Supporting Social-Emotional Learning With Evidence-Based Programs

CONTENTS

I. Introduction

Public schools are responsible for preparing all children and youth to succeed in college, careers and life. To this end, the education system has historically focused on developing students' academic knowledge and skills — but a growing body of research shows that a narrow focus on academic accomplishment does not suffice, and that children need social, emotional and cognitive capabilities to fully thrive. In fact, students' academic success depends, in part, on their ability to manage their emotions, build relationships, focus their attention and solve problems.[1] This research only underscores what many school administrators and teachers have acknowledged for years — that students' unmet social, emotional and mental health needs are a major barrier to their academic achievement.

The past decade has also seen increased accountability at the local, state and federal levels for schools to achieve results for their students. Many school leaders have recognized they can't achieve these results without addressing the mental health and behavioral challenges that get in the way of learning. As a result, an increasing number of schools are investing in and implementing evidence-based programs that address the social, emotional, behavioral and mental health of students. These programs are often implemented within schools' comprehensive efforts to integrate social and emotional learning into core practices from teaching and discipline to professional development. While they are only one piece of a bigger picture, the effective implementation of evidence-based social and emotional learning (SEL) programs is clearly critical to students' success, and effective implementation requires adequate resourcing.

> **Social and emotional learning** is the process through which children and adults acquire and effectively apply the knowledge, attitudes and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships and make responsible decisions.
>
> —The Collaborative for Academic, Social and Emotional Learning

The recent reauthorization of the Every Student Succeeds Act (ESSA) further reinforces these trends in the education field by expanding the traditional academic measures of success to include indicators such as student engagement and attendance, both areas influenced by students' social and emotional capabilities. ESSA also places more emphasis on schools' use of evidence-based programs and approaches. As the reforms in ESSA are fully implemented at the state and local levels, there will likely be increasing interest in implementing evidence-based SEL programs.

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[1] Jones, S. M., & Kahn, J. (2017). *The evidence base for how we learn: Supporting students' social, emotional and academic development.* Washington, DC: The Aspen Institute, National Commission on Social, Emotional, & Academic Development.

This brief provides education administrators and partners (providers, intermediaries, funders) with strategies and examples from school districts that have successfully funded, implemented and sustained evidence-based SEL programs. School administrators from seven districts were interviewed and shared background information on their efforts to fund and implement evidence-based programs that address social and emotional learning. Based on these real-world experiences, this brief highlights cost considerations, funding streams,

SCHOOL DISTRICTS INTERVIEWED
• Charlottesville City Schools (Virginia)
• Chicago Public Schools
• Cleveland Metropolitan School District
• Ferguson-Florissant School District (Missouri)
• Minneapolis Public Schools
• Providence Public School District (Rhode Island)
• Tooele County School District (Utah)

partnerships and allocation of resources that are unique to education systems and necessary for effective implementation of evidence-based SEL programs. Individual profiles of each school district are included in the Appendices.

II. What Are Evidence-Based Programs, and Why Focus on Funding Them?

Evidence-based programs have undergone rigorous testing and demonstrated their effectiveness. These programs, having established a strong level of evidence, are often "packaged" and made available for replication. Evidence-based programs typically require specialized training and the use of specific supervision and practice guidelines, materials, monitoring and data reporting.

What Are Evidence-Based Practices and Policies?

While evidence-based programs are the primary focus of this brief, evidence can also be used to inform school practice and policies. An **evidence-based practice** is an approach that has been validated through controlled studies. Evidence-based practices are distinguished from evidence-based programs in that they are generally broader approaches rather than packaged interventions. For example, teachers using a discipline approach that focuses explicitly on teaching and reinforcing desired skills is a practice that has a strong base of evidence for improving students' behavior. **Evidence-based policies** are policies, based on well-established research, that promote the use of or allocate resources toward evidence-based programs or practices. For example, a discipline policy that incorporates alternatives to suspension and keeps students engaged in school could be considered evidence-based policy.

Administrators often think of evidence-based programs as "plug and play" and are surprised by the level of preparation and resources needed to implement these programs in a way that achieves outcomes. However, research has shown that *how* evidence-based programs are implemented is critically important, and that replications that do not follow the intended design are less likely to achieve the outcomes realized in the original evaluations.[2]

To identify evidence-based programs for this brief, authors referenced clearinghouses that rank programs that are appropriate for school settings by their level of evidence. For example, Blueprints for Healthy Youth Development (Blueprints) is a registry of evidence-based programs that promote the health and well-being of children and teens. Blueprints includes only programs that are supported by at least one high-quality randomized control trial or two high-quality quasi-experimental evaluations. (See text box for a complete list of referenced clearinghouses and their standards for program inclusion.[3]) For additional information on the effectiveness of the programs referenced in this issue brief, comprehensive reviews of each program's research base can be found at one or more of these clearinghouses.

Replications of programs with a rigorous level of evidence are more likely to achieve results. However, these programs also come with unique resource considerations and, in some cases, a higher per-student cost than homegrown interventions. The tradeoff is the increased assurance that evidence-based programs will achieve results and that, in the long term, their costs may be offset by the cost savings associated with more successful students who need fewer remedial interventions.

Clearinghouses Referenced for This Brief

- **Blueprints for Healthy Youth Development (Blueprints)** — Registry of child and youth development programs. Programs must have demonstrated impact with a minimum of one high-quality randomized controlled trial or two high-quality quasi-experimental evaluations.

- **What Works Clearinghouse (WWC)** — Clearinghouse of programs, policies, practices and products related to education. Programs must have a well-designed randomized controlled trial or a well-designed quasi-experimental evaluation. To demonstrate having a moderate-to-

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[2] Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature.* Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network.

[3] As interviews and research were being conducted for this issue brief, the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP) was also used to identify evidence-based programs. On January 11, 2018, SAMHSA suspended use of NREPP and announced a new approach to supporting evidence-based practices.

large effect, programs must have at least two studies that include more than 350 students or 14 classrooms.

- **Collaborative for Academic, Social and Emotional Learning (CASEL) Guide to Effective Social and Emotional Programs** — Guide to classroom-based programs that promote social and emotional competence. Programs must have at least one carefully conducted randomized or quasi-experimental study.

III. What Kinds of Evidence-Based Social and Emotional Learning Programs Are Most Relevant to the Education Field?

Education administrators and their partners need to determine which evidence-based social and emotional learning program(s) to use. This issue brief takes a broad perspective on SEL programs, including programs that address mental wellness and behavior. With this lens, there are a number of school-based programs with strong evidence that can help students regulate their emotions, improve their behavior, engage in positive relationships with their parents and peers and avoid substance use and risky sexual behavior. Types of programs where strong research has documented positive outcomes include the following:

- School climate programs

- Classroom-based social and emotional skills programs

- Classroom-based risk prevention programs (e.g., substance abuse, unsafe sexual behavior, pregnancy, suicide and delinquency prevention)

- School-based family support programs

- School-based mental health and therapeutic programs

In the seven interviews conducted, school administrators reported using classroom-based social and emotional skills programs and classroom-based risk prevention programs most often, followed by school climate, family support and mental health programs.

IV. Understanding the Costs of Evidence-Based Programs

This brief uses an implementation science framework to consider the costs of evidence-based programs within the context of effective implementation. Implementation science looks at how systems and organizations can effectively adopt and integrate evidence-based practices, interventions and policies. Using a "stage-based implementation" framework, implementation science emphasizes that implementation is a process that occurs over time, and that each stage

requires thoughtful efforts to ensure effective implementation and improved outcomes for the target population.

Administrators often do not understand the full range of costs and resources necessary to select and support evidence-based programs. While the specific costs and staffing requirements are distinct for each individual program, there are categories of costs that are generally consistent across evidence-based programs. Understanding these categories can help leaders to anticipate what will be required to select programs intentionally and implement them with fidelity. This brief focuses on categories of costs that should be considered at each stage of implementation.[4] Four stages of implementation, each with unique resource considerations, are identified in the chart below. These stages are adapted from the National Implementation Research Network (NIRN) stages of implementation framework. Many additional resources on implementation are available on the NIRN website at http://nirn.fpg.unc.edu/.

TABLE 1: KEY COSTS ASSOCIATED WITH IMPLEMENTING EVIDENCE-BASED PROGRAMS

Stage	Definition	Key Costs/Resources to Consider During this Stage
Exploration	Evidence-based programs are identified based on assessment of the potential match between school needs, evidence-based program requirements, and available resources.	• Data analysis to identify specific outcomes to be achieved and the target population • Staff time to analyze data and review current practices and programs for effectiveness • Staff time to research and select evidence-based programs that match desired outcomes and population to be served • District, school and/or partner staff time to discuss options, gain buy-in and make decision
Installation	Resources and infrastructure are developed to prepare for implementation.	• If program is contracted, staff time for the development and administration of a Request for Proposal • Purchase of program materials (e.g., curricula) and initial training for staff • District and school administrator time to plan for and schedule training and implementation of program within school's professional development and academic calendars • Administrator, teacher and support staff time to attend training and payment for subs if training occurs outside of regular professional development days

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[4] For more information on specific costs and staffing requirements for individual programs, please reference the clearinghouses or the program developer's websites.

		• Purchase and/or establishment of performance assessment tools • Development or adaptation of data systems • Procurement of necessary materials, equipment and space
Initial Implementation	Teachers and staff integrate and refine new knowledge, skills, practices and procedures into daily work.	• Staffing and implementation costs (e.g., teacher or staff compensation for additional time spent participating on implementation teams or external staffing costs if program delivery is contracted) • Data collection and analysis • District and school administrator time to supervise initial implementation, troubleshoot challenges, and align school practices and policies to support effective program implementation • Staff time for fidelity monitoring • Staff time for technical assistance and coaching as new program is adopted
Full Implementation	Teachers and staff routinely deliver high-quality program, and it becomes the way the school carries out its work.	• Ongoing staffing and implementation costs • Ongoing training due to staff turnover • Ongoing data collection and analysis • Ongoing fidelity monitoring and quality improvement processes

V. The Funding and Policy Landscape for Evidence-Based SEL Programs

Administrators should understand the funding and policy context as they consider how to resource and deliver evidence-based programs within their schools. Public education is funded through a combination of federal, state and local sources. State and local sources make up the bulk of funding, with state funding representing approximately 46 percent, local funding representing 45 percent and federal dollars accounting for 9 percent of public K–12 education

revenues nationally.[5] The relative share of state and local funds varies significantly from state to state, depending on state and local policies and funding formulas.[6]

The majority of state and local education funds are allocated toward core operating costs, including staffing and benefit costs, transportation, facilities and maintenance. Federal education support primarily comes through formula grant funds that flow from the U.S. Department of Education to state education agencies and on to local school districts. Key formula funds include Title I, Individuals with Disabilities Education Act (IDEA) Part B, Title II, and Title IV. The U.S. Department of Education also administers competitive discretionary grants that can offer significant support to districts for start-up or expansion of programs.

States and districts often rely on federal funding streams for teacher-quality initiatives; targeted interventions and supports for special education students and high-need students and districts; parent outreach; and student supports, enrichment and afterschool programming. Table 2 provides a brief overview of key funding streams and how they can potentially support evidence-based SEL programs.

Despite the fact that federal dollars make up a relatively small proportion of total funds nationally, they can be a key source of support for evidence-based programs, particularly to help with start-up training and curricula costs. State and local education funding can ensure that the necessary human resources are continuously in place to support implementation and sustainability. Critical human resources include allocations of teacher and other staff time for professional development and program delivery, and of district and school administrator time for coordination and continuous improvement of programs. Thus, it is essential for district leaders and local school boards to understand the rationale and need for SEL programs, as well as their potential benefits, to create sustainable support.

Broader federal education policy exerts important influence on state and local education policy and practice. The foundation for many districts' current focus on SEL was laid by key amendments to IDEA that were aimed at ensuring students with behavioral issues were not excluded from the regular education setting. The 1997 reauthorization of IDEA included funding to promote the adoption of Positive Behavioral Interventions and Supports (PBIS), a framework for addressing student behavior in a proactive way.[7] Later, the 2004 reauthorization amended policy to allow districts to use student responses to targeted interventions to identify whether they had learning disabilities. In recent years, a number of districts have integrated PBIS and Response to Intervention (RTI) efforts under a Multi-Tiered System of Supports (MTSS)

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[5] Leachman, M., Albares, N., Masterson, K., & Wallace, M. (2016). *Most states have cut school funding and some continue cutting.* Washington, DC: Center on Budget and Policy Priorities.
[6] National Education Association. (2016). *Rankings and estimates: Rankings of the states 2015 and estimates of school statistics 2016.* Retrieved April 25, 2017, from: http://www.nea.org/assets/docs/2016_NEA_Rankings_And_Estimates.pdf
[7] *PBIS and The Law.* From the PBIS Technical Assistance Center website at: https://www.pbis.org/school/pbis-and-the-law

framework, which guides behavioral and academic interventions at three tiers of support — universal, secondary and tertiary (see text box below). Many districts use MTSS, which emphasizes using data and evidence-based programs, as the organizing framework for their SEL work.

Positive Behavioral Interventions and Supports (PBIS), Response to Intervention (RTI) and Multi-Tiered System of Supports (MTSS)

The 1997 reauthorization of IDEA funded a national technical assistance center focused on **PBIS**, a framework that aims to promote positive behavior by putting forward clear behavioral standards, implementing early assessments and interventions for behavioral problems, and using data to identify appropriate evidence-based programs to address behavior. Continued funding for the technical assistance center and discretionary grants that help districts adopt PBIS have led to wide-scale take-up of the framework. For more information on PBIS, see the PBIS Technical Assistance Center website at http://www.pbis.org.

RTI and **MTSS** generally include three tiers of support: 1) **universal** — high quality instruction for all students; 2) **secondary** — early intervening services for struggling students; and 3) **tertiary** — targeted, individualized supports for students not responding at the second tier of supports. The 2004 IDEA reauthorization expanded coverage to allow districts to spend up to 15 percent of their IDEA Part B funds on coordinated early intervening services, which could be provided to any student who was struggling to meet standards. Prior to these amendments, states could only use IDEA funds for students diagnosed with a learning disability.

In addition to IDEA, the 2015 Every Student Succeeds Act (ESSA), which reauthorized the Elementary and Secondary Education Act (ESEA), included provisions that support evidence-based SEL programs for all students. Importantly, ESSA provides states and districts more flexibility in designing accountability measures and interventions to support struggling schools and students, while also requiring the use of evidence-based programs (see text box below for ESSA evidence requirements). In addition, ESSA created a new formula grant, the Student Support and Academic Enrichment program under Title IV-A. A minimum of 20 percent of these funds must be dedicated to creating safe and healthy schools, and a minimum of 20 percent must be dedicated to ensuring students are well-rounded through quality enrichment. The Department of Education guidelines for ESSA indicate that universal SEL programs and PBIS can qualify as

meeting both purposes (safe and healthy schools and well-rounded students), so there is a lot of flexibility to support SEL programs with Title IV-A funds.[8]

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[8] U.S. Department of Education. (2016, October). Non-regulatory guidance: Student support and academic enrichment grants. https://www2.ed.gov/policy/elsec/leg/essa/essassaegrantguid10212016

Evidence Requirements in the Every Student Succeeds Act (ESSA)

ESSA's definition of *evidence-based* includes four levels of evidence. The legislation specifies that interventions funded with Title I funds designated for school-improvement programs in the lowest-performing schools meet the first three levels of evidence (7 percent of Title I funds are set aside for this purpose). Other areas of the law that require evidence-based programs, including Title IV-A, can meet any of the four levels.

Levels I – III are interventions that demonstrate a statistically significant effect on improving student outcomes or other relevant outcomes. The levels are defined as follows:

(I)   strong evidence from at least one well-designed and well-implemented experimental study

(II)   moderate evidence from at least one well-designed and well-implemented quasi-experimental study

(III)   promising evidence from at least one well-designed and well-implemented correlational study with statistical controls for selection bias

Level IV is defined as demonstrating "a rationale based on high quality research findings or positive evaluation that such activity, strategy or intervention is likely to improve student outcomes or other relevant outcomes; and includes ongoing efforts to examine the effects of such activity, strategy or intervention."[9]

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[9] Every Student Succeeds Act, Title VIII, Sec. 8002 (21) (A)

Funding Source	Purpose	Opportunities to Fund Evidence-Based SEL Programs	Funding Allocations *(in billions)*	
			FY 17	**FY 18**[10] **(***proposed***)**
ESEA Title I, Part A	Provides funding to school districts with high numbers or high percentages of children from low-income families to help ensure that all children meet challenging state academic standards	Districts can use funding to purchase curricula for tested, effective programs, and to cover training and salaries for teachers, coordinators or other staff implementing programs.	$15.5	$15.5
IDEA Part B	Assists states in providing a free appropriate public education in the least restrictive environment for children and youth (ages 3 through 21) with disabilities	Districts can use up to 15 percent of their allocation for early intervening services, which address the needs of students who require additional academic and behavioral supports to succeed but are not classified as needing special education. IDEA funds can also support targeted, evidence-based SEL programs included in students' Individualized Education Plans.	$12	$12
ESSA Title II, Part A (Supporting Effective Instruction)	Supports states and local school districts in the recruitment and training of teachers and principals	With increased flexibility, states and school districts can fund the initial and ongoing training of teachers and school staff to implement evidence-based programs.	$2.1	$2.1
ESSA Title IV, Part A: Student Support and Academic Enrichment Grant	Supports academic enrichment, student-support activities and improved use of technology	School districts receiving more than $30,000 are required to apply a minimum of 20 percent of funds to activities that help students become "well-rounded" and 20 percent to activities that help keep students "safe and healthy." Social and emotional learning programs can be potentially supported under both the well-rounded and safe and healthy categories.	$0.40 ($400 million)[11]	$0.45 ($450 million)

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[10] As of this writing, Congress has not passed a FY 18 spending bill. These funding levels reflect the amounts passed by the Senate Appropriations Committee.

[11] ESSA created Title IV-A as a formula grant that would flow by formula from state education agencies to local education agencies (LEAs); however, because the appropriated funding level for FY 17 was lower than the amount authorized in ESSA, states were given the option to administer the dollars competitively to LEAs.
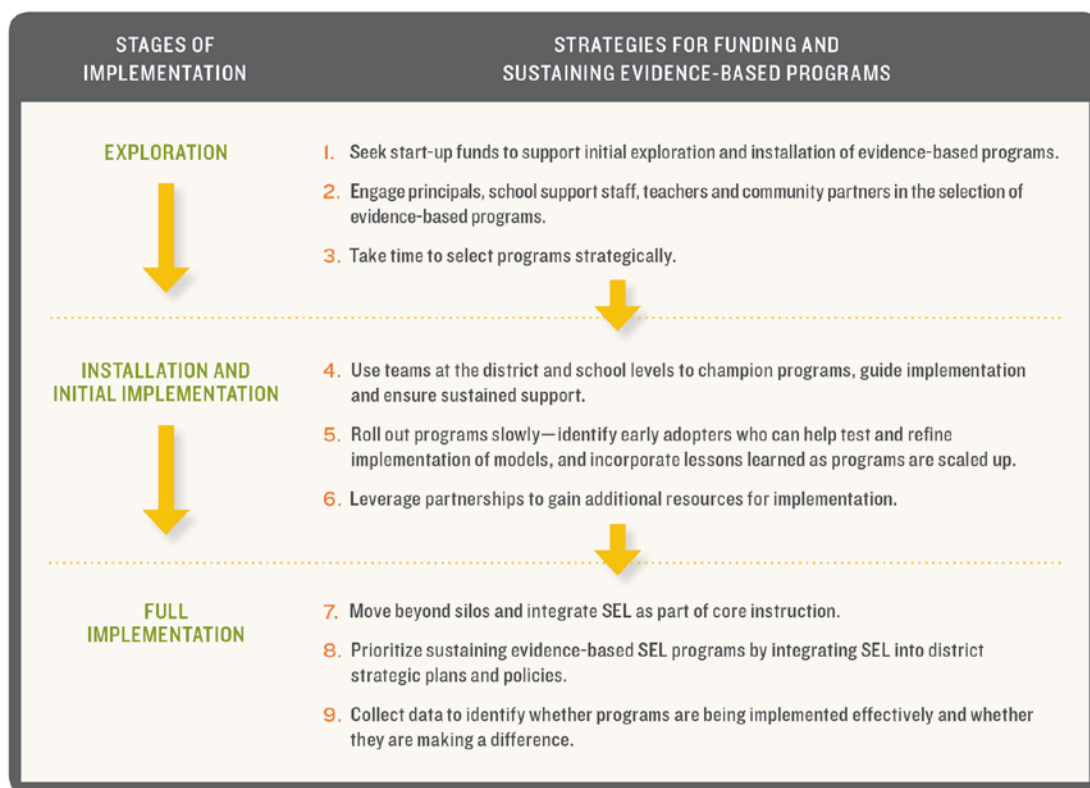
VI. Strategies for Funding and Sustaining Evidence-Based SEL Programs

The school district leaders interviewed for this brief have worked for many years to improve student outcomes and address the social and emotional needs of students. Overall, they reported that short-term grant funds, primarily from the U.S. Department of Education and private foundations, are important sources of start-up funding. However, district-level support and buy-in are critical to sustaining SEL evidence-based programs. The ongoing implementation of programs depends on districts creating structures that prioritize SEL and the evidence-based programs that address SEL outcomes. District staff time, professional development resources and teaching and support-staff time are required at levels that ensure program implementation with fidelity.

The funding streams supporting these services are primarily Title I and local school district budget dollars (which are a combination of state and local education dollars). Multiple districts have also leveraged partnerships to gain additional resources from other systems, particularly mental health funds, and bring them into the schools to promote student mental health and well-being.

This section highlights nine strategies that can help district leaders overcome challenges and successfully fund and sustain evidence-based programs focused on SEL, including programs that address mental wellness and behavior. The strategies address both the financial and human resources that are critical to start-up, quality implementation and sustainability of programs. Because school-based SEL programs are most often delivered by existing personnel (teachers and school support staff), they often do not require significant new financial resources. Rather, the key to quality implementation and sustainability is getting buy-in from school administrators, teachers and support staff, providing effective training and technical assistance to ensure implementation quality, and maintaining that support over time.

The sequence of strategies aligns with the implementation science framework (see visual below). Strategies 1 – 3 establish the foundation for identifying and funding evidence-based programs (**Exploration**). Strategies 4 – 6 help prepare for effective implementation (**Installation)** and support program start-up (**Initial Implementation**). Strategies 7 – 9 ensure long-term success of and support for the programs (**Full Implementation**).

STAGES OF IMPLEMENTATION	STRATEGIES FOR FUNDING AND SUSTAINING EVIDENCE-BASED PROGRAMS
EXPLORATION	I. Seek start-up funds to support initial exploration and installation of evidence-based programs. 2. Engage principals, school support staff, teachers and community partners in the selection of evidence-based programs. 3. Take time to select programs strategically.
INSTALLATION AND INITIAL IMPLEMENTATION	4. Use teams at the district and school levels to champion programs, guide implementation and ensure sustained support. 5. Roll out programs slowly—identify early adopters who can help test and refine implementation of models, and incorporate lessons learned as programs are scaled up. 6. Leverage partnerships to gain additional resources for implementation.
FULL IMPLEMENTATION	7. Move beyond silos and integrate SEL as part of core instruction. 8. Prioritize sustaining evidence-based SEL programs by integrating SEL into district strategic plans and policies. 9. Collect data to identify whether programs are being implemented effectively and whether they are making a difference.

1. SEEK START-UP FUNDS TO SUPPORT INITIAL EXPLORATION AND INSTALLATION OF EVIDENCE-BASED PROGRAMS.

For most of the school districts, an infusion of resources from federal discretionary grants and/or private foundations provided important support for their exploration and installation work. The short-term funding streams helped them:

1) prioritize the identification and installation of evidence-based SEL programs by creating external accountability;

2) access technical expertise and dedicate the necessary staff time to collect data, assess needs, review the potential fit of various models and engage stakeholders in the decision-making process; and

3) purchase initial training and program curricula to begin implementation of programs.

Table 3 describes the specific supports that federal discretionary grants and private foundations funded in the school districts that were interviewed.

TABLE 3: GRANT FUNDS SUPPORTING SEL PROGRAMS

Funding Stream	Supports	Interviewed Districts Using Funding Source
Federal discretionary grants Department of Education • Safe Schools-Healthy Students • School Climate Transformation • Promoting Student Resilience • Investing in Innovation • State Personnel Development* Substance Abuse and Mental Health Services Administration • Project Advancing Wellness and Resilience Education (AWARE)* • National Center for Child Traumatic Stress	• Identification of evidence-based programs • Initial training and implementation of evidence-based programs • Training of agency staff in evidence-informed practice approaches and frameworks that promote evidence-based SEL programs • Technical assistance to support effective program identification and implementation • Data collection and model evaluation	• Charlottesville • Chicago • Minneapolis • Providence • Tooele
Private foundation funds	• Identification of evidence-based programs • Technical assistance to support implementation • Data capacity–building • Initial training and implementation of evidence-based programs	• Chicago • Cleveland • Minneapolis • Providence
*State Personnel Development and Project AWARE grants are provided to state education agencies to support technical assistance for local districts.		

2. ENGAGE PRINCIPALS, SCHOOL SUPPORT STAFF, TEACHERS AND COMMUNITY PARTNERS IN THE SELECTION OF EVIDENCE-BASED PROGRAMS.

School districts found that engaging stakeholders in the selection of programs created buy-in and ensured that the identified programs were feasible to implement and would work well with schools' existing programs and initiatives. Districts took various approaches to structuring planning processes that engaged stakeholders in program selection. In some districts, particularly smaller districts, a district-level workgroup or team pulled together stakeholders from the district,

the schools and the community to identify programs. Other districts, including larger districts and districts that have significant autonomy at the school level, often took a hybrid approach: The district convened a planning group to select programs and purchased curricula and training for particular programs, but schools determined whether they wanted to adopt those programs, or to identify and support the implementation of alternatives within their own school budgets.

3. TAKE TIME TO SELECT PROGRAMS STRATEGICALLY.

District leaders shared that taking time to engage in a thoughtful program-selection process helped ensure that programs could be effective and sustained. They often convened teams at the district and school levels to review data on student needs and consider programs that could effectively address them; the teams then selected programs that with the best fit in terms of district and school priorities, policies, culture, budget, staff capacity and scheduling. District leaders also reflected on the importance of being able to say no to programs from community partners — even high-quality programs — and grant opportunities that are not a good fit for their needs. Since effective implementation of evidence-based programs requires the sustained dedication of valuable time and energy on the part of teachers and school staff, they know if they agree to too many "shiny things," they lose their ability to focus on program implementation and fidelity.

4. USE TEAMS AT THE DISTRICT AND SCHOOL LEVELS TO CHAMPION PROGRAMS, GUIDE IMPLEMENTATION AND ENSURE SUSTAINED SUPPORT.

Most schools established an ongoing structure for district and school administrators, teachers and school support staff to come together to guide implementation. District-level teams monitored the implementation progress of a portfolio of programs across the district, set the course for expanding program implementation to additional schools, reviewed the need for implementation support at schools and addressed district-level budget and policy issues. Teams at the school level reviewed data, addressed implementation challenges, celebrated successes and communicated with district staff regarding support, policy and larger budget issues. District leaders learned that while it can be important to identify a school-level coordinator to act as a point of contact for SEL programs, engaging a larger team can help ensure that staff turnover does not disrupt program implementation.

5. ROLL OUT PROGRAMS SLOWLY — IDENTIFY EARLY ADOPTERS WHO CAN HELP TEST AND REFINE IMPLEMENTATION OF MODELS, AND INCORPORATE LESSONS LEARNED AS PROGRAMS ARE SCALED UP.

District leaders interviewed shared that they began with training and implementation for schools that were most interested and ready to proceed. These early adopters were typically identified through relatively informal processes — district leaders held information sessions with principals or other school staff on programs and then identified those interested in proceeding with

implementation. Once an initial cohort of schools was determined, district and school leaders used the installation and implementation process to identify challenges, build needed training and implementation supports at the district level, and establish data and evaluation measures. Success and enthusiasm in early adopter schools helped to build interest among other school leaders and funders, and lessons learned helped to ensure that programs could be scaled successfully.

6. LEVERAGE PARTNERSHIPS TO GAIN ADDITIONAL RESOURCES FOR IMPLEMENTATION.

Several districts partnered in funding and implementing evidence-based SEL programs with public mental health and substance abuse agencies, community mental health and prevention providers, public health departments and city and county governments. All of these entities have a shared interest in improving social and emotional well-being for children and youth, and schools offer access to most of the children in a given community. These partnerships expanded human resources by bringing trained staff into school buildings to implement programs, in addition to providing financial resources that schools used to implement programs with school staff (see Table 4 below). Some partnerships, such as those in Fergusson-Florissant and Tooele, provide access to local funding streams that support ongoing implementation of prevention programs. Partnerships also helped school district leaders to gain input and buy-in to their SEL work from a broad base of community stakeholders.

TABLE 4: DISTRICT PARTNERS IN FUNDING AND IMPLEMENTING EVIDENCE-BASED SEL PROGRAMS

District	Partners	Resources Provided
Charlottesville	• Community Services Board/ Behavioral Health Authority	• Training for school staff in the Applied Suicide Intervention Skills Training program (ASIST)
Ferguson-Florissant	• Children's Services Fund (dedicated local revenue stream for children's services) • Community agencies	• Data collection and analysis of children's needs and program selection based on community input • Funding for the Teen Outreach Program and Olweus Bullying Prevention Program, including training, implementation, data collection and fidelity monitoring
Minneapolis	• County mental health department • Community mental health providers	• Time of a county mental health staff person to coordinate school-based mental health services • Funding for mental health service delivery in schools, including Trauma-Focused Cognitive Behavioral Therapy

Providence	• Children and Youth Cabinet (local intermediary agency) • City of Providence • Providence Health Department • Community mental health providers	• Data collection and program selection • Funding for implementation of Positive Action, Cognitive Behavioral Intervention for Trauma in Schools and Familias Unidas • Continuous quality improvement for school-based programs
Tooele	• Tooele office of Communities That Care • County mental health authority	• Data collection and analysis and program selection based on broad community input • Funding for implementation of Guiding Good Choices, LifeSkills, and Question, Persuade, Refer (QPR) • Continuous quality improvement for school-based programs • Prevention specialists to deliver QPR to students

7. MOVE BEYOND SILOS AND INTEGRATE SEL AS PART OF CORE INSTRUCTION.

District leaders reflected that initiatives supporting SEL outcomes were historically viewed as an "add-ons" to a school's core academic program and, as a result, given minimal resources and attention. Topics like bullying or substance abuse prevention were often relegated to a single assembly and/or posters around the school, and it was very hard to get time on professional development calendars or staff meeting agendas to discuss such issues.

Over the last 10 years, most of the districts interviewed have adopted a multi-tiered system of supports (MTSS) framework that takes an integrated approach to academics and behavior at three tiers of support (universal, secondary, and tertiary; see Section V above for more detail on MTSS tiers). MTSS and other similar initiatives consider SEL to be a component of core instruction, focusing on supporting skill building in students — helping to ensure that professional development, data and teaching resources are dedicated to SEL programs. Further, MTSS explicitly emphasizes using data to identify appropriate evidence-based interventions, meaning that districts using the framework prioritize investments in evidence-based SEL programs.

8. PRIORITIZE SUSTAINING EVIDENCE-BASED SEL PROGRAMS BY INTEGRATING SEL INTO DISTRICT STRATEGIC PLANS AND POLICIES.

In most of the districts interviewed, exploration and installation of SEL programs helped to identify specific areas where policies should change and built momentum for prioritizing SEL in strategic plans. In some districts, leaders and stakeholders called for the inclusion of SEL in the district strategic plan and/or related policies as the starting point for selecting evidence-based programs.

For example, Chicago Public Schools, with a long history of SEL-focused work, made significant changes to the district's Student Code of Conduct to emphasize the use of an MTSS framework to promote positive behaviors. The Providence Public School District, after several years of implementing evidence-based programs, adopted a comprehensive MTSS policy in 2016 that articulates the expectation that all schools will have a multi-tiered system of supports in place, including high-quality behavioral interventions.

9. COLLECT DATA TO IDENTIFY WHETHER PROGRAMS ARE BEING IMPLEMENTED EFFECTIVELY AND WHETHER THEY ARE MAKING A DIFFERENCE.

Most school districts using an MTSS framework reported using individual student assessments to help identify which students need enhanced support and whether existing supports are working. At the classroom or schoolwide level, data on program implementation, administrative data (such as academic data, office discipline referrals and attendance) and measures of school climate and student well-being were used to identify problems in program implementation, and to target district resources to support quality implementation. Schoolwide data was used to inform district plans for expanding programs to new schools and to document successes that build support for programs. In addition to administrative data, districts reported using student surveys and screenings, such as the Youth Experience Survey, the Student Health and Risk Prevention Survey, the Conditions for Learning Survey and the Student Risk Screening Scale, to identify needs and track progress.

VII. Conclusion

District leaders interviewed for this brief traced a progression in support for SEL programs from an ancillary service area — focused on broad student-awareness efforts, and sometimes punitive or exclusionary disciplinary measures for those with serious behavioral issues — to a core part of the school and district program for all students. Having a vision of social and emotional learning as an area where skill building is not only possible but necessary provides the foundation for resource allocation to evidence-based SEL programs. While the work of districts and schools to integrate SEL is much bigger than discrete programs, evidence-based programs are an essential component of successful SEL efforts in schools. Districts that have successfully implemented, scaled and sustained evidence-based SEL programs have done so by seeking grants to support start-up and initial implementation costs, engaging partners who can bring prevention and mental health resources into schools, adopting frameworks like MTSS that organize and direct the human resources of schools to support evidence-based SEL programs, and creating district-level structures to support schools in the implementation and sustained use of evidence-based SEL programs.

APPENDICES

Appendix A: Evidence-Based Programs by School District

Evidence-Based Program	School District						
	Charlottesville	Chicago	Cleveland	Ferguson-Florissant	Minneapolis	Providence	Tooele
Applied Suicide Intervention Skills Training (ASIST)	X						
Bounce Back		X					
Caring School Community (CSC)		X					
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)		X				X	
Eye Movement Desensitization and Reprocessing (EMDR)					X		
Familias Unidas						X	
Guiding Good Choices							X
LifeSkills Training (LST)							X
MindUP	X				X		
Olweus Bullying Prevention Program				X			
Positive Action						X	
PATHS (Promoting Alternative Thinking Strategies)		X	X				
QPR (Question, Persuade, and Refer) Gatekeeper Training for Suicide Prevention							X
Responsive Classroom	X	X	X		X		
School-Connect	X						
Second Step	X	X	X	X	X	X	X
Social Skills Group Intervention (S.S.GRIN)		X					
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)					X		
Wyman's Teen Outreach Program (TOP)				X			

Note: The programs listed are programs that administrators cited at the time of interviews that are included in one of the clearinghouses referenced in the issue brief. This list does not necessarily include every evidence-based program these school districts are implementing.

Appendix B: School District Profiles

B-1. Charlottesville City Schools

BACKGROUND/CONTEXT

Charlottesville City Schools (CCS) have developed a strategic approach to social and emotional learning as part of a multi-tiered system of supports. Their work was developed with the support of federal and state policy initiatives and funding. The Virginia Department of Education (VDOE) has a statewide framework, professional development grants and an intermediary to support school districts throughout the state in adopting the Virginia Tiered System of Supports (VTSS). Charlottesville received professional development funding and technical assistance to adopt VTSS.

In 2009, a federal Safe Schools-Healthy Students grant allowed CCS to purchase and implement social and emotional learning program models, such as Restorative Justice and Responsive Classroom. However, once the grant ran out and significant staff turnover occurred, the Restorative Justice program faded away due to lack of support for continued training and implementation. Responsive Classroom is still implemented in several schools where the principal remains committed.

Rather than continuing to lurch from grant to grant, in recent years CCS decided to take a more intentional approach to identifying and implementing evidence-based programs. CCS brought together action teams to take a comprehensive look at four areas: mental wellness, community partnerships, professional learning, and social and emotional learning. The action teams comprised district staff, principals, community providers, teachers, school social workers, school psychologists and counselors. Each action team identified student needs, the existing supports available and the remaining gaps. Teams then selected evidence-based programs that would address the unmet needs and were a good fit for their school populations, and that they felt could be easily embedded and sustained. Based on this work, the district piloted a series of evidence-based programs to see which were, in fact, a good fit for implementation.

CHARLOTTESVILLE CITY SCHOOLS STATS

Enrollment: Approximately 4,200

Schools: 9

Program Name	Program Type				
	School climate	Classroom-based social and emotional learning	Classroom-based risk prevention	Family support	Mental health
Applied Suicide Intervention Skills Training (ASIST)			X		
Mind Up		X			
Responsive Classroom		X			
School-Connect		X			
Second Step		X			

FINANCING EVIDENCE-BASED PROGRAMS

Key Lessons Learned

- District leadership must put social and emotional learning and mental wellness outcomes on par with academic outcomes. If evidence-based SEL programs are considered a part of core instruction, it is much easier to garner needed support and resources for them. CCS's strategic plan, which was informed by community input, now incorporates a focus on mental wellness and social and emotional skills and emphasizes the use of evidence-based programs. This has led to a shift in how resources, including human resources, are allocated. For example, CCS is now carving out professional development time for training in evidence-based programs that address social and emotional learning and mental wellness.

- Using a multi-tiered system of support (MTSS) framework while selecting and implementing evidence-based programs prevents a school district from forming another silo or setting up programs to compete with one another. MTSS creates a structure where social and emotional learning, behavior and mental wellness fit within a school's core functions. The evidence-based programs that address these skills are no longer considered ancillary but rather seen as integral to how a school district will ensure students succeed academically.

- Evidence-based programs are more easily sustained because they are more likely to achieve outcomes, thereby justifying the allocation of the necessary financial and human resources. While the fidelity measures required by many evidence-based programs may seem onerous at first, they actually serve as "guardrails" during implementation, helping to ensure the program will achieve the intended outcomes. CCS learned this lesson while implementing evidence-

based academic programs, which increased their commitment to selecting evidence-based social and emotional learning programs and implementing them with fidelity.

Resources Supporting Exploration and Installation

- CCS allocated staff time to the four action teams tasked with selecting and piloting evidence-based programs. The district also determined that any social and emotional learning evidence-based program selected, and the accompanying professional development, had to address the Collaborative for Academic, Social and Emotional Learning's five competencies (Self-Awareness, Self-Management, Social Awareness, Relationship Skills and Responsible Decision Making). Select schools piloted the evidence-based programs and worked with the district-level team to determine what worked well, what didn't work and whether the program could be scaled. This provided a consistent approach to determining which programs could truly achieve results and be sustained within CCS's context.

- VDOE helped CCS to identify evidence-based programs and provided a one-time grant to support the initial training and materials for several of the programs that were piloted.

- The regional Community Services Board provided training in the ASIST program to CCS at no cost. Throughout the state of Virginia, Community Services Boards and the Behavioral Authority are the single point of entry into publicly funded mental, developmental and substance abuse services. In recent years, Community Service Boards have become more involved in prevention work, which has led to greater collaboration with school districts.

- VDOE received a federal Project AWARE grant as part of their VTSS work. Project AWARE grants promote youth mental health awareness within schools and communities and connections to needed mental health services. While CCS was not one of the districts chosen as a pilot under the grant, VDOE has selected the district as an expansion site after the piloting stage is complete.

Resources Supporting Implementation

- CCS is still in the process of setting up a system to ensure fidelity of the evidence-based programs and expects to use their action teams to help articulate clear guidance and expectations, and to identify which school staff will be responsible for implementation.

- CCS has focused their grant application under the new Title IV-A formula grant on mental wellness. The Title IV-A funds will support ongoing material and training needs for programs that are implemented by teachers and school support staff.

B-2. Chicago Public Schools

BACKGROUND/CONTEXT

Chicago Public Schools (CPS) has a long history of integrating social and emotional learning practices into its schools. With a two-decade partnership with the Collaborative for Academic, Social and Emotional Learning (CASEL), CPS has focused on improving school climate, behavioral health services, discipline practices and academic engagement. As part of the district's strategic plan, all schools are expected to adopt a systematic approach to ensure that students develop the CASEL social and emotional competencies within a supportive school and classroom climate that includes adult modeling, effective discipline and integrated instruction.

The district's Office of Social and Emotional Learning (OSEL) works with schools to establish multi-tiered systems of support for students' social, emotional and behavioral development. CPS is organized into 13 geographic areas, or networks, with an OSEL specialist assigned to each. Two additional OSEL specialists work with the districts' alternative schools. The OSEL staff supports training and implementation of evidence-based strategies for positive school and classroom climates, social and emotional skills development, and targeted social and emotional interventions. In 2012, and again in 2014, CPS also made significant changes to the Student Code of Conduct to shift away from addressing behavior through a punitive lens and toward emphasizing social and emotional learning.

CHICAGO PUBLIC SCHOOLS STATS

Enrollment: Approximately 370,000

Schools: 646

EVIDENCE-BASED PROGRAMS

Program Name	Program Type				
	School climate	Classroom-based social and emotional learning	Classroom-based risk prevention	Family support	Mental health
Bounce Back					X
Caring School Community	X	X			
Cognitive Behavioral Interventions for Trauma in Schools (CBITS)					X
PATHS (Promoting Alternative Thinking Strategies)		X			
Responsive Classroom		X			
Second Step		X			
Social Skills Group Intervention (S.S. Grin)					X
Note: CPS delivers additional models that do not meet the definition of evidence-based programs used in this brief, but that staff identified as evidence based or promising, such as Anger Coping & Think First, Act and Adapt, Developmental Design, Restorative Practices, Youth Mental Health First Aid and SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress).					

FINANCING EVIDENCE-BASED PROGRAMS

Key Lessons Learned

- Involve principals, teachers, counselors and other key staff in the planning process around implementation. A lot of evidence-based programs look good but are challenging to implement. Only staff working in the schools truly understand how to navigate the day-to-day complexities of a school and ensure that evidence-based programs are implemented effectively.

- Build SEL programming into overall school improvement efforts. It it can be difficult to sustain and monitor SEL implementation at schools with limited resources and many competing priorities. CPS embeds SEL priorities within the overall school improvement framework, and provides additional SEL coaching and resources to schools and staff with the greatest need.

- Acknowledge that the start-up and ongoing implementation of evidence-based SEL programs takes time and continuous training, and dedicate resources accordingly. There will always be staff turnover at the school level and many demands on staff time. OSEL dedicates a significant portion of its funding for extended-day payments to staff, which covers pay for substitutes if training is required during the school day and also pays for dedicated staff time for additional coaching.

- Be intentional about working with teams at the school level, as opposed to focusing capacity-building efforts on one coordinating staff person. With staff turnover, a variety of school staff should be involved in the planning and implementation of evidence-based programs.

- Create professional learning communities that include staff leading implementation of evidence-based SEL programs from multiple schools. Staff with more experience with SEL programs can help staff who are newer to programs to overcome barriers and implement programs effectively.

Resources Supporting Exploration and Installation

- CPS releases a Request for Proposals (RFP) every other year for organizations to become authorized social and emotional learning providers in the district. Organizations can apply in one or more of three areas: direct services, professional learning, or curriculum and material. Proposals that include programs or services with a rigorous evidence base receive the most points in the RFP process. Schools can select from the approved SEL providers and support implementation within their school budgets.

- Through OSEL, CPS also supports a set of evidence-based programs throughout the district, such as Second Step and PATHS. The use of these district-supported programs is not

mandated, but OSEL will provide training, materials and planning assistance to schools choosing to use them. The start-up of Second Steps and PATHS were supported through CPS's partnership with CASEL and with funding from NoVo Foundation and Education First.

Resources Supporting Implementation

- Funding for the ongoing implementation of district-supported evidence-based programs is mostly local, but it also includes a mix of Title I and II funding, private funding and funding from restricted grants.

- OSEL has secured grants to build its capacity to support initial and full implementation. OSEL has three teams tailored to the multi-tiered support systems that each school must implement. The teams support universal programs (tier 1) and targeted interventions and behavioral health programs (tiers 2 and 3). Team staff oversee the roll-out, implementation and continued monitoring of the evidence-based programs related to their team's focus.

- School-level social and emotional learning teams support implementation of programs at the building level, including planning, implementation and referrals to programs. Teaming structures can vary depending on school size. For example, smaller schools may use a combined instructional and SEL team, whereas larger schools may have a team dedicated to universal SEL programs and another team dedicated to targeted interventions and behavioral health programs.

B-3. Cleveland Metropolitan School District

BACKGROUND/CONTEXT

The Cleveland Metropolitan School District (CMSD) has a district-wide emphasis on implementing social and emotional learning, beginning with a 2007 tragedy in which a student shot and wounded two students and two teachers and then took his own life. CMSD leadership knew they had to do something more than just install metal detectors and other "hardware" to keep kids safe — they needed to ensure a student would never become that desperate again. As a result, later that year, the district created a leadership team devoted to social and emotional learning, which they termed Humanware. Humanware initiatives focus on building students' internal social and emotional competence — the human side. The team has selected two programs to be implemented throughout the district: the PATHS program in grades pre-K–5, and the Second Step program in grades 6–8. In 2009–10, CMSD began using the Conditions for Learning (CFL) survey to track student progress in SEL outcomes in every school.

In 2011, CMSD became a member of the Collaborating Districts Initiative (CDI). CDI is a partnership between the Collaborative for Academic, Social and Emotional Learning (CASEL), the American Institute of Research (AIR) and local school districts committed to integrating social and emotional learning. Soon thereafter, in 2012, the Cleveland Plan for Transforming Schools was adopted into law (House Bill 525) with broad support from the city's mayor, CMSD, the Cleveland Teachers Union, civic leaders, elected officials, businesses, religious organizations, parents and students. The plan's goal was to ensure high-quality schools for all students, and its requirements included SEL initiatives in all city schools. In 2014, CMSD shifted to school-based budget autonomy, which gave schools the option to implement PATHS or Second Step or to select another evidence-based program, such as Responsive Classroom. Over the years, CMSD's district-wide approach to social and emotional learning has made an impact on students, with the CFL survey showing a steady improvement in SEL outcomes for students from second through 12th grades.

CLEVELAND METROPOLITAN SCHOOL DISTRICT STATS

Enrollment: Approximately 40,000

Schools: 105

Program Name	Program Type				
	School climate	Classroom-based social and emotional learning	Classroom-based risk prevention	Family support	Mental health
PATHS (Promoting Alternative Thinking Strategies)		X			
Responsive Classroom		X			
Second Step		X			
Note: CMDS schools deliver additional models that do not meet the definition of evidence-based programs used in this brief, but that staff identified as evidence-informed or promising, such as Leader in Me, Seven Habits of Highly Effective Students, Character Counts and Project Love.					

FINANCING EVIDENCE-BASED PROGRAMS

Key Lessons Learned

- Implementing evidence-based social and emotional learning programs with fidelity is challenging, especially in large school districts, and requires setting clear expectations for the progress of all students. School administrators must be supported in selecting and implementing programs with fidelity, and schools need to be held accountable for SEL outcomes. A screening tool such as the CFL survey can help to track and ensure schools are making progress.

- Over the years, CMSD has built an extensive infrastructure to support its focus on social and emotional learning. However, in retrospect, CMSD leaders say they should have invested more up front in the training of administrators, teachers and staff throughout the district. To be fully committed to implementing evidence-based SEL programs, teachers and staff first need to understand why SEL is important and how it connects with academic success.

- CMSD's long-term commitment to outcomes, and specifically to using the CFL survey, has helped to build and maintain support for the implementation of SEL programs. The survey, administered to students twice a year, measures domains such as social and emotional learning, safe and orderly environment, challenge, and student support. District and school staff engage in analyzing the data and making recommendations.

Resources Supporting Exploration and Installation

- After the shooting incident, CMSD worked with the AIR to conduct an audit of the district's policies and programs, which resulted in a recommendation that CMSD adopt programming to support social and emotional learning.

- A workgroup, including principals, teachers, safety and security staff and district representatives, was created and spent a year selecting appropriate evidence-based SEL programs. The workgroup selected PATHS for elementary grades because it fit easily into the existing curriculum. A few years later, Second Step was selected for the middle grades because it dovetailed well with PATHS. The PATHS CEO helped CMSD think through how to create a smooth transition between the two programs.

- The NoVo Foundation provided funding to support CMSD's overall approach to social and emotional learning, and also provided the initial funds to purchase materials and training for teachers for Second Step. A local foundation, the Abington Foundation, provided initial support for materials and teacher training for PATHS.

Resources Supporting Implementation

- The Abington Foundation supported the implementation of PATHS from the 2009–10 school year through 2016–17. CMSD schools are not required to use these two programs, but they are required to implement an SEL learning program. While principals can decide to allocate funding and get approval to implement another evidence-based SEL program, due to CMSD support, the majority of schools use PATHS and Second Step.

- CMSD supports the Humanware team with local school district funding. The team includes an executive director, five managers, one director, a project manager and two solution specialists. The Humanware staff regularly meets with each network of schools to discuss the social and emotional programming being used in the network and to identify ways in which the Humanware team can support implementation. The district has a grant with Cleveland State University to analyze data from SEL program implementation.

- To ensure program sustainability and fidelity, the Humanware team has certified PATHS trainers to train new staff, and has also developed a CMSD-specific Second Step training module to be used for training new staff throughout the district.

- CMSD supports a quarterly meeting of high school students to review individual schools' CFL data and provide feedback to district leadership about proposed district improvements. The district has seen consistent improvements in their CFL survey outcomes. The students who were in second grade when PATHS began are now seniors in high school and have shown steady increases in social and emotional learning every year. The continued progress helps to maintain and build support for the focus on social and emotional learning and the programs being used.

B-4. Ferguson-Florissant School District

BACKGROUND/CONTEXT

The Ferguson-Florissant School District (FFSD) has a long history of supporting students' social, emotional and mental well-being. The district's successful implementation of several evidence-based social and emotional learning programs resulted from partnerships with the St. Louis County Children's Service Fund and the Special School District of St. Louis County.

In November 2008, voters passed a one-quarter-cent sales-tax measure, known as Proposition 1 or Putting Kids First. The referendum created the St. Louis County Children's Service Fund (CSF), which provides behavioral health and substance use treatment services for St. Louis County children and youth from birth through age 19.[12] CSF supports qualified behavioral health service providers, who then partner with local schools to implement evidence-based and promising programs that are suited for school-based settings. Wyman's Teen Outreach Program (TOP) and the Olweus Bullying Prevention Program (Olweus) are provided in FFSD through memorandums of understanding with CSF-funded agencies.

The Special School District of St. Louis County (SSD) is a distinct school district that provides special education across the county's 22 school districts. SSD has a Positive Behavioral Intervention and Supports (PBIS) team that works with the districts and schools in developing, implementing and sustaining a culturally relevant multi-tiered model of prevention and intervention. Building on the PBIS effort, FFSD partnered with SSD in 2015 to adopt the Comprehensive, Integrated, Three-Tiered (Ci3T) model of prevention, which addresses academic, behavioral and social domains. Currently, 10 of the district's 24 schools are engaged in Ci3T's three-year process, which includes phases for planning, implementation and assessment. During the planning phase, the school-based intervention teams select an evidence-based social skills program; thus far, all schools have selected Second Step.

FERGUSON-FLORISSANT SCHOOL DISTRICT STATS

Enrollment: Approximately 11,000

Schools: 24

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[12] Missouri state legislation allows communities to create children's services funds for 10 specific service areas such as prevention services, home and community-based intervention, and services to teen parents. (Missouri State Statutes RSMo 67.1775 and 210.861)

Program Name	Program Type				
	School climate	Classroom-based social and emotional learning	Classroom-based risk prevention	Family support	Mental health
Olweus Bullying Prevention Program	X	X	X		
Second Step		X			
Wyman's Teen Outreach Program (TOP)		X	X		

FINANCING EVIDENCE-BASED PROGRAMS

Key Lessons Learned

- Invest time upfront to select evidence-based programs that match student, teacher and community needs. When CSF was created, there were suddenly many agencies offering programs and services to Ferguson-Florissant and other St. Louis County school districts, but FFSD leadership knew that more doesn't always mean better. FFSD selected programs and services that aligned with student needs (assessed using the Student Risk Screening Scale – Internalizing and Externalizing), built on the district's existing efforts and could be implemented with fidelity. They also chose to partner with agencies that had the capacity to work with the entire district.

- A public funding stream that is dedicated to preventative services is incredibly valuable. School funding is naturally academics-focused. While school leaders know that mental, social and behavioral supports are necessary to achieve academic success, it can still be hard to allocate adequate resources, especially in tight budget times. The creation of CSF gave FFSD access to high-quality services the district wouldn't be able to support otherwise. It also means there are more effective services throughout the community to which students and their families can be referred.

- It is helpful to implement evidence-based programs on a small scale and grow from there. With support from Ci3T model developers, each Ferguson-Florissant school engages in a year of planning followed by another two years of program implementation. During implementation, program impact is assessed and adaptations are made as necessary. This deliberate approach helps school and district leadership thoughtfully integrate the necessary program supports — such as training, coaching, evaluation and monitoring — into the existing professional development and accountability systems. For example, data from the initial schools that implemented Second Step showed that teachers who were not consistent in

delivering the lessons didn't get the same discipline results. Schools that select Second Step now deliver the social skills lessons at a consistent time and ensure that teachers are observed and receive feedback.

Resources Supporting Exploration and Installation

- CSF conducts a countywide needs assessment every two years to ensure it is investing in programs and services that will effectively support children and youth. CSF then selects providers that can deliver services aligned with the identified needs of each community, prioritizing funding evidence-based programs and practices when they are available for a particular service area, and promising programs and practices when they are not. Providers must demonstrate they can effectively implement an evidence-based program by engaging in ongoing data collection and reporting on outcomes.

- SSD supports the Ci3T model for FFSD and other selected school districts with local education funding. Ci3T model developers take each school through a yearlong training and planning process that includes using data to assess student and teacher needs, reviewing a wide range of evidence-based programs and selecting an appropriate evidence-based social skills program (there is no district mandate on what evidence-based program should be used). The process creates the conditions for thoughtful selection based on the program's implementation requirements, cost and alignment with the community culture and needs.

Resources Supporting Implementation

- With CSF funding, the Wyman Center implements TOP in FFSD middle schools. The program has been integrated into the middle-school social studies curriculum. A TOP facilitator delivers the program in each school, alongside social studies teachers who have been trained in the program. CSF funding also supports the cost of supervision, fidelity monitoring, training and supplies. In its role as an intermediary, the Wyman Center provides coaching to the facilitator, conducts observations, collects outcome data and provides quarterly updates to the principal.

- The CHADS Coalition for Mental Health (CHADS) uses CSF funding to implement the Olweus Bullying Prevention Program. The funding covers the purchase of program materials for all staff and supports CHADS's certified trainers to train a "core committee" that includes teachers, support staff and a parent representative. Those committee members, in turn, train all the teachers and Olweus is integrated into weekly classroom meetings. Also with CFS support, CHADS administers surveys to all students twice yearly to document impact.

- FFSD elementary schools use Title I funds to support ongoing implementation of Second Step, and secondary schools use their local district funding. Through SSD, Ci3T continues to support schools for two more years as they implement the program and assess its impact.

- As an increasing number of schools have selected the Second Step program, the district has integrated the training, which includes professional readings, safe practice time, peer and principal observations and coaching, into their structured professional development cycle. The district will continue to build out its training and evaluation tools to support the schools.

B-5. Minneapolis Public Schools

BACKGROUND/CONTEXT

Minneapolis Public Schools (MPS) has built a multi-tiered system of supports that includes robust school-based mental health services. In 2004, MPS received a Safe Schools-Healthy Students grant; a small portion of the grant was used in the start-up of these efforts. The district established a partnership with the county human services department, through which a county staff person was designated to help develop the school-based mental health service model. The start-up funding and staffing enabled MPS to form partnerships with local mental health providers and pilot school-based mental health services in seven schools. The district and county partnership has since successfully expanded services to 49 schools. Providers focus on using evidence-based programs and practices, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Eye Movement Desensitization and Reprocessing (EMDR).

The school-based mental health services are focused primarily at the third tier in the district's multi-tiered system of supports, although efforts at the first and second tiers have grown from strong efforts at individual schools to a district-wide strategic focus. The current superintendent has prioritized social and emotional learning and secured funds from private philanthropy to support technical assistance from the Collaborative for Academic, Social and Emotional Learning (CASEL). MPS allocated resources within their budget to hire five staff people (four part-time and one full-time) to support schools in strengthening their social and emotional learning supports. MPS has also created a cohort of early adopter SEL schools to help inform the district's approach moving forward. MPS has widespread implementation of Second Step and is currently working to identify additional evidence-based programs that will be implemented as part of their comprehensive SEL approach.

MINNEAPOLIS PUBLIC SCHOOL STATS

Enrollment: Approximately 35,000

Schools: 75

Program Name	Program Type				
	School climate	Classroom-based social and emotional learning	Classroom-based risk prevention	Family support	Mental health
Eye Movement Desensitization and Reprocessing (EMDR)					X
MindUP		X			
Responsive Classroom		X			
Second Step		X			
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)				X	X
Note: MPS delivers additional models that do not meet the definition of evidence-based programs used in this brief, but that staff identified as evidence-informed or promising, such as Trauma Systems Therapy and Collaborative and Proactive Problem Solving.					

FINANCING EVIDENCE-BASED PROGRAMS

Key Lessons Learned

- Start with district leadership articulating a clear vision. Focus on the student benefits of social and emotional learning, but also emphasize creating an environment that is supportive of staff's social and emotional health and that allows them to bring their best selves to the work of educating students.

- Take time to pilot the implementation of evidence-based programs and develop an infrastructure that can be scaled across multiple schools. In the early days of school-based mental health work, there were calls to expand, but leaders opted to wait on expansion until they had data documenting results, a clear practice design and a financing model.

- SEL programs can provide an important foundation for promoting equity and addressing disparities in disciplinary practices experienced by students of color. MPS entered into a voluntary agreement with the U.S. Department of Education Office of Civil Rights (OCR) in 2014 after an investigation by OCR found that black students were significantly overrepresented in disciplinary actions across the district. MPS leaders see SEL work as part of a systematic effort to improve disciplinary policies and practices and reduce disparities.

- Medicaid and private insurance offer core support for school-based clinical mental health services, but it is not enough. Other sources are required to support clinical services for underinsured students and enable clinicians to spend time working with staff and teachers in the school building.

Resources Supporting Exploration and Installation

- The federal Safe Schools-Healthy Students grant provided important start-up support for the school-based mental health services as well as the initial implementation of Second Step throughout the district. A Robert Wood Johnson Foundation grant helped MPS continue its school-based mental health work beyond the initial grant and begin expansion.

- The County Human Services Department provided in-kind staffing support that helped to develop the mental health service practice model and continues to be critical to continuous improvement focused on using good data and evidence-based programs and practices.

- The current district leadership is prioritizing SEL and devoting significant district resources to building a shared approach to SEL and identifying effective programs and practices. The superintendent gained buy-in of philanthropic partners to support work with CASEL. SEL is a priority for professional development time, and a group of schools have self-selected to be part of an SEL cohort within MPS and to work on identifying evidence-based SEL programs.

Resources Supporting Implementation

- School-based mental health services are supported by a mix of funds including insurance payments for clinical services; school district funds for consultation and coordination services that are not covered by insurance; and county mental health funds, which are the funding source of last resort for clinical services not covered by insurance or other sources. In addition, Minnesota has a state-funded school-based mental health grant that provides support for infrastructure and clinician work with teachers, parents and school staff. Finally, MPS pays for the one-third of the salary of the county staff person who acts as the coordinator for school-based mental health supports.

- The ongoing implementation of evidence-based programs such as Second Step is supported with a combination of federal Title I dollars and state and local funds in the school district budget. The prioritization of SEL by MPS leadership has meant that the district's central office has allocated increasing funds to staff positions to support effective implementation of SEL supports in schools and that staffing and professional development resources are being allocated toward SEL.

B-6. Providence Public School District

BACKGROUND/CONTEXT

The Providence Public School District (PPSD) is partnering with a local intermediary to fund and sustain evidence-based social and emotional learning programs. The seeds of this effort were planted more than a decade ago, when PPSD adopted the Positive Behavioral Intervention and Support (PBIS) approach in many of its elementary schools, which built momentum within the school district to identify evidence-based programs and curricula, such as Second Step.

Over time, PPSD leaders realized that they could not address their students' challenges alone and began to seek out external partners, including local providers who could offer school-based mental health services. In addition, in 2012, Providence was the first community selected to be part of the Annie E. Casey Foundation's Evidence2Success Initiative. Evidence2Success brought together leaders from PPSD, the state child welfare agency, public health, the city and the community and asked them to use good data to identify how they could improve results for families and children. The Providence Children and Youth Cabinet (CYC) acts as the lead coordinating agency for the effort.

The Evidence2Success Youth Experience Survey (YES) was administered to approximately 6,000 students across the city to collect critical data on youth outcomes and risk and protective factors. Based on the YES data, school district and other public agency leaders as well as community leaders identified priorities such as chronic absenteeism, suspension, anxiety/depression, delinquency and emotional regulation. The cross-sector group worked together to select evidence-based programs to address the priorities, including three school-based programs: Positive Action, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), and Familias Unidas. Once selected, CYC worked closely with PPSD staff and other partners to implement the programs in schools.

In 2016, the PPSD school board further articulated its commitment to social and emotional learning by passing a Multi-Tiered System of Supports (MTSS) policy that prioritizes SEL, requiring that all PPSD students be screened for SEL skills annually, just as they are for math and literacy. A district-wide position was also created to coordinate social and emotional learning and supports.

PROVIDENCE PUBLIC SCHOOL DISTRICTS

Enrollment: Approximately 24,000

Schools: 42

Program Name	Program Type				
	School climate	Classroom-based social and emotional learning	Classroom-based risk prevention	Family Support	Mental Health
Cognitive Behavioral Interventions for Trauma in Schools (CBITS)					X
Familias Unidas				X	
Positive Action	X	X	X		
Second Step		X			

FINANCING EVIDENCE-BASED PROGRAMS

Key Lessons Learned

- Schools do not have sufficient human or financial resources to address all the challenges that students face. For PPSD, it is incredibly valuable to have CYC convene cross-sector leaders, residents and youth to identify specific needs and evidence-based programs that best meet those needs. This effort brought community partners to the table to help garner resources and support the implementation of evidence-based programs in the schools.

- It is worth the time and investment to create district-level positions that can coordinate with external partners and ensure that partnerships make sense for everyone involved. For example, the teachers union was concerned that some of the new evidence-based programs might replace the role of school social workers and counselors. The district SEL coordinator was able to meet with union representatives and external partners to discuss and plan for how the programs would support existing staff and their efforts, rather than replace them.

- It is important for school districts to be thoughtful about how they invest their limited funds. Social and emotional learning is currently in the limelight, so it can be tempting to adopt a couple of SEL programs and move on to something else. But it isn't the current trend that's important — it's the outcomes for students. Time should be invested upfront in carefully selecting evidence-based programs and implementing them in a way that they become embedded in the school system.

- Even the best evidence-based program will not work if not implemented with fidelity and quality. However, district support to schools must be positioned as help, not as a matter of compliance. Begin with honest conversations with principals, teachers, staff and union representatives about the requirements and challenges of implementation. Ensure the focus

remains on achieving outcomes for the students, rather than becoming about mandates from district leadership.

Resources Supporting Exploration and Installation

- The Rhode Island Department of Education and the Paul V. Sherlock Center on Disabilities at Rhode Island College received a federal State Personnel Development Grant, which has enabled the Sherlock Center to provide support to PPSD and other school districts throughout the state to adopt the PBIS framework.

- Second Step was adopted as part of the initial PBIS implementation. At that time, funding for the program start-up came through the Office of Special Education, under Response to Intervention, which paid for the training, school kits and other needed materials.

- CYC used the Evidence2Success grant and local philanthropic support to engage in a comprehensive, community-wide needs assessment and identification of evidence-based programs. Federal Title I funding supported training and materials for the Positive Action program; a grant from the local health department helped to fund start-up of CBITS; and city funds added support for Positive Action and helped with Familias Unidas start-up.

- Although CYC and PPSD provide funding for several evidence-based programs, principals have autonomy in selecting which curricula or programs they use. To be approved for an expenditure of district funding, a curriculum or program is required to have a level of evidence. PPSD shares clearinghouses, such as Blueprints for Healthy Youth Development and the Collaborative for Academic, Social and Emotional Learning Guide to Effective Programs, with principals to help them select programs.

Resources Supporting Implementation

- District and city funding support the implementation of Familias Unidas and Positive Action. The district funds the position of coordinator of SEL and support, and also funds CYC to act as the intermediary for SEL supports. In this role, CYC works to leverage and coordinate funding, coordinate partners and support data collection and continuous quality improvement. CYC leads school-based implementation teams that ensure high levels of fidelity and quality in the implementation of evidence-based programs and troubleshoot any challenges.

- PPSD also invests in administering the Evidence2Success Youth Experience Survey (YES) every other year. The survey provides population-level data on youth outcomes, and risk and protective factors. PPSD's Research, Planning and Accountability Office developed a data system to house the YES data and built their staff's capacity to analyze the data.

- The local Evidence2Success collaborative successfully competed for a five-year, $1.8 million grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA)

to address trauma in children and youth. The SAMHSA funding, along with local public health dollars, supports the ongoing implementation of the CBITS program.

- PPSD created targeted teams at the school level to ensure students were referred to the services they needed. These teams include the school psychologist, social worker and nurse; one administrator; and teachers with expertise in SEL and behavior (at the secondary level, the school guidance counselor is also included). The school's targeted team identifies and refers students for school-based or external interventions, providing a coordinated approach to making referrals that maximizes the use of evidence-based programs.

- For the long term, PPSD is beginning to shift to a new financing model to support SEL programs, which includes a shift to performance-based contracting that would hold partners more accountable for fidelity and results. This shift is a work in progress, as PPSD wants to ensure that the focus remains on outcomes rather than compliance.

B-7. Tooele County School District

BACKGROUND/CONTEXT

Funding and sustaining evidence-based programs within the Tooele County School District (TCSD) has been the result of a unique partnership between the district and the city of Tooele. In 2003, the city was selected to pilot the Communities That Care (CTC) framework from the Social Development Research Group at the University of Washington. CTC brought together TCSD, the city, local agencies, businesses and parents to identify and implement evidence-based prevention practices, strategies and programming in the community. When that grant expired, there was enough evidence that the CTC approach was making a positive difference that the framework was adopted as a department within the city structure with its own dedicated line item in the city budget. The initial CTC grant and subsequent CTC city funding were used to start up and support evidence-based prevention programs within the schools, such as Guiding Good Choices and LifeSkills Training.

Over the years, TCSD increased its focus on prevention and, in particular, began to home in on the importance of addressing the social and emotional needs of students in addition to their academic needs. In 2014, TCSD was awarded a School Climate Transformation Grant from the U.S. Department of Education. In developing this grant, the district put forward a vision of using the multi-tiered system of supports framework that had been guiding their academic interventions to structure supports focused on social, emotional and behavioral learning. Through the grant, Second Step was adopted to serve all students from kindergarten through eighth grade.

TOOELE COUNTY SCHOOL DISTRICT STATS

Enrollment: Approximately 14,000

Schools: 26

EVIDENCE-BASED PROGRAMS

Program Name	Program Type				
	School climate	Classroom-based social and emotional learning	Classroom-based risk prevention	Family support	Mental health
Guiding Good Choices				X	
LifeSkills Training (LST)		X	X		
QPR (Question, Persuade, Refer)			X		
Second Step		X			

Key Lessons Learned

- Be open to taking a community-wide, collaborative approach. It is important to build relationships with the city and other agencies, such as the public health department, and to create community goals and objectives. It might not be easy, and it will take dedicated staff time to build those relationships. But it is worth the effort to form a broader base of support for the work, which will lay the groundwork for funding and personnel resources from outside the school district to support evidence-based programs in schools.

- Student needs may shift, causing the array of evidence-based programs needed in a school or a district to vary over time. Districts should continue to collect and review data on student risk and protective factors and be open to adding or removing programs accordingly, while still allowing programs sufficient time to achieve their intended impact. Overall, remain committed to getting the right programs in place that align with students' needs, and results will improve.

- Once evidence-based programs are selected and implementation begins, make sure to communicate with teachers and put in place supports to help them be successful. Teachers may be hesitant at first, because they are often overwhelmed, and new programs may seem like the latest fad. Leadership should explain why the programs were selected and how they can help teachers support student success. One way that Tooele City builds support for the Second Step program is by celebrating a "Second Step Teacher of the Month." This recognition demonstrates Second Step's importance and the commitment from school and community leadership to the program's effective implementation.

Resources Supporting Exploration and Installation

- The CTC grant created a community-wide structure to identify needs and thoughtfully select evidence-based programs. CTC funds were then used to train staff and provide materials for programs such as Guiding Good Choices and LifeSkills Training.

- In 2014 a local mental health agency, Valley Behavioral Health, partnered with CTC, the school district and other local agencies to implement the QPR (Question, Persuade, Refer) program. Initial funding came from state mental health funds and the Utah chapter of the National Alliance on Mental Illness.

- The School Climate Transformation Grant from the U.S. Department of Education allowed TCSD to carefully consider how to address the social, emotional and behavioral needs of all students. As part of that grant, Second Step was selected, staff was trained and materials were purchased for implementation in schools from kindergarten through eighth grade. TCSD also

devoted time for district leadership and staff to talk with teachers about the correlation between improved social and emotional outcomes and academic success.

Resources Supporting Implementation

- CTC city funding supports ongoing implementation and fidelity monitoring for Guiding Good Choices, LifeSkills Training and QPR. As long as the programs continue to achieve outcomes, CTC funding can be accessed. The partners work to supplement CTC support with funding from other grants. However, the dedicated CTC line item means the primary focus for those implementing the programs can be on achieving outcomes rather than seeking funding.

- CTC staff train all new teachers in LifeSkills Training, as well as in the history of prevention and how to maintain fidelity. They also observe the use of LifeSkills Training in classrooms twice a year.

- Prevention specialists from Valley Behavioral Health deliver QPR to all high school sophomores annually. Two TCSD staff also became trainers and now deliver QPR training to administrators and other staff. CTC and its mental health partners apply for grants to support the program, and are able to do more as additional funding becomes available. In addition to being delivered in schools, QPR trainings are open to the public and are offered to local businesses, agencies, and community and faith organizations.

- The School Climate Transformation Grant supports two full-time district staff — one at the elementary level and one at the secondary level. These staff, along with the CTC staff, help with implementation, troubleshooting and ongoing classroom observation for the evidence-based programs, and have been essential to ensuring robust and effective implementation. Although the funding for these positions will end, they have broad support throughout the district and are understood to play a vital role. There are plans to seek additional grant funds or find other ways to sustain the positions.

- TCSD administers the Student Health and Risk Prevention Survey (SHARP) every other year to all students from sixth through 12th grades. The district administration and school board review the data first, and then share it with the CTC Data Workgroup, which meets four to six times to analyze the data, decide which risk and protective factors to prioritize and develop a community report.