregiver to COVID. Seventy percent of them were aged 13 and under. Not surprisingly, the pandemic’s impact reflects racial, ethnic, economic, and disabilities disparities. Non-white child groups all had higher rates of loss, up to 4 times higher, than White children.⁹ Feeling depressed, stressed, or anxious is now rated by students as the highest obstacle to

learning. Hispanic, multiracial, and Black students reported significantly more additional obstacles to learning during COVID, such as distractions at home, family responsibilities, and concerns for their own health and the health of family members.¹⁰ The Surgeon General's 2021 report highlighted that the most vulnerable/high-need young people (including youth with disabilities, youth of color, LGBTQ+ youth, youth of low socio-economic status, youth from immigrant households, and homeless youth) were the most affected by the impact of COVID.³ These high-need students overlap significantly with the demographics of our two districts.

Aside from the pandemic and its exacerbation of disparities, U.S. children have long experienced high levels of trauma. Finkelhor, et al., found that 60% of U.S. youth ages 15-17 have been exposed to at least one traumatic event in the past year.¹¹ Research reveals a correlation of trauma with measurable negative effects on school achievement.^{12,13,14} The impact of trauma on learning has been measured in lower GPA, higher school absence rates, increased dropout rates, more suspensions and expulsions, and decreased reading ability.¹⁵ Research on Adverse Childhood Experiences found that children with trauma exposure were at least 2.5 times more likely to fail a grade in school than children without such histories.¹⁶ Childhood trauma can overwhelm children's ability to manage emotions or engage in age-appropriate relationships with peers and adults and affects availability/attention for learning. Targeted mental health supports are necessary to address symptoms of traumatic stress and deficits in the social/emotional skills children need for academic achievement and broader school success. For this reason, our proposed *SELECT Schools*' emphasis on the acquisition and integration of trauma-informed SEL skills across all MTSS tiers is highly relevant. Indeed, the What Works Clearinghouse Elementary Classroom Practice Guide finds a strong level of evidence for the recommendation to "teach and reinforce new skills to increase appropriate behavior and preserve a positive

classroom climate."¹⁷

“Demonstrates a Rationale” and “Innovation in Student SEL and Academic Needs” --

Integrating Trauma-Informed School Climate, SEL Kernels, and MTSS: The *SELECT*

Schools project proposes to improve school climate via a focus on developing a trauma-sensitive learning environment. Our project addresses this objective by implementing the National Center on Safe Supportive Learning Environments’ (NCSSLE) Trauma-Sensitive Schools Training Package (TSSTP), which we have implemented with success in another school district. A strong Multi-Tiered System of Supports nested within a positive school climate is a necessary component of improving student achievement. As U.S. ED notes, “Developing positive school climates and improving school discipline policies and practices are critical steps to raising academic achievement and supporting student success.”¹⁸ Extensive research points to the positive association between school climate and a host of outcomes, including school safety, mental health, positive youth development and relationships, higher graduation rates, school engagement and connectedness, social-emotional skills, and teacher retention.¹⁹ MTSS is widely recognized as an effective way to improve school climate and has been found to have a significant impact on reducing student aggression, improving concentration, reducing the number of office disciplinary referrals, improving students’ ability to regulate emotions, and increasing pro-social behavior.²⁰ However, U.S. ED notes that high-quality MTSS typically only exists at the universal level (Tier 1). Schools often are not adequately structured to deliver effective support to students, particularly high-need students, who have the most intensive needs.²¹ A key innovation of the *SELECT Schools* model is use *across all MTSS tiers* of those SEL Kernels most relevant to students with traumatic stress. SEL Kernels are a set of activities and

routines that support children's social, emotional, and academic development. SEL Kernels are easy to use and adaptable to different age groups, settings, and student needs. We propose to partner with the EASEL Lab at Harvard University to identify, adapt, and integrate existing research-based Kernels in the emotional, cognitive, and social domains into both teacher practices and counseling strategies across MTSS. At Tier 1, the goal is to embed Kernel activities into routine practices so that students have maximum opportunities to practice daily a core set of Trauma-informed SEL skills. Although all children will benefit from these SEL Kernels, they will be especially helpful for children with social and emotional challenges due to traumatic stress. At the same time, many elementary age children have, for example, emotional regulation skill deficits for reasons other than trauma exposure, so they will also benefit from additional SEL Kernel activities in our targeted domains at the classroom and counseling tiers of MTSS.

Our project's focus on trauma-relevant Kernels does not obviate the benefits from the existing SEL curricula that our participating school districts are using. These curricula cover a broader set of skills in multiple domains and have a strong research base.¹⁷ However, these comprehensive commercial SEL curricula can be overwhelming for teachers who are often not adequately trained or supported to teach them, leading to widely varying degrees of implementation fidelity.²² In contrast, SEL Kernels can be implemented in 15 minutes per day, are fun for students, and lend themselves to teacher practices and daily routines, all of which increase opportunities for students to practice targeted SEL skills throughout the day. Repeated practice is helpful for mastery. These TI-SEL Kernels address skill deficits that are common in students with trauma exposure, but which standalone 45 minute per week SEL curricula were not designed to remediate.²² Our approach works in conjunction with each district's existing SEL

curriculum by applying an equity lens so that students with trauma exposure receive specialized SEL skill instruction across all MTSS tiers, which they require in order to succeed in school.

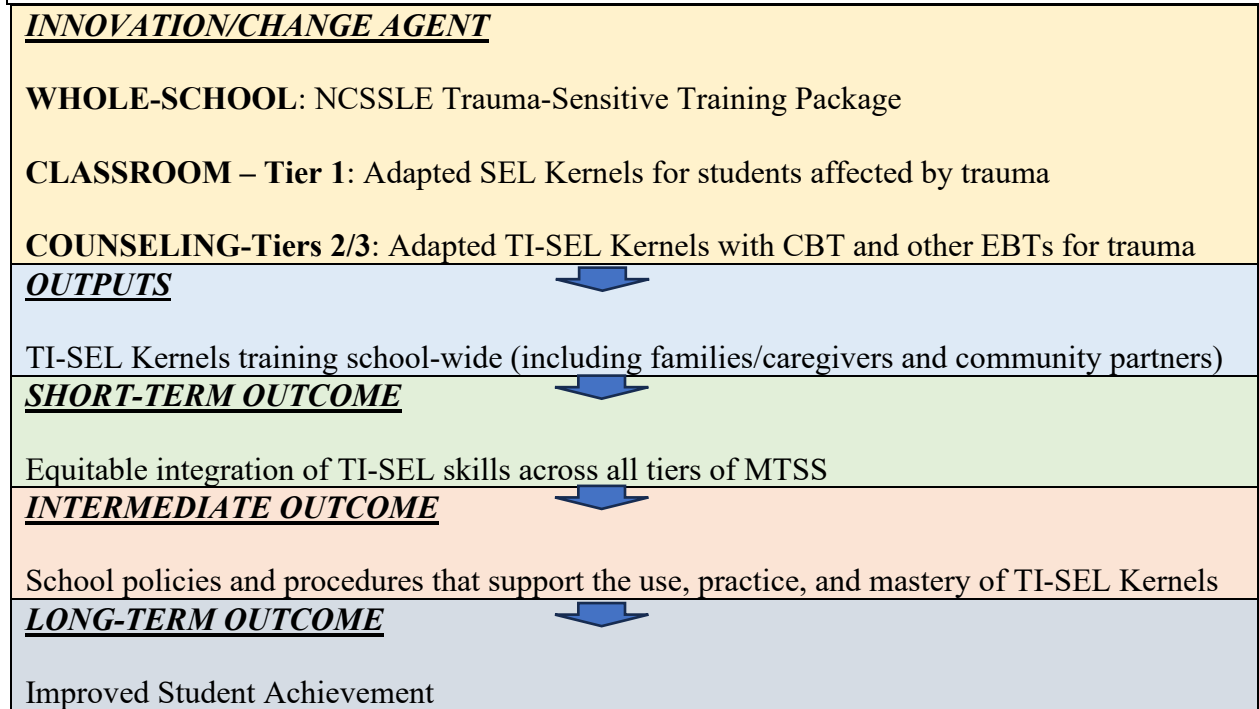
Tiers 2 and 3 exist because some students need more support. A key *SELECT Schools* innovation extends the common language of SEL Kernels from the classroom and into the counseling and student support spheres. Our project will adapt targeted SEL Kernel activities for use in Tier 2 Social Skills treatment groups and will provide clinicians with the necessary training to facilitate these groups. In addition, because students with trauma histories sometimes need trauma-specific treatments not available or appropriate at Tier 1, our project trains school clinical staff in a variety of evidence-based trauma treatments designed for use in schools, including CBITS (Cognitive Behavioral Intervention for Trauma in Schools),²³ Bounce Back,²⁴ and CBT skills training. One advantage of CBT skills training for clinicians is that while highly relevant for trauma, it is equally useful in treating multiple other childhood mental health disorders seen at Tiers 2 and 3, including Depression, Anxiety, Oppositional Defiant Disorder, etc. – all of which are often co-morbid with trauma. Our project integrates trauma-sensitive school climate with SEL Kernels adapted for trauma across all MTSS tiers.

B. PROJECT DESIGN

CONCEPTUAL FRAMEWORK

Theory of Change: The *SELECT Schools* study is based on the evidence that an MTSS that addresses student needs at all tiers is an effective driver of school climate and student achievement.²⁰ The challenge for most schools lies in the difficulty of integrating effective support for students at all tiers of need, especially the upper tiers,²¹ exacerbated by the sharp increase in social/emotional distress in schools post-COVID.³ Existing MTSS implementation most often lacks sufficient integration between the instructional and clinical tiers to meet the ongoing SEL skill deficits of high-need students post-pandemic.

Figure 1: *SELECT Schools* Theory of Change



Students affected by traumatic stress have difficulty with attention, processing information, managing relationships, and regulating their emotions, all critical for teaching and learning.²⁵ Schools often respond to children exhibiting these negative symptoms of traumatic stress with exclusionary discipline practices, which can have serious negative effects on both attendance and achievement.²⁶ Exclusionary discipline practices are disproportionately imposed on minority students, creating a significant equity issue.²⁷ While improved school climate benefits all children in a school, it is especially helpful for ensuring that children with traumatic stress can achieve. The *SELECT Schools* model integrates a core set of SEL skills in the emotional, social, and cognitive domains at both the classroom and counseling tiers, by prioritizing trauma-relevant SEL Kernels often deficit in students with traumatic stress histories, but are simultaneously helpful for all students. The model components include: • school-wide implementation of the Trauma-Sensitive Schools Training Package; • training and supporting teachers to integrate

trauma-relevant SEL Kernels into daily classroom practices; and • training clinicians to use SEL Kernels in social skills groups and in CBT-based trauma treatment at Tiers 2 and 3.

The *SELECT Schools* model improves student academic achievement, mental health, and positive school climate by addressing three key challenges: ❶ **Trauma exposure** causes behavioral or emotional dysregulation and impedes learning; ❷ Continuing impact of the **COVID pandemic** that significantly limited opportunities for age-appropriate social-emotional development and had widespread traumatic impact,²⁷ and ❸ **Inequity**, which drives disparate school and community mental health and educational outcomes for high-need students, reflecting the disproportionate impact of COVID on lower-SES, minority, and other high-need students.²⁷

High-Need Students: While *SELECT Schools* anticipates improved school achievement for all students, its success in bridging the MTSS tiers will be particularly impactful for high-need students referred for additional supports. Our definition of “high need” combines two criteria: ❶ Massachusetts Department of Elementary & Secondary Education (DESE) definition: students who are economically disadvantaged, have disabilities, and/or are English language learners. In Framingham, DESE identifies 73% of K-5 students as high-need;²⁸ in Lynn, 89%.²⁹ ❷ Students identified by the school as needing mental health treatment (estimated 10% of students, based on national prevalence data).³⁰ Because high-need students, as defined by Criterion 1, have a higher level of traumatic exposure,³¹ we expect significant overlap between Criteria 1 and 2.

GOALS, OBJECTIVES, AND OUTCOMES

Goal 1- Improve academic achievement by enhancing schools’ MTSS with trauma-informed, COVID-responsive, equity-based student supports that are integrated across tiers.

Objectives: For each district, in the first school year of the study period: ❶ At least 65% of

clinicians report that adapted SEL Kernels were helpful to students, increasing by 5% each year thereafter. **Measure:** Clinician Satisfaction Survey. **Baseline:** Will be established Spring 2024, prior to intervention. ❷ Teachers and clinicians will collaborate to identify and reinforce specific SEL skill deficits needing remediation for minimum of 70% of students referred for Tier 2 and 3 supports. They will sustain this 70% rate in subsequent study years. **Measure:** School's tracking system for student referrals and behavior planning documents. **Baseline:** Will be established Spring 2024, prior to intervention. ❸ At least 75% of trained staff rate their school's trauma-sensitive practices at 3.0 or higher (out of 4.0), increasing by 5% each year or until 90% score 3.0 or higher. **Measure:** Trauma-Sensitive Schools' Current Practice Scale. **Baseline:** Will be established Spring 2024, prior to intervention. ❹ At least 75% of trained Trauma-Sensitive School Work Group members rate their school's trauma-sensitive readiness at 3.0 or higher (out of 4.0), increasing by 5% each year or until 90% score 3.0 or higher. **Measure:** Trauma-Sensitive Schools' School Readiness for Change Scale. **Baseline:** Will be established Spring 2024, prior to intervention. ❺ Decrease by one percentage point the percent of K-5 students with chronic absences exceeding 10%; in years 2 and 3, by two percentage points/year. **Measure:** Annual absences. **Baseline:** 34.5% (FPS); 37.5% (LPS). ❻ Decrease by 2% the number of disciplinary referrals for all students; reduce by an additional 3% each subsequent year. **Measure:** School discipline data, from DESE. **Baseline:** 538 disciplinary referrals (FPS, SY 21-22); 869 disciplinary referrals (LPS, SY 21-22); to be updated with SY 2023-24 baselines. ❼ Decrease by 2% the number of disciplinary referrals for minority students; reduce by an additional 3% each subsequent year. **Measure:** School discipline data, from DESE. **Baseline:** 386 disciplinary referrals for minority students (FPS, SY 21-22); 781 disciplinary referrals for minority students (LPS, SY 21-22); to be updated with SY 2023-24 baselines. ❽ Increase by 2 percentage points

the number of 4th and 5th grade students meeting proficiency in ELA. Increase by an additional 2 percentage points each subsequent year. **Measure:** MCAS ELA. **Baseline:** 29.6% (FPS) and 18% (LPS) in 2022; will update baseline with 2023 data. ⑨ Increase by 2 percentage points the number of 4th and 5th grade students meeting proficiency in Math, increasing by an additional 2 percentage points each subsequent year. **Measure:** MCAS Math. **Baseline:** 24.7% (FPS) and 15% (LPS) in 2022; will update baseline with SY2024-25 data.

Goal 2- Improve school climate by providing each school’s instructional, administrative, and clinical staff and caregivers/parents with professional development that builds awareness of trauma’s impact and reinforces SEL skills.

Objectives: For each year of the study period: ① Increase percentage of students, parents/caregivers, and school staff reporting positive school climate by 5 percentage points or more above the prior year average. **Measure:** Panorama Climate Survey Grades 3-5 (alpha = .84); Parent/Caregiver Climate Survey; Teacher Climate Survey. ② At least 70% of students score 3.2 or higher (out of 5.0) for SEL skills (4 scales; alpha = .83). **Measure:** Panorama SEL Survey Grades 3-5. ③ At least 80% of teachers score 3.5 or higher (out of 5.0) for social-emotional well-being. **Measure:** Teacher Subjective Wellbeing Questionnaire (TSWQ) (alpha = .87). **Baselines** for each objective will be established in the year preceding the study period.

ALIGNMENT WITH NEEDS OF SCHOOLS AND HIGH-NEED STUDENTS:

Framingham Public Schools (FPS): Framingham, Massachusetts, 20 miles west of Boston, is a formerly industrial city of 68,000. It is home to a variety of ethnic and immigrant communities, including the largest Brazilian immigrant community in the state, at 10% of the city’s population. FPS serves 9,274 students, preK-12, in 14 schools.³² It uses PBIS for its MTSS and Second Step for SEL. All 9 FPS K-5 schools will participate in the study. K-5 staff: 386 FTE

teachers; 32 student support/clinicians; 9 school SEL coaches; 17 administrators.³³

Lynn Public Schools (LPS): Lynn, 15 miles north of Boston, is a formerly industrial city of 94,200. It is home to a high concentration of immigrants from Central America. It is the fifth largest school district in Massachusetts, with 25 schools, PreK-12, and a total district enrollment of 15,443 students.³⁴ It is a PBIS district and uses Caring School Community as its SEL curriculum. All 17 LPS K-5 schools will participate in the study. K-5 staff: 515.5 FTE teachers; 45 clinicians, clinical supervisors, other student support staff; 51 administrators.³⁵

Academic Achievement: % of grades 4-5 scoring “Proficient” on 2022 MA Comprehensive Assessment System (MCAS): FPS: ELA 29.6%; Math 24.7%. LPS: ELA 18%; Math 15%.³⁶

Target Population: *SELECT Schools* will work with all 11,199 K-5 students in the two districts. While the model’s purpose is to improve student achievement for high-need students, all students will participate in and benefit from *SELECT Schools* because all students receive SEL lessons at Tier 1 and improvements in school climate affect the entire school.

Table 1. Profile of K-5 students served by <i>SELECT Schools</i>^{37,38} (2022-23 data)						
District	# K-5 students	Afr.-Amer.	Hispanic	White	Asian	Multi; Other
FPS	4,481	6%	50.3%	32.4%	4.08	5.47%
LPS	6,718	7.55%	70.91%	11.66%	7.01	2.62%

District	High Needs	ELL	1st Lang Not Eng.	Disabilities	Econ. Disadvantaged
FPS	73%	44.3%	63.74%	19.28%	54.9%
LPS	89.06%	53.6%	70.90%	16.78%	76.3%

Students needing targeted support at MTSS Tiers 2 and 3 (estimated 10% of all students) will be identified through the MTSS student support system. Teachers will be trained to identify and

refer students showing symptoms of trauma exposure or of social-emotional development deficits.

KEY COMPONENTS: Professional Development Activities: ❶ ***NCSSLE Trauma-Sensitive Schools Training Package:*** *SELECT Schools* will guide each school to become more trauma-informed via an approximately 1.5-year assessment and planning process using the National Center on Safe Supportive Learning Environments’ Trauma-Sensitive Schools Training Package (TSSTP), developed for U.S. ED by American Institutes for Research. The trauma-informed school framework includes an equity lens to identify and address disparate impacts. Our focus on trauma encompasses the effects of COVID on children, schools, and learning. The TSSTP process establishes a core Work Group of school representatives who lead the trauma-sensitive school self-assessment to identify current practices and the school’s state of readiness to become trauma-informed. The collaborative process of the TSSTP and the whole-school integration it drives will bring together teachers, clinicians, parents/caregivers, and school leaders to collaborate on MTSS policies informed by trauma’s impact on student behavior and well-being. ❷ ***Training:*** With coaching by AIP’s trauma experts and EASEL Lab’s Kernel researchers and trainers, the TSSTP engages each school to increase its trauma awareness, support teachers in modifying instructional practice, and clinicians in clinical adaptations. *SELECT Schools* includes examination of how implicit bias, microaggressions, and systemic racism affect each school’s ability to be trauma informed. We will elaborate the TSSTP section on Equity with CARE (Cultural Responsiveness, Anti-Racism, and Equity), a model for educator training developed at the National Center for School Mental Health – a model AIP project staff are experienced in implementing. ❸ ***At Tier 1: Trauma-Informed Social-Emotional Learning (TI-SEL): Trauma-informed SEL Kernels:*** AIP and Harvard’s EASEL Lab will identify and

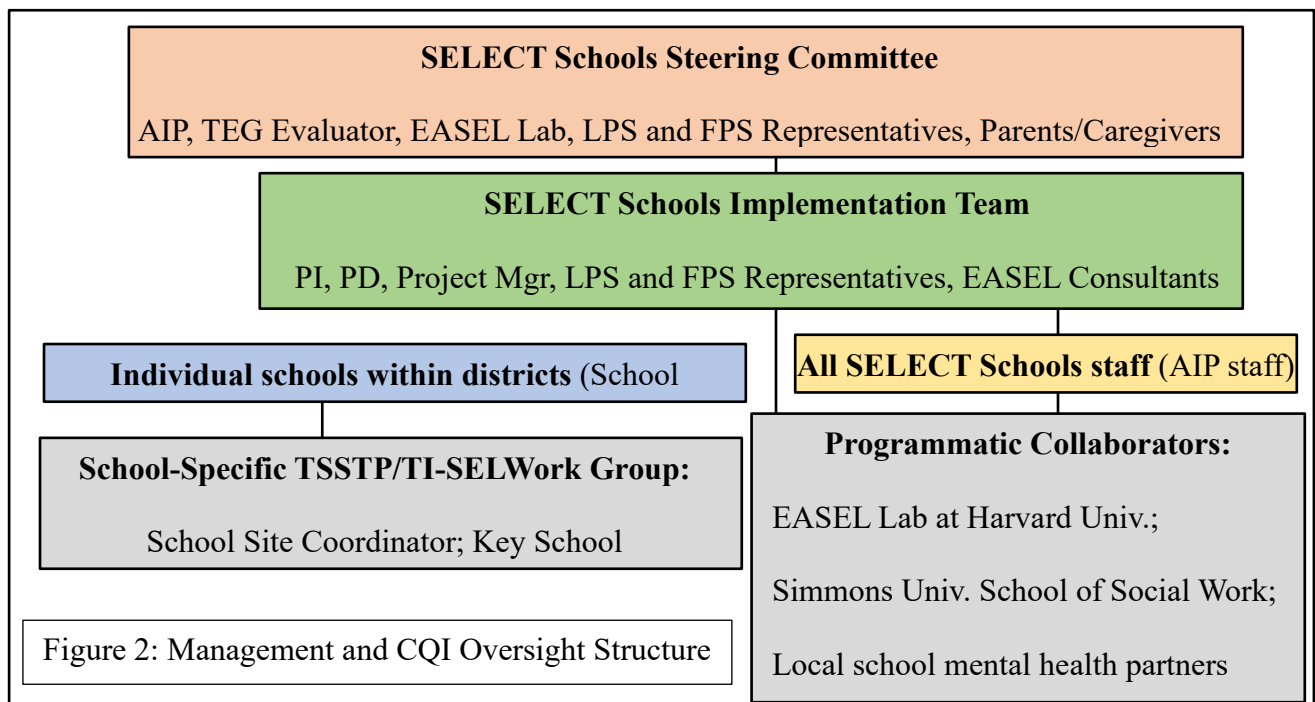
adapt a core set of 5-7 SEL Kernels that are especially germane for children with trauma symptoms and will work with teachers and clinicians to develop multiple opportunities for students to practice and master these TI-SEL skills across MTSS. These skill-based activities will be embedded in classroom practices informed by trauma research and developed using an equity lens. ❹ ***At Tiers 2 and 3: Evidence-Based Treatments (EBTs) and Kernel Adaptations:*** AIP and EASEL Lab will develop clinical adaptations of the core trauma-related SEL Kernel set to integrate with evidence-based Cognitive Behavioral Therapy (CBT) treatments used at Tiers 2 and 3 that are shown to reduce symptoms of trauma.³⁹ CBT is common to most EBTs for trauma and is compatible with the Kernels approach. AIP will train school clinicians to integrate these clinical adaptations of SEL Kernels used at Tier 1 into Tier 2 social skills groups. AIP will train school clinicians to use trauma-focused and evidence-based CBT models including CBITS (Cognitive-Behavioral Intervention for Trauma in Schools) and Bounce Back (CBITS adapted for primary grades). ❺ ***Trauma-Focused Intern Training (TFIT)*** trains MSW interns (from Simmons University School of Social Work and others) placed in FPS and LPS schools to increase children’s access to trauma-informed counseling. ❻ ***Parent/Caregiver Training:*** AIP will train parents/caregivers to foster children’s social-emotional development via home practices that reinforce key SEL Kernel skills and activities. Training will be offered in multiple formats, including in-person workshops, online, and print or digital messaging. Workshops will be led by bilingual/bicultural clinicians to translate the content into caregivers’ native languages and align with diverse cultural expectations.

Materials Development: ❶ Bi-monthly parent newsletter during school months to reinforce trauma-informed social-emotional skills. ❷ Leader’s Guide for *SELECT Schools’* trauma-informed Social Skills treatment groups. ❸ Clinical adaptations of trauma-relevant Kernels.

School Policies and Procedures: ❶ Develop trauma-informed policies and practices. ❷ Modify schools’ student support referral mechanisms to increase teacher-clinician collaboration, consultation and transparency on cross-tier SEL skill deficit remediation.

Feedback & Continuous Quality Improvement (CQI): Project School Coordinators will use TSSTP benchmark data to document progress and identify opportunities for CQI. Data Manager will establish data tracking procedures and produce timely information to guide project management. TEG project evaluators will lead monthly data reviews to provide CQI feedback. Project staff work full-time in the schools, so they have direct insight into progress and barriers.

Management Review Structure: *Weekly:* Project staff meetings to monitor progress. *Monthly:* School Work Groups join AIP and TEG to review data and discuss data collection successes/barriers. *Quarterly:* Steering Committee (representatives from project, district, parents, and community partners) reviews implementation barriers and project trends and plans next steps. AIP and TEG meet to monitor evaluation procedures and address barriers to data collection. Fig. 2 shows Management and CQI oversight structure.



C. QUALITY OF PROJECT PERSONNEL

About AIP: Alliance for Inclusion and Prevention has worked inside public school systems since 1995, blending student supports, behavioral health services, special education, and out-of-school time to improve student well-being and achievement. AIP is a partner in two SAMHSA Category II national training grants: National Center for Safe Supportive Schools (University of Maryland) and Institute for Trauma Treatment in Schools (Simmons University). In 2016, AIP opened the Center for Trauma Care in Schools (CTCS), funded by a 5-year federal SAMHSA grant to train school-based clinicians to deliver evidence-based trauma screening and treatment throughout Massachusetts. In 2017, AIP launched its Trauma-Focused Intern Training Program (TFIT) in collaboration with local school districts and three graduate schools of counseling and social work. In 2018, CTCS added an initiative to deliver culturally appropriate trauma-focused services to unaccompanied immigrant students. AIP began its first full implementation of its NCSSLE TSSTP adaptation in that same year, in the Cambridge, Massachusetts, Public Schools.

Key Personnel and Roles (AIP): (See resumes.) The PI and PD both hold doctoral degrees from Schools of Education, in Human Development and Psychology (Harvard) and Psychology (Boston University), respectively. ***Principal Investigator,*** [REDACTED] [REDACTED] [REDACTED] Staff & fiscal oversight; District-level planning; Dissemination; TI-SEL Curriculum Development. [REDACTED] [REDACTED] founded AIP in 1995. He is dually trained as a clinician and educator and has previously worked as an ELA teacher, school clinician, and principal. He has taught at the university level and is editor of eight books on adolescent identity formation among ethnic, racial, and religious minority groups. ***Project Director,*** [REDACTED] [REDACTED] [REDACTED] Project and partnership management; EBT & trauma trainer; supervisor; TSSTP specialist; CBT and TI-SEL curriculum development. [REDACTED] [REDACTED] is a licensed psychologist with over 25 years of school-based clinical

and program administration experience. A specialist in childhood trauma, she worked with the families of 9/11 victims as well as military families. In 2019, she received the Friends of Education award from Harvard University for significant contribution to the public schools. She has adapted Trauma Systems Therapy (an EBT) to the school setting and was one of the first in the nation to implement NCSSLE's full TSSTP in a public school. ***Project Manager, To Be Hired:*** Oversee project-wide implementation across both districts; Trainer; Coordinate sites, evaluation, consultants; Lead *SELECT* Schools @ 7 of the school sites. Master's or doctoral degree. ***2 School Coordinators, To Be Hired:*** On-site at schools, one leads all 9 FPS school sites and one leads *SELECT* Schools @ 10 of the LPS school sites; Trainer; TSSTP facilitator; Coordinate student referrals, data collection. Master's degree. ***Trainer, [REDACTED] [REDACTED] MSW, LICSW:*** Certified EBT Trainer/Supervisor; Clinical consultation; TI-SEL Kernel Adaptation and EBT/ CBT Trauma-Informed Counseling Toolbox Development; PBIS Consultant. Since 2016, he has been AIP's Training Director for three SAMHSA/NCTSN grants, training hundreds of school-based clinicians in evidence-based treatments for trauma. He is product developer of a 12-hour online, trauma-focused course for school-based clinical trainees. ***Trainer and Clinical Services Coordinator, [REDACTED] [REDACTED] LICSW, ACSW:*** Serves as Director of AIP's Trauma-Focused Intern Training program; Clinical consultation; School/clinical coordination; coordinates CBT and TI-SEL Kernel Counseling Toolbox design. She is a certified EBT Trainer/Supervisor.

Diversity: Because of AIP's deeply embedded work in low-SES communities of color, the organization has a well-established track record of outreach to these communities to recruit staff of color and with language diversity. AIP actively recruits from diverse communities by means of targeted recruitment advertisements and postings on Alumni job boards at HBCUs and other institutions with diverse enrollment, including in-person and online presence in college career

fairs. AIP currently employs staff who identify as LGBTQ+, BIPOC, and Latina, and the agency actively solicits applications for personnel from traditionally underrepresented groups through its extensive network of school mental health professionals, trauma treatment providers, and graduate schools of social work. We prioritize hiring staff with racial, ethnic, and linguistic backgrounds that reflect the demographics of the districts where we work.

Partners: The Evaluation Group (independent evaluator): TEG is a leading nonprofit research organization dedicated to improving outcomes for youth. It has extensive experience conducting evaluations at every state of program development. [REDACTED] [REDACTED] [REDACTED] with a Ph.D. in data science, is an experienced evaluator of educational research projects. **EASEL Lab at Harvard Graduate School of Education** (subcontractor): EASEL Lab Director, Prof. [REDACTED] [REDACTED] is recognized nationally as a leading researcher in SEL. (See resumes.)

D. MANAGEMENT PLAN: Implementation: Roles: Alliance for Inclusion and Prevention (AIP) will coordinate these aspects of *SELECT* Schools: Collaboration; Implementation design; Fidelity monitoring; Hiring and supervision; Training of school staff

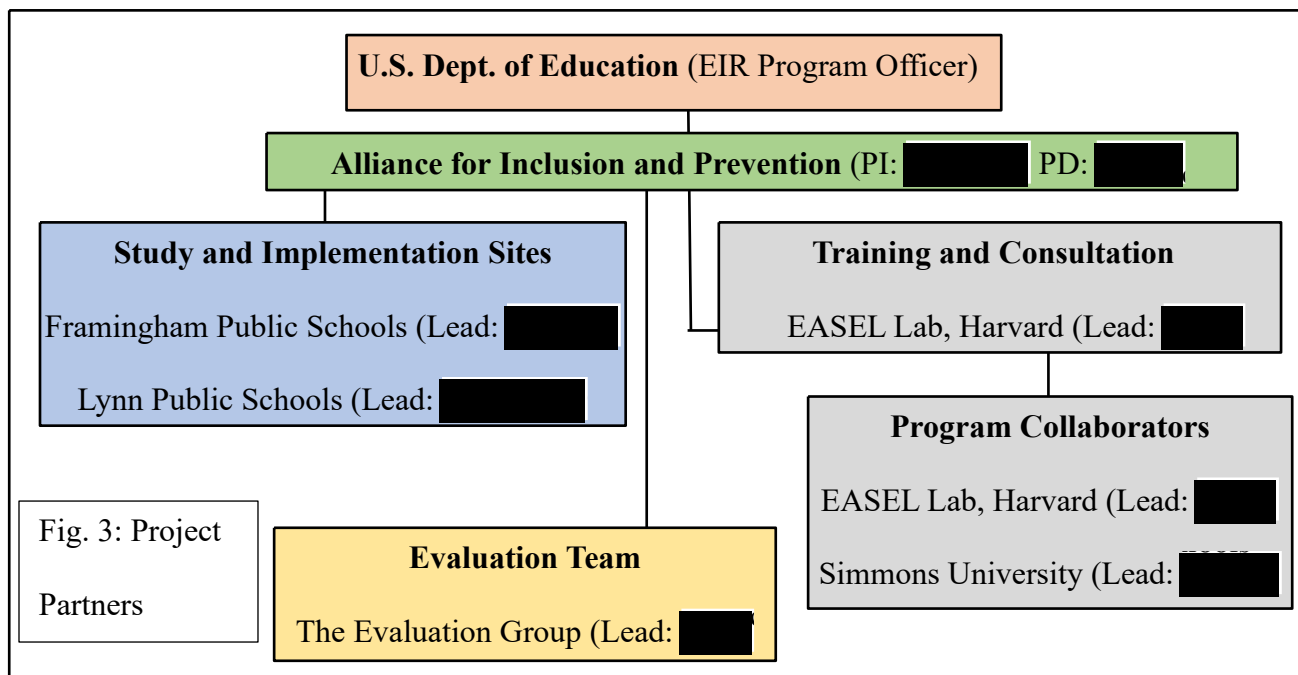


Fig. 3: Project Partners

actively in *SELECT Schools*: Make school staff available for project trainings; Collaborate in all data collection activities; Co-lead project Steering Committee and Work Groups; and Identify teaching and counseling staff to provide ongoing in-district SEL Kernel coaching. A project-wide **Steering Committee** will guide collaboration between partners. School-specific implementation will be guided by each school's **Work Group** of 4-8 educators, administrators, and family representatives. *SELECT Schools* will collaborate with **Simmons University and other graduate schools** of counseling and social work, to provide LPS and FPS with clinical graduate student interns through AIP's Trauma-focused Intern Training program. Fig. 3 shows the collaborative relationships. See Appendix C for letters of support from each named partner and Appendix J for detailed Management Timeline.

Timeline and Management Plan: Planning Period (Jan. 1, 2024 – Jul. 31, 2024): Planning and materials/training development for AIP, TEG, EASEL, and districts: Program design; collect baseline data; hiring; establish data systems; design training materials, identify and adapt SEL Kernels to support trauma-informed teaching and counseling supports across MTSS tiers.

Research Period (Aug 1, 2024 – June 30, 2028): Three full school years of research implementation for each district: Aug. 1, 2024 – June 30, 2027, for Framingham; Aug. 1, 2025 – June 30, 2028, for Lynn. All model components are delivered: Facilitate the district and school leadership to implement Trauma-Sensitive Schools Training Package; Obtain baseline school climate data for each school; Create Steering Committees for each district and Work Groups for each school; Project Coordinators and AIP and EASEL staff train SEL coaches identified by each district (10 in Framingham, 17 in Lynn) to use trauma-related SEL Kernel activities in each K-5 classroom; train school clinical staff to use TI-SEL Kernels and other evidence-based CBT

models for group and individual treatment via a Summer Clinician Training Institute in 2024 for FPS, and in 2025 for LPS.

The project is delivered primarily via existing school structures, to minimize unnecessary burden on school staff. For example, each district already has school SEL coaches. Following an intensive train-the-trainer model, we will prepare the 26 coaches to serve as direct consultants and coaches for each of their schools. Most of the teacher training will be delivered within their existing Professional Learning Communities and during scheduled Professional Development time.

Data Analysis & Reporting Period (July 1, 2028 – Dec 31, 2028): Final data collection, analysis, and reporting. Continue to support districts' transition to sustainability.

Recurring Activities, All Years: Evaluation: Data collection; monthly snapshots, quarterly reports, annual data reviews. **Programmatic:** Monthly program review. **Quarterly CQI:** feedback/review with partners. **Summers:** Hiring and training, data review, planning, scheduling, materials and training materials development.

Dissemination, Grant Years 4 and 5: ❶ AIP will produce a *SELECT* Schools replication package, including written and video training materials, for pilot dissemination to a limited number of other school districts via the 160-district Massachusetts School Mental Health Consortium (MASMHC). ❷ The project will provide online and in-person training on components of the *SELECT Schools* (SEL Kernels, EBTs for trauma treatment, etc.) as part of AIP's partnership with Simmons University's Institute for Trauma Treatment in Schools serving under-resourced districts nationally. ❸ Present *SELECT Schools* findings at professional conferences and produce a minimum of 2 articles for publication in peer-reviewed journals.

Sustainability: *SELECT Schools* will train new district teaching and counseling staff during each of the 3 years of implementation, due to anticipated staff turnover and retirements. (Current retention rates are FPS: 79.2% and LPS: 79.93%)^{40,41} Each district's final research year will include a train-the-trainer initiative for coaches, teachers, and clinicians identified by the two districts to lead post-grant sustainability. In addition, project staff will remain available to districts for limited consultation and support until the end of the grant period, in 2028.

E. EVALUATION PLAN Methods of Evaluation Meet WWC Standards: Our study has four **confirmatory research questions:** What is the impact of *SELECT Schools* on □ students' Grade 4-5 ELA achievement, □ students' Grade 4-5 math achievement, □ whole school chronic absences >10%, and □ school discipline referral rates after up to three years of implementation? Beginning in SY2024-25, we will employ a rigorous quasi-experimental design (QED) that will meet the What Works Clearinghouse 5.0 group design standards⁴² with reservations to provide a moderate level of evidence to assess the differences in academic achievement using valid and reliable standardized MA Comprehensive Assessment System (MCAS) Grade 4-5 ELA and math assessments,⁴³ absentee rates that exceed 10% of school enrollment days, and discipline rates. Our QED will compare academic (Grades 4-5) and school outcomes of 26 *SELECT Schools* (K-5) in Framingham and Lynn School Districts to 104 MA schools that do not participate in the project ("business-as-usual"). We will eliminate any comparison schools that have participated with Harvard EASEL or NCSSLE prior to matching. No or minimal school-level attrition is expected during the three years of impact study within our two districts, as no school is pending closure. When matching schools, only those with available baseline and outcome data will be considered. Teacher attrition from the two districts averaged 32% last school year. We expect other schools to have similar attrition after the pandemic. Attrition at the teacher level will result

in training new staff each subsequent treatment year. We will not impute any missing data as data analysis is the school or grade level rather than individual students. An *a priori* power analysis⁴⁴ (Appendix J, Table B) indicates our study has enough power to test for statistically significant program effects (MDES = 0.087, $\alpha = .05$, power = .80). Treatment and comparison schools will be matched 1:4 using nearest neighbor propensity score matching (PSM)⁴⁵ without replacement to help ensure baseline similarity on state standardized assessments, absences, and discipline. The PSM will include key exogenous school variables, such as baseline ELA and math scores, baseline chronic absences and discipline referral rates, economic disadvantage status, minority status, gender, and English Learner. These variables will be included as covariates in our QED design to statistically control for any remaining differences between treatment and comparison schools. The outcome measures of ELA and math achievement were selected because they pre-date *SELECT* Schools and are standardized statewide, thus avoiding any potential over-alignment with the intervention components. Our impact model is:

$$\begin{aligned}
 Y_k = & \beta_0 + \beta_1 \mathbf{Treatment}_k + \beta_2 \mathbf{Cohort}_{jk} + \beta_3 \mathbf{Treatment}_k \mathbf{Cohort}_{jk} \\
 & + \beta_4 \mathbf{BaselineScore}_{jk} + \beta_5 \mathbf{ChronicAbsence}_k + \beta_6 \mathbf{Discipline}_k \\
 & + \beta_7 \mathbf{MinorityStatus}_{\%k} + \beta_8 \mathbf{EconomicDisadvantage}_{\%k} \\
 & + \beta_9 \mathbf{Gender}_{\%k} + \beta_{10} \mathbf{EnglishLearner}_{\%k} + \varepsilon_{jk}
 \end{aligned}$$

Our impact study includes two cohorts, as shown in Table 1. Baseline test scores will be collected from students in Grades 3 or 4 from both cohorts in the year prior to the intervention. Grade level of students will be matched to the same grade level from comparison schools. School absences and discipline will be matched at the school level. Data will be collected and analyzed annually and then pooled in the final year for impacts to students of up to three years of implementation on our four outcomes. **Exploratory analyses** will focus on gender, ethnicity,

economic disadvantage, English Learner, and high-need subsets of our data. Design, data, and analyses of subgroups will mirror our confirmatory HLM but will only include data from each subset.

Table 2. *SELECT* Schools Impact Study Sample Cohorts

Year	Cohort 1	Cohort 2
2023-24	3rd-4th Grade (Baseline)	
2024-25	1 Year Outcome Grades 4-5	3rd-4th Grade (Baseline)
2025-26	2 Year Outcome Grades 4-5	1 Year Outcome
2026-27	3 Year Outcome Grades 4-5	2 Year Outcome
2027-28	Sustainability	3 Year Outcome

Methods of Evaluation Provide Performance Feedback: The Evaluation Group (TEG), selected via procurement process in compliance with 2 CFR 200.317-326, EDGAR 75.135, will test the effectiveness of *SELECT* Schools to improve academic achievement, school attendance and behavior. TEG’s capacity to conduct a rigorous, objective evaluation makes them highly qualified as our evaluator. Qualifications include: Over 35 years evaluating K-12 education programs; experience conducting large-scale evaluations, including 14 former or current i3/EIR grants; and experience evaluating social-emotional-focused projects. [REDACTED] PhD, MPH, and [REDACTED] PhD, will lead the evaluation. Both have more than 20 years’ experience evaluating large federal grants, including i3/EIR. Our evaluation plan incorporates the logic model, which provides a theoretical foundation to guide the program design, evaluation, and interpretation of findings.^{46,47} The model articulates key components (Professional development and materials development), mediators, and short-term outcomes (TI-SEL skills

practice and integration into classroom practices, referrals, EBT and CBT service delivery), and mid- and long-term outcomes (reduced referrals, improved climate, increased academic achievement). In concert with the interim performance monitoring based on the measurable thresholds in our objectives, quarterly reviews of the logic model will provide data to gauge early impact, suggest program revisions, and identify unintended outcomes. TEG will be a collaborative partner with AIP staff, meeting monthly to review data and allow for continuous improvement. Formative data includes the outputs in our logic model and progress towards outcomes. Results will be reported by school, within the two cohorts, via quarterly, mid-, and end-of-year reports. Annual reports will include required GPRA measures and our performance objectives. Additionally, survey snapshots will present findings related to specific program components. TEG will comply with required reporting and work with federal evaluation TA providers to fulfill EIR evaluation requirements. Through *SELECT Schools*, we will test and study a trauma-informed systems approach embedded in a TI-MTSS framework. Our QED will use a mixed-methods,⁴⁸ utilization-focused⁴⁹ evaluation approach that combines quantitative and qualitative data sources from multiple reporters for triangulation, thereby enhancing the validity and reliability of the evaluation. Quantitative data collected for assessing our objectives and conducting our Impact Study will include: Massachusetts certified school demographic, discipline, and absence data; MCAS ELA and Math scores; training attendance; teacher coaching logs; teacher subjective wellbeing questionnaire (alpha = .87); Panorama Teacher and Student SEL (alpha = .83) and Climate Survey⁵⁰ (reliability averaged 0.84; validity scales correlated as expected with student outcomes) and Trauma-Sensitive School Readiness for Change and Current Practice Surveys.⁴ MCAS ELA and Math standardized scores are valid and reliable, meeting WWC 5.0 design standards. Qualitative data includes principal, staff, and teacher

interviews, focus groups with teachers, and open-ended student and teacher survey items. Focus group, interview, and open-ended survey items will provide a rich qualitative perspective for deeper inquiry into the process, challenges, and successes of *SELECT Schools*. Qualitative analysis will be guided by code development⁵¹ and informed by scholarly literature, stakeholder panels,⁵² and member checking,⁵³ providing a rich context to interpret our quantitative data. The constant comparative method will be used to increase trustworthiness of results. Each qualitative data collection process will stop when we reach saturation.⁵⁴ Our qualitative study will explore:

- What impact did *SELECT Schools* have on students' social-emotional development?
- What changes to school climate are most noticeable?
- How did *SELECT Schools* impact teachers' ability to implement TI-SEL supports in the classroom?
- What changes did clinicians notice in client behaviors after using the SEL Kernels? (See Appendix J, Table A, for a summary of the Evaluation Study Design Parameters.)

Evaluation Plan Articulates Key Components, Mediators, And Outcomes: The primary evaluation components are depicted via our logic model (Appendix G), which will be used to guide *SELECT Schools*' design and development from beginning to end. The model provides a logical base that moves from program inputs and key components to outputs, mediators, and the short-, intermediate-, and long-term outcomes. Logic models set the stage for successful evaluation by clarifying expectations through alignment between the key components and the performance goals, objectives, and outcomes. To support replication, our **implementation evaluation** will explore:

- To what extent was *SELECT Schools* implemented with fidelity?
- What are the strengths of and barriers to implementation?
- What components are most suitable for replication in other settings? In Year 1, we will pilot test a fidelity index that will be refined for the second school

year (2025-26). We will conduct our implementation study concurrently with the impact study, to track, document, and assess the extent to which actual implementation aligns with proposed implementation. We will include two years of implementation fidelity as a part of our Impact Study report. Jointly with our evaluator, we will finalize the fidelity index (sample in Appendix J, Table C) with three components that align with the strategies and mediators in the logic model. Within each component, fidelity scores will be based on quantitative and qualitative indicators of adherence (e.g., training attendance), exposure (e.g., content and skills knowledge), quality (e.g., coaching and integration) and responsiveness (e.g., surveys).⁵⁵ Thresholds will be established a priori based on baseline data, scaling targets (objectives list), and input from subject-area experts. Component fidelity scores will be summed to compute an overall fidelity index. Our goal for fidelity includes a 70% threshold in Year 1, increasing to 80% for years 2-5. Our evaluator will chart actual progress against targets to support continuous quality improvement (CQI) and generalizability to other districts. Identification of barriers and facilitators to implementation through interviews and annual focus groups will lead to timely adjustments. Prior to analysis, we will request selected comparison schools to complete the fidelity index, expecting a score of zero. Schools reporting similar strategies will be replaced with schools that score zero on the fidelity index (no treatment).