



Wisconsin Social and Emotional Learning

Case Study: School District of Waukesha

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Wisconsin Department of Public Instruction

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District Name: School District of Waukesha (SDW)

Introduction/Background

HISTORY

- SDW has a history of our school buildings operating independently with great autonomy in leadership direction and vision. This history created some difficulties when attempting to align district-wide, consistent SEL and mental health efforts throughout all 25 school sites. Many schools had done very little work around SEL while others had substantial work surrounding SEL over numerous years. There was little consistency in practice or application from one school to the next. SDW made an intentional effort to target universal SEL at the elementary level when aligning district-wide expectations and consistency within SEL implementation and supports. This was our starting point as we continue to work toward a multi-level system of support in K4-12 incorporating SEL and mental wellness for all students.
- There is also a strong history (and current status) of rich resources in both the city and County of Waukesha as it relates to mental health supports and services for families. These are continually utilized and analyzed as we map our resources for students and families and integrate them into our system (referrals, school-based supports, etc.)

THE MODEL

- Consistent Second Step Implementation 4K-8th grade
 - Year 1 (2018-2019)
 - Ensured all 14 elementary schools had updated Second Step curriculum
 - Cleared two elementary counselors' schedules in September so they could devote the entire month to building capacity of teachers and buildings to deliver Second Step consistently and with fidelity
 - Year 2 (2019-2020)
 - Ensured all schools and classrooms in grades 4K-8 schools were equipped with updated Second Step curriculum and proper training and support.
 - Provided training through student services to support the capacity of these buildings to effectively deliver Second Step lessons
 - Second Step unit assessments digitized by district office for ease of use and data collection purposes
- Allow buildings to supplement Second Step with other SEL efforts, curriculums, etc. of their own choosing (this honored their history around other SEL efforts and the autonomy of individual buildings)
 - Zones of Regulation, Mindfulness, Mind Yeti, Superflex, Kids with Character, Playworks, and other PBIS efforts in order to gain momentum across content areas.

- Individual buildings then aligned Second Step curriculum to all supplemental SEL efforts to create a framework. These frameworks aligned all building-based efforts around SEL and mental health in order for systematic, thoughtful, and intentional delivery/alignment month-by-month.
- The district also aligned all other mental health supports under the SEL framework (for all district-driven efforts)
 - School-based mental health (All)
 - 10-year history of providing school-based mental health services from community providers. This continues to grow substantially every year based on funding sources and partnership capacity. We have 16 sites with these partnerships going into 2019 and will have all SDW schools with these partnerships going into the 2020 school year.
 - TIC training (All)
 - 3-year plan for training staff (3 hours of content per year) around trauma informed care and supporting student mental wellness.
 - Elementary Guidance Lessons District-Wide, month-by-month (1-6)
 - Elementary counselors get into every elementary classroom at least one time per month. These lessons are aligned with SEL and Second Step framework.
 - ACP Lessons (4K-12)
 - Classroom-delivered and aligned to SEL and Second Step framework
 - Too Good for Drugs (6-8)
 - Peers 4 Peers (9-12)
 - Signs of Suicide (9th)

THE PLAYERS

- Administration
 - District-level
 - Director of Student Services leads the growth, development, and alignment of SEL and mental health supports throughout all of our schools. Deputy Superintendent also has active oversight and accountability. Obtain and analyze district-wide data.
 - Building-level
 - Principals responsible for aligning frameworks with their supplemental SEL efforts. They hold the school accountable for consistency and fidelity of implementation. They provide local supports to make the work happen and draw from district support as needed. Obtain and analyze school-specific data.
- Student Services
 - Support building capacity of teachers to support the mental health needs of students and supporting SEL. Train staff yearly on trauma informed care. Integral in our MLSS as it relates to universal, selected, and intensive supports. Point-person for managing school-based mental health services in the building. Oversee and facilitate the SST and PST processes within the building. Assist administrator in obtaining and analyzing building-wide data.
- Teachers

- Receive yearly PD on trauma informed care and supporting student mental wellness. Deliver Second Step lessons and other SEL efforts across content areas. Work with the MLSS to deliver a strong universal curriculum with responsive, flexible differentiation.
- Parents
 - Actively sought out for feedback on SEL and mental health efforts. Included in the PST process for their child. Engaged through family event nights for mental health and resiliency. Continually communicated with through school-based methods (newsletters, emails, send-homes, etc). Engaged and listened to through parent surveys.
- Community Mental Health Providers
 - This is a huge component of our school-based mental health services. We leverage this partnership and collaboration in order to provide individual psychotherapy (diagnosis, treatment plans, therapy, etc.) in our schools, provide professional development to parents and teachers, provide formal and informal consultation, navigate mental health resources in the community, co-facilitate Tier 2 groups with student services, and other supports as needed. This has been a huge strength of our district and one that has grown substantially in the past two years. Two years ago we had 2 schools with this partnership and we are now at 16 schools with active, varying degrees of this partnership. We continually leverage different grants to support this work in addition to insurance billing.

Big Ideas from

INSTRUCTION

- Second Step Curriculum: emotional management, situational awareness, academic achievement.
- Continually aligning the skills taught through building-based supplemental SEL efforts (listed above) to the universal SEL framework (month-by-month topics and themes taught and practiced with students).
- The skills and lessons taught through the elementary guidance lessons in all elementary classrooms on a monthly basis are aligned with Second Step scope/sequence and other building-based efforts.
- Future work: aligning the DPI SEL Competencies across all content areas on a crosswalk.
- Suicide prevention and intervention woven into framework through Signs of Suicide in 9th grade and other staff training (e.g., QPR, annual trainings, etc.) for all grade level staff.
- Trauma-informed care training for staff linked to other district-wide efforts around SEL and mental health so teachers see and feel the connection and can continually make the link with their students through instruction and interaction.
- Increasing access to community mental health providers and resources.
- Decreasing office discipline referrals over time through systematic SEL and mental wellness supports/instruction.

ADULT

- We want all adults to feel more confident and equipped to support their own mental health needs as well as the social, emotional, physical, academic, and mental health needs of their students.
- We want our adults to experience a decrease in their compassion fatigue (self-care is woven into every trauma training provided).
- We want our adults actively consulting and collaborating with our community mental health partners to best meet the needs of our students and families.
- We want adults to be using data to identify student needs, support student needs, and assess progress.

SUSTAINABILITY

- School-based mental health services
 - The billable model of school-based providers is in itself sustainable as it is funded through insurance. We sustain this service by working very closely with the administration of our community providers to ensure everyone has the capacity to continue growing. One of the most important components of this is retaining our therapists as they may leave at any point in the year, which is a serious disruption to student progress and the progress toward treatment plan goals. Also, in order to sustain, we must also ensure the providers are collaborating in an effective and smooth manner with school staff.
 - In an effort to increase sustainability and further provide support to students who may be uninsured or underinsured, the district has supplemented services through various grants. The grants afford the provider an opportunity to operate in a much greater capacity throughout the school and have a great impact on staff, students, and families. Grants are inherently not sustainable so we are very careful to not create dependencies that we can't sustain should grant fund cease. To this end, the district also creates a budget line to reserve funds for this purpose.
- SEL
 - We are very focused on reaching institutionalization with our Second Step implementation. Given this has been a recent effort and push from the district, we acknowledge it may take several years to “get there.” We will continue to provide support to our schools and educators to ensure they are delivering this curriculum with confidence and fidelity. This may include freeing up the time and capacity of student services to do so. Equally important, we will continue to work with individual schools as they craft and refine their SEL frameworks regarding all the great work they are doing around SEL to ensure it is aligned, appropriate, and all moving in a coordinated direction. It is crucial for us to continue braiding all of our initiatives that connect to SEL to various degrees throughout 25 school buildings.
- We will sustain our professional development for educators through student services as long as the need continues. This will be continually refined based on staff feedback and other district-wide data sources (e.g., behavior, attendance, etc.).

EQUITY

What have the outcomes been?

How are things different for kids?

- Looking for a decrease in office discipline referrals over time (we look forward to monitoring this as we continue our focus in this area; however, there are numerous factors that can contribute to changes in this data set)
 - 2017-2018: 14,655 ODRs
 - 2018-2019: 13,554 ODRs
- Increased student access to community mental health providers
 - 2016-2017 - 18 students in 2 schools throughout the district accessing school-based community mental health providers for treatment. There was no capacity or ability for any universal, consultative, or collaborative work with these providers at this time.
 - 2019-2020 - Capacity for 80+ students to access school-based community mental health providers for treatment. We also now have the capacity and ability to collaborate and consult to a much greater extent with these providers in many ways in 16 school sites.
 - 2020-2021 - Capacity for 105+ students to access school-based community mental health providers. This number has the ability to then increase every year moving forward as the needs arise and as our community providers have capacity. We will also now increase school sites who have the ability/capacity to collaborate and consult with these school-based providers from 16 to all 23 physical SDW schools.
 - Overall, many more SDW students, of all backgrounds, have increasing access to community mental health providers for therapy, treatment, and family consultation.
- Educator capacity, knowledge, and confidence to support student SEL and mental health
 - Trauma training survey feedback
 - Over 600 staff responded to a survey to measure their growth in understanding trauma and the impact on their classrooms. Prior to the presentations, 45% of staff reported having some or no understanding of how trauma impacts education. After the training, only 2% of staff reported having some or no understanding of how trauma impacts education. In addition, 81% of staff intend to use the tools and ideas provided in their classrooms. Self-care for caregivers was one of the topic areas and over 91% of the staff appreciated learning more on how they can take care of themselves.
 - We have a lot more survey data from this professional development should any districts be interested.
- Family education
 - Families are increasingly being collaborated with around supporting student education and mental health. They have increasing access to community mental health providers for themselves, their children, and their families. They are also increasing in their attendance at our family nights, which serve to further educate parents on how to best support childrens' mental wellness.

Conclusion

- SEL and school mental health supports are crucial to meeting the needs of the whole child. It is not easy work but it is the right work. In a district the size of SDW, and likely in any size district, it takes a lot of coordination with your community partners and key stakeholders

in order to make it happen. This is a very complex, multifaceted area that requires creative thinking, creative funding, and dedication amongst all stakeholders. We are learning to be patient with both the growth in this area as well as the positive student outcomes that we hope to see.

- Next steps for SDW:
 - Continue to provide support and accountability for SEL - not only in the Second Step Curriculum but embedded intentionally, across content areas, in everything we do.
 - Crosswalk the DPI SEL Competencies across curricular areas and with various departments. Embed these into our frameworks to the point where every school has their own individual framework encompassing all their work related to SEL and mental health to increase alignment and efficiency.
 - Turn our focus toward high school SEL consistency across 5 high schools (3 traditional, 1 alternative, 1 virtual)
 - Explore reworking the district mission and vision statement to include a SEL/mental health component. If this doesn't gain traction, we will ensure all schools are braiding SEL/mental health into their theories of action and 100-day-plans (school improvement processes through SAIL).