Social and Emotional Learning

The Foundation of Student Success in School, Work, and Life

Colette Lueck
Illinois Children’s Mental Health Partnership

HISTORY

• In 2001, two efforts came together to establish the Illinois Children’s Mental Health Task Force.
  o A group of child advocates and education leaders who produced a White Paper on children’s mental health and the schools
  o The Social-Emotional Health Committee of the Birth to Five Project

• In 2002, the Task Force was convened by the Illinois Violence Prevention Authority.
  o Mental Health promotion, prevention and early intervention
  o Building, over time, a comprehensive and coordinated children’s mental health system
Key Principles

- A successful children’s mental health system engages families and caregivers.
- Prevention and early intervention efforts should start early, beginning prenatally and at birth, and continue throughout adolescence.
- All children and their families should have access to affordable, quality, family-centered, culturally competent interventions and services.
- Public and private resources must be maximized and coordinated, and should build on existing state and local systems and programs.
- Children’s mental health services should be delivered in natural settings.

KEY FINDINGS

- Early prevention and intervention efforts can save significant state costs.
- A significant number of Illinois children experience serious mental health problems.
- Many mental health problems are largely preventable or can be minimized with prevention and early intervention efforts.
- Children’s social and emotional development is an essential underpinning to school readiness and academic success.
- A comprehensive, coordinated children’s mental health system can help maximize resources and minimize duplication of services.
Priority Recommendations

1. MAKE CHILDREN’S MENTAL HEALTH A PRIORITY IN ILLINOIS
   • Develop a Children’s Mental Health Plan
   • Create a Children’s Mental Health Partnership that reports directly to the Governor
   • Require ISBE to develop a plan to incorporate social and emotional standards as part of the Illinois Learning Standards

Priority Recommendations

2. MAXIMIZE CURRENT INVESTMENTS AND INVEST SUFFICIENT PUBLIC AND PRIVATE RESOURCES OVER TIME
   • Maximize use of Medicaid/KidCare
   • Promote investment in mental health services in all systems that affect children
   • Strengthen the financing of children’s mental health services within the Office of Mental Health
Priority Recommendations

3. **BUILD A QUALIFIED AND ADEQUATELY TRAINED WORKFORCE**
   - Expand and strengthen the professional preparation and workforce of mental health professionals
   - Expand and strengthen the professional preparation of primary care providers, educators, paraprofessionals and others that come in contact with children
   - Improve relevant certification requirements in key professions

Priority Recommendations

4. **DEVELOP A COMPREHENSIVE, MULTICULTURAL, AND MULTI-FACETED PUBLIC AWARENESS CAMPAIGN**

5. **CREATE A QUALITY DRIVEN CHILDREN’S MENTAL HEALTH SYSTEM WITH SHARED ACCOUNTABILITY**

6. **ESTABLISH A CHILDREN’S MENTAL HEALTH RESEARCH AND RESOURCE CENTER(S)**

7. **PROVIDE FUNDING FOR CULTURALLY COMPETENT AND CLINICALLY RELEVANT RESEARCH**
CHILDREN’S MENTAL HEALTH ACT of 2003

- Established the Illinois Children's Mental Health Partnership
- Mandates that the partnership develop a children’s mental health plan. Preliminary plan due 9/30/04; Final plan due 6/30/05
- Allows office of mental health funds to be used for children 0-18.
- Requires ISBE to develop social/emotional learning standards
- Requires local school districts to develop policies on social/emotional development. Improves methods of capturing Medicaid funds that can be used to support children’s mental health.

ICMHP PRELIMINARY PLAN

Submitted to Governor on 9/30/04

- Contains key recommendations and strategies for implementing priority Task Force recommendations
- Plan developed by over 150 stakeholders from across the State
- Plan was revised based on public input—5 forums
- Specific action steps will be developed in Final Plan
- Implementation of Plan will be phased-in over next few years
**ICMHP Preliminary Plan Recommendations**

**Prevention**

- Develop a system that respects, supports and treats families/caregivers as key partners.
- Establish a mental health consultation initiative to serve early childhood, primary health care and other key child-serving systems.
- Work with Governor’s maternal depression task force to develop and promote best practices for addressing perinatal depression in women.

**Prevention Cont’d**

- Strengthen and develop best practices, quality standards and professional training associated with voluntary mental health screening of children in accordance with all state and federal consent, reporting and privacy laws.
- Work with ISBE to ensure that school districts develop policies on social/emotional development.
ICMHP Preliminary Plan Recommendations

Prevention Cont’d.

• Work with ISBE to develop and implement social/emotional learning standards.
• Promote increased collaboration among schools, community mental health agencies, health care, juvenile justice, substance abuse, developmental disability and other agencies to promote optimal social/emotional development of children/youth.

Early Intervention

• Expand and build the capacity of child-serving systems (early childhood, health care, schools, community mental health) to provide early intervention services with funding that does not require a diagnosis
• Promote initiatives that strengthen best practices, quality standards and professional training associated with screening and follow-up assessment and treatment services for children in the child welfare and juvenile justice systems
ICMHP Preliminary Plan Recommendations

Treatment

• Build and strengthen a quality system of care in Illinois to ensure that children have access to services that are developmentally, culturally, linguistically and clinically appropriate

• Develop mechanisms and referral pathways that direct children/families to appropriate services, including children involved with “special needs” systems (child welfare, juvenile justice, homeless, family violence, sexual assault, and developmental disabilities)

Financial Investment

• Maximize and integrate state, federal and local funding streams

• Maximize use of Medicaid and KidCare

• Use state funding mechanisms, including incentives and local pilots, to promote best practices

• Recommend a state budget for children’s mental health across state agencies

• Explore mechanisms for increasing private insurance coverage of children’s mental health services
ICMHP Preliminary Plan Recommendations

Research

• Initiate Children’s Mental Health Resource Center(s) to collect and facilitate research on best practices and model programs, and to provide information, training and technical assistance

• Develop and conduct process and outcome evaluation to measure changes in the children’s mental health system and impact on child outcomes

• Develop an ethics committee to examine system issues related to implementation of the Plan and provide recommendations, where relevant, for improvements

ICMHP Preliminary Plan Recommendations

Workforce Development

• Initiate efforts to expand the children’s mental health workforce

• Increase the capacity of early childhood programs and providers to promote/support young children’s social and emotional development
ICMHP Preliminary Plan Recommendations

Quality and Accountability

- Develop outcome indicators and benchmarks, with links to early childhood and school standards, for ensuring children’s optimal social and emotional development, and improving their overall mental health

Public Education and Awareness

Develop a comprehensive, culturally inclusive public awareness campaign to:
- Reduce the stigma of mental illness
- Educate families, the public and other key audiences about the importance of children’s social/emotional development
- Inform families/caregivers/providers about how to access services
- Educate policymakers about need to expand resources for children’s mental health
Committee/ Work Groups

- Evidence-Based Practice Work Group
  - Distributed RFPs for Mental Health Agencies to receive training on EBP from partnering universities.
  - Designed a series of presentations of EBP for mental health agency administrators and families.

- Residential Treatment Work Group
  - Collected data on the number of children in residential treatment, the percentage of children assigned to residential treatment and the cost to agencies. Visited a number of residential facilities to observe day to day operations.

- Transition Work Group
  - Focused on defining the target population, identifying best practices for transitioning youth and identifying gaps in the current service array.

Committee Work

- Public Awareness
  - Completed Phase One of the Public Awareness Campaign and joined with DMH for Phase Two, which will be focused on both children and adults.

- School Age
  - Finalized “Guidelines for School-Mental Health Partnerships”
  - Developing a Forum on Mental Health Screening and Assessment for youth within the Juvenile Justice System

- School Policies and Standards
  - Developed the Statewide Three Year Professional Development Plan to Support SEL Implementation.
Committee Work

- Cultural Competence
  Developing a survey regarding cultural competence activities by community providers. Will be distributed to 5 ethnically and racially diverse communities representative of all Illinois. Follow up focus groups to further identify successful strategies and barriers to increased cultural competence.

- Early Childhood
  Coordinating the ECMHC project, conducting ECMHC retreats, identifying ECMH work force issues, working with DMH to increase the potential for mental health services for children 0-7 and their families.

- Family Involvement
  Leadership from this committee, as well as the Illinois Family Partnership Network, the Illinois Chapter of the National Association for Mental Health, the Illinois Federation of Families, and the Mental Health Association of Illinois, met to explore ways of coordinating efforts to increase efficacy.

Overview of Key ICMHP Accomplishments, Related Outcomes, and Recommendations

- Secured over $750,000 in public and private funds and in-kind services from IL state agencies.
- Secured a federal grant from the U.S. Department of Education.
- Conducted numerous presentations at the national, state, and community level to educate IL communities, other states, federal agencies, and national organizations
  - Key Outcome: ICMHP has become a national leader in children’s mental health and is recognized by federal agencies, national organizations, and other states for its work in improving the children’s mental health system.
Overview of Key ICMHP Accomplishments, Related Outcomes, and Recommendations

• Initiated and implemented an Early Childhood Children’s Mental Health Consultation Project
  o Key Outcome: Beginning in October 2007, five community mental health agencies – three in the Chicago metropolitan area and two in other regions of IL – will work with the ICMHP to develop and pilot test the model, one of the first of its kind in the nation.

• Formed a multi-agency and multidisciplinary Residential Treatment Workgroup.

• Successfully advocated for a $5 million appropriation to support selected Strategic Plan priorities in FY 07.

Overview of Key ICMHP Accomplishments, Related Outcomes, and Recommendations

• Created a Mental Health Screening Work Group
  o Key Outcome: The deliberations of the Work Group were integrated into the Strategic Plan and form the basis of many of the recommendations on Early Intervention.

• Conducted three Children’s Mental Health Assemblies
  o Key Outcome: The Assemblies heightened awareness about children’s mental health and the ICMHP Strategic Plan among child-serving state and community groups. The importance of family involvement in all stages of transforming children’s mental health in IL was underscored.
Overview of Key ICMHP Accomplishments, Related Outcomes, and Recommendations

• Developed Social and Emotional Learning (SEL) Standards, including age-appropriate goals, performance descriptors and benchmarks, as part of the IL Learning Standards, an Implementation Plan, and a Professional Development Plan for educators
  - Key Outcome: One hundred percent of IL school districts have developed a policy for incorporating social and emotional development into school educational programs and for responding to children with mental health needs.

• Completed a comprehensive statewide research process to develop a Public Awareness Campaign Plan
  - Key Outcome: The Public Awareness Campaign Plan serves as the basis of a Request for Proposal that is being initiated by the Division of Mental Health, DHS for implementation of a statewide public awareness campaign.

Overview of Key ICMHP Accomplishments, Related Outcomes, and Recommendations

• Monitored the expansion and enhancement of the Screening, Assessment and Support Services (SASS) system
  - Key Outcome: Achieved $44.1 million in cost-savings as a result of implementation of the SASS system in FY 05 and 06, while providing a wider array of mental health services for children and showing increased clinical outcomes.

• Healthcare and Family Services submitted Medicaid claims for the Individual Care Grants as required by the CMH Act.
  - Key Outcome: Recouped $4.5 million in additional Federal Financial Participation for FY 04, 05, and a portion of 06.
Recommendations for Further Plan Implementation

1. Increase the visibility of IL initiatives and efforts in the state and country as a model for children’s mental health system development.

2. Promote social and emotional development, and mental health supports for children within new agencies and programs such as Department of Juvenile Justice, Pre-School for All, and All-Kids, and within increased funding for schools.

3. Increase funding for ICMHP Strategic Plan priorities in FY 08 consistent with state savings achieved from implementation of the SASS system and increased federal match from ICG.

4. Allocate funding across specified state agencies to promote multi-agency engagement in the IL children’s mental health system.
Recommendations for Further Plan Implementation

5. Continue to promote and support children’s mental health as a top priority for addressing the health, academic success, and well-being of IL children and youth.

6. Continue to support implementation of the Strategic Plan for Building a Comprehensive Children’s Mental Health System in Illinois, using ICMHP as a key state-level entry for promoting the development and implementation of a comprehensive children’s mental health system in IL.

Updates

• Governor accepted the Preliminary Plan
• Partnership committees gathered input and recommended action steps for Final Plan
• Partnership approved Draft Final Plan
• Public input into Draft Final Plan
• Partnership approved Final Plan
• Final Plan submitted to Governor 06/30/05
Funding

- Working with a group of advocates, agency partners and key legislators, the ICMHP was able to realize a five million dollar line item appropriation for fiscal year 2007.
- ICMHP leadership worked closely with key representatives from the Illinois State Board of Education and the Department of Health and Human Services Division of Mental Health to identify funding priorities consistent with the ICMHP Strategic Plan.
- This additional funding will allow the ICMHP to advance the development of a comprehensive children’s mental health system that addresses the prevention, early intervention, and treatment needs of all children in Illinois.

Implementation Plan-ISBE

- SEL Professional Development
- PBIS Expansion
- Grants to schools districts for mental health services
- Staff support: ISBE
Implementation Plan-DMH

- Public Awareness Campaign
- Early Intervention Grants (5 sites)
- Transition Grants (5 sites)
- Evidence Based Practice Grants/Training (10 sites)
- Juvenile Justice Mental Health Supports

Imagine a school where students...

- Show up eager and ready to learn
- Feel a sense of connectedness to their school and teachers
- Feel safe from bullies
- Perform to their fullest potential
- Treat everyone with respect
- Contribute to the well-being of the community

In collaboration with the Illinois State Board of Education, the Collaborative for Academic, Social, and Emotional Learning, and University of Illinois Extension.
Mental Health

Mental health is the “successful performance of mental function resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.”

- Department of Health and Human Services (1999)
  Mental Health: A Report of the Surgeon General

Social and Emotional Learning (SEL)

SEL is the process of acquiring the skills to recognize and manage emotions, develop caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging tasks effectively.

What are the SE Core Competencies?

- Self-awareness: Recognizing one’s emotions and values as well as one’s strengths and limitations.
- Social awareness: Showing understanding and empathy for others.
- Relationship skills: Forming positive relationships, working in teams, and dealing effectively with conflict.
- Responsible decision-making: Making ethical, constructive choices about personal and social behavior.
- Self-management: Managing emotions and behaviors to achieve one’s goals.

How do Students Acquire SE Skills?

- Explicit interactive instruction
- Reflection on their experiences
- Practice and feedback
- Observation of others’ good behavior
- Application and generalization throughout the school
What Kind of Learning Environment Supports SEL?

One that is:
- Safe
- Caring
- Highly participatory
- Well managed
- Engaging
- High in behavioral and academic expectations

Why is SEL Essential to Student Education?

- Reduces risky behavior
- Strengthens developmental assets
- Supports the goals of NCLB
- Promotes workplace skills valued by employers
SEL Reduces Risky Behavior

- 28.5% of youth reported feeling so sad or hopeless every day for two weeks or more that they stopped doing their normal activities
- 16.9% of youth made a plan to commit suicide sometime during the last 12 months
- 25.5% of youth had five or more alcoholic drinks in a couple of hours in the last 30 days

SEL Strengthens Developmental Assets

- Only 29% say that others see them as thinking through the results of their choices and planning ahead
- Only 43% say others see them as respecting the values and beliefs of people of different races and cultures
- Only 29% report that their school is a caring, encouraging place
SEL Supports the Goals of NCLB

- Being safe and drug-free
- Closing the achievement gap between high- and low-performing students & between disadvantaged children and between their more advantaged peers
- Preventing at-risk students from dropping out of school
- Implementing prevention programs that are grounded in scientific research and provide evidence of effectiveness

SEL Promotes Workplace Skills

- Learning-to-learn skills
- Listening and oral communication
- Creative thinking and problem solving
- Self-motivation, goal-setting and perseverance
- Interpersonal skills, negotiation, teamwork
- Organizational effectiveness and leadership
- Competence in reading, writing and computation

U.S. Department of Labor, 1999
SEL Prepares Students for the Workforce

21st Century Skills
- Critical thinking and problem-solving
- Ethics and social responsibility
- Communication
- Teamwork and collaboration
- Lifelong learning and self-direction
- Leadership
- Global awareness

A Framework for SEL

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<thead>
<tr>
<th>Inputs</th>
<th>Proximal Outcomes</th>
<th>Distal Outcomes</th>
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<tbody>
<tr>
<td>Safe, Caring, Cooperative, Well-Managed Learning Environment with High Expectations (Climate)</td>
<td>Greater Attachment, Engagement, and Commitment to School</td>
<td>Better Academic Performance</td>
</tr>
<tr>
<td>Instruction in SE skills • Self-awareness • Social awareness • Self-management • Relationship skills • Responsible decisions</td>
<td>Greater Motivation and Self-Efficacy</td>
<td>Greater Success in School, Work, and Life</td>
</tr>
<tr>
<td>Opportunities to Practice and Receive Feedback on Skills</td>
<td>Less Risky Behavior, More Assets, and Positive Development</td>
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Source: CASEL
Why Should Schools Address SEL?

- Emotions affect how and what we learn
- SE skills can be taught
- SE competencies are essential for academic achievement

How Illinois Has Promoted SEL & Mental Health in Schools

**Illinois Children’s Mental Health Act**

- Requires schools to address the social and emotional needs of all students
- Required all school districts to develop policies to incorporate SEL
- Required IL State Board of Education (ISBE) to develop and implement social and emotional learning standards
How Illinois Has Promoted SEL & Mental Health in Schools

IL SEL Standards Professional Development Project

- SEL Standards Professional Development Grants for ROEs
- SEL Standards Implementation Grants for Schools

Social and Emotional Learning Goals

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<tr>
<th>Self-Awareness</th>
<th>Social Awareness</th>
<th>Responsible Decision-making</th>
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<tr>
<td>Self-Management</td>
<td>Relationship Skills</td>
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Goal 31: Develop self-awareness and self-management skills to achieve school and life success.

Goal 32: Use social awareness and interpersonal skills to establish and maintain positive relationships.

Goal 33: Demonstrate decision-making skills and responsible behaviors in personal, school and community contexts.
SEL Standards for Goal 31

Goal: Develop self-awareness and self-management skills to achieve school and life success.

Standards:
A. Identify and manage one’s emotions and behaviors.
B. Recognize personal qualities and external supports.
C. Demonstrate skills related to achieving personal goals.

SEL Standards for Goal 32

Goal: Use social awareness and interpersonal skills to establish and maintain positive relationships.

Standards:
A. Recognize the feelings and perspectives of others.
B. Recognize individual and group similarities and differences.
C. Use communication and social skills to interact effectively with others.
D. Demonstrate an ability to prevent, manage, and resolve interpersonal conflicts in constructive ways.
SEL Standards for Goal 33

Goal: Demonstrate decision-making skills and responsible behaviors in personal, school, and community contexts.

Standards:
A. Consider ethical, safety and societal factors in making decisions.
B. Apply decision-making skills to deal responsibly with daily academic and social situations.
C. Contribute to the well-being of one’s school and community.

SEL and Academics: What Does the Research Say?


Building Academic Success on Social and Emotional Learning (SEL): What Does the Research Say?

Summarizes growing body of evidence showing that SEL leads to improvements in:

- **Attitudes** (motivation, commitment)
- **Behavior** (participation, study habits)
- **Performance** (grades, subject mastery)
SEL and School Attitudes

Students demonstrate:

• Stronger sense of community
• Higher academic motivation and educational aspirations
• Better understanding of consequences of behavior
• Better ability to cope with school stressors
• More positive attitudes toward school and learning

SEL and School Behaviors

Students:

• Participate in class more
• Demonstrate more pro-social behavior
• Have fewer absences and improved attendance
• Show reductions in aggression and disruptions
• Are on track to graduate and are less likely to drop out
• Are more likely to work out their own way of learning
SEL and School Performance

Students demonstrate:

- Improved math, literacy, and social studies skills
- Higher achievement test scores and grades and no decreases in standardized test scores
- Improved learning-to-learn skills
- Better problem solving and planning abilities
- Use of higher level reasoning strategies
- Improvements in reading comprehension

So What’s the Ultimate Goal?

(Slide with a diagram labeled “Getting from here... to there”)
What Principals Can Do

- Assure that all teaching and non-teaching staff understand the SEL standards and policy
- Promote the value of SEL as a framework for student success with families and other key community stakeholders
- Involve school staff in integrating SEL into the school mission and school improvement plan
- Provide ongoing professional development and support to implement practices and programs that address the standards and related policy

What School Staff Can Do

- Teach and model SE behaviors
- Incorporate SE skills and standards into instructional practice
- Participate in school’s SEL implementation planning and processes
- Communicate regularly with caregivers about SEL-related classroom activities
What Parents/Caregivers Can Do

- Learn more about SEL
- Encourage children to say how they feel
- Help children learn to make decisions
- Encourage sharing and helping
- Ask children questions to help them learn to problem-solve
- Inquire how SEL is used in and outside of the classroom

SEL Complies with NCLB

- Being safe and drug-free
- Closing the achievement gap between high- and low-performing students & between disadvantaged children and their more advantaged peers
- Preventing at-risk students from dropping out of school
- Implementing prevention programs that are grounded in scientific research and provide evidence of effectiveness
Presentation Prepared By:

• The Illinois Children’s Mental Health Partnership (ICMHP) www.icmhp.org
• The Illinois State Board of Education (ISBE) www.isbe.net
• The Collaborative for Academic, Social, and Emotional Learning (CASEL) www.casel.org
• University of Illinois Extension http://web.extension.uiuc.edu/sel

“One looks back with appreciation to the brilliant teachers, but with gratitude to those who touched our human feelings. The curriculum is so much necessary raw material, but warmth is the vital element for the growing plant and for the soul of the child.”

Carl Jung

“Education, therefore, is a process of living and not a preparation for future living.”

John Dewey
### Resources for Further Information on ICMHP and State Initiatives and Activities

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<th>Agency/Dept.</th>
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