



## **Student Support Services: Team Staffing Approach**

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**Fiscal Year 2014**

**Report**

**To the**

**Legislature**

**As required by**

**Minnesota Statutes**

**Chapter 116, Article 3, Section 34**

**COMMISSIONER:**

**Brenda Cassellius, Ed. D.**

**Student Support Services: Team Staffing**

**Approach**

**February, 1, 2014**

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## **Cost of Report Preparation**

The total cost for the Minnesota Department of Education (MDE) to prepare this report was approximately \$ 4,800 (30 hours for 4 staff at \$40/hr.). Most of these costs involved staff time in analyzing data, review of current literature and preparing the written report. Incidental costs include paper, copying, and other office supplies.

Estimated costs are provided in accordance with Minnesota Statutes 2011, section 3.197, which requires that at the beginning of a report to the Legislature, the cost of preparing the report must be provided.

## Introduction

The Minnesota Legislature in 2013 stated in Minnesota Statute Chapter 116, Article 3, Section 34 that the Commissioner of Education develop and submit recommendations for providing access to licensed student support services throughout Minnesota using a multidisciplinary team staffing structure by February 1 of 2014.

This report was developed by reviewing relevant national and state-level literature including information from each of the licensed student support groups mentioned in the statute: licensed school counselors, licensed school psychologists, licensed school nurses, licensed school social workers and licensed chemical health counselors. The report is organized according to sections of the statute that were required to be reflected in the recommendations. The recommendations are followed by references to documents used to inform this report. The statute is listed in its entirety below.

## Minnesota Statute Chapter 116, Article 3, Section 34

### **STUDENT SUPPORT SERVICES; TEAM STAFFING APPROACH.**

The commissioner of education shall develop and submit to the kindergarten through grade 12 education policy and finance committees of the legislature by February 1, 2014, recommendations for providing access to licensed student support services, including licensed school counselors, licensed school psychologists, licensed school nurses, licensed school social workers, and licensed chemical health counselors, to public school students throughout Minnesota using a multidisciplinary team staffing structure.

The recommendations must reflect:

- (1) the extent to which students need academic, career, physical, emotional, social, and early-onset mental health services to ensure educational achievement, safety and enhancement of student's physical, emotional, and social well-being;
- (2) the extent to which such services or teams do not exist, are incomplete or inadequate given the number of students with unmet psychological, social, and health needs that interfere with learning;
- (3) existing funding streams and opportunities for additional funds to improve students' access to needed licensed student support services; and
- (4) caseloads and best practices when working to improve access to needed licensed student support services.

**EFFECTIVE DATE.** This section is effective the day following final enactment.

## Background

In general, this statute references student support services but specifically names school counselors, licensed school psychologists, licensed school nurses, licensed school social workers and licensed chemical health counselors. For clarification these disciplines are referenced in federal legislation in both the Elementary and Secondary Education Act (ESEA) and the Individuals with Disabilities Education Act (IDEA) as pupil service personnel and related

services respectively. In an attempt to convey a common language and provide services to students, the National Association for Specialized Instructional Support Personnel (NASISP) was established. NASISP endorses the terminology being advanced in federal statute, specialized instructional support personnel (SISP). It is felt that this terminology better reflects the training, specialized services and interventions that the personnel identified in ESEA and IDEA provide to students (NASISP, 2012).

Student instructional support personnel (SISP) responsibilities are defined by the Elementary and Secondary Education Act (ESEA) and the Individuals with Disabilities Education Act (IDEA).

ESEA states, "The term pupil services personnel means school counselors, school social workers, school psychologists, and other qualified professional personnel involved in providing assessment, diagnosis, counseling, educational, therapeutic, and other necessary services (including related services as that term is defined as defined in IDEA) as part of a comprehensive program to meet student needs." (20 U.S.C. § 7801 (36) (A))

IDEA defines related services as the developmental, corrective, and other supportive services that are required to assist a child with a disability to benefit from special education, and includes psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, social work services in schools and parent counseling and training. (34 CFR § 300.34 (a))

Licensed student support personnel play a critical role in schools to promote student learning and success. These professionals assist in identifying children with mental and physical health needs, provide direct services to children and families and serve as the conduit to community resources. Although this is not an exhaustive list, some of the activities that licensed student support personnel provide are listed below.

#### Mental Health Supports

- School-wide approaches to school safety and violence prevention.
- Positive behavioral interventions, supports and other programs that promote supportive discipline practices.
- Counseling support at the elementary and secondary level and other school-based mental health services.
- Anti-bullying measures and policies that support non-discrimination.
- Suicide prevention.
- Crisis prevention, intervention, and post intervention services.

#### Physical Health Supports

- Activities that promote both physical and social/emotional development.
- Prevention services (e.g., for childhood obesity, depression).
- Student health screenings, including speech, language and hearing screenings.
- Immunizations.
- Care for students with chronic conditions/diseases (e.g., diabetes or asthma).

- Fine and gross motor transition and mobility services, including occupational therapy and physical therapy.

## **2006 - 2007 Student Support Services Task Force Summary Report**

During the 2005 Minnesota Legislative session a law was passed requiring the Minnesota Department of Education in collaboration with school districts to explore access to student support services, opportunities for obtaining additional funds to improve students' access to needed licensed student support services and consider nationally recommended licensed staff-to-student ratios, workloads, and best practices when working to improve student access to needed licensed student support services. (Minnesota Session Laws 2005, 1st Special Session CHAPTER 5 ARTICLE 10 Sec. 4.)

A task force, including student support services professionals from Minnesota schools, met for several facilitated, focused working sessions to address the requirements in the legislation. The task force found that children and youth in Minnesota schools lack access to the supports and services provided by the licensed professional student support services personnel because of understaffing and underfunding. Funding for student support services comes mostly from public sources (federal, state and local government). However, the task force found there is also the opportunity to access funds for student support services through third-party revenue streams.

The task force recommended that Minnesota schools (K-12) be directed to conduct an assessment of the needs of their students, identify the barriers that interfere with school success in order to determine the level of student support services staffing that would meet the need, allocate adequate resources to provide the necessary learning support and measure outcomes and evaluate the impact that student support services have on the academic and social-emotional outcomes of students.

The 2007 Minnesota Legislature authorized districts to increase the local levy for safe schools from \$27 to \$30 per pupil. The statute clarifies that the additional funding may be used to pay costs for licensed school counselors, licensed school nurses, licensed school social workers, licensed school psychologists and licensed alcohol and chemical dependency counselors to help provide early responses to problems. (Minnesota Statute Section 126C.44 (a))

### **Importance and Extent of Need**

In order for students to be academically successful, they must be healthy and strong, both physically and mentally (Adelman & Taylor, 2006; Centers for Disease Control and Prevention, 2013; National Alliance of Specialized Instructional Support Personnel, 2013). Mental health is important to overall health and student achievement. Without early diagnosis and supports and interventions, children with mental health issues can have significant problems at home, in school and in the community. This can also interfere with their overall learning and healthy development. These problems can continue into adulthood (CDC Children's Mental Health Report, 2013).

Children's mental health disorders affect many children of all ages, ethnic/racial backgrounds, and across all regions of Minnesota and the United States. Based on the National Research Council and Institute of Medicine report that gathered findings from previous studies (Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities, 2009), it is estimated that 13–20 percent of children living in the United States experience a mental disorder in a given year and an estimated \$247 billion is spent each year on childhood mental disorders. Because of the impact on children, families and communities, children's mental health is an important public health issue in the United States.

Early assessment and intervention are critical. Early detection, assessment and linking children and youth to intervention and supports can prevent mental health problems from compounding and poor lifetime outcomes from accumulating. Early intervention can have a significant impact on the lives of children and adults who experience mental health problems (NAMI Presidents New Freedom Commission on Mental Health, 2014). Without intervention, child and adolescent disorders frequently continue into adulthood. For example, research shows that when children with co-existing depression and conduct disorders become adults, they tend to use more health care services and have higher health care costs than other adults. Difficulty with mental and physical health in childhood, left untreated may persist and lead to school failure, poor employment opportunities and poverty in adulthood.

Data have been collected that document and verify children's mental health needs in Minnesota. In Minnesota, many children and youth experience emotional disorders such as depression, anxiety, attention-deficit, conduct and eating disorders. Studies show that mental health problems affect one in every five young people at any given time (<https://edocs.dhs.state.mn.us/lfs/Server/Public/DHS-5051-ENG> – MN Department of Human Services, 2013)

The Minnesota Department of Human Services provides the statistics listed below (Children's mental health: Transforming services and supports to better meet children's needs, MN DHS, 2013).

- In Minnesota, nine percent of school-age children and five percent of preschool children have a serious emotional disturbance, which is a mental health problem that has become longer lasting and interferes significantly with the child's functioning at home and in school.
- An estimated 109,000 children and youth birth to age 21 in Minnesota need treatment for serious emotional disturbances.
- Each year about 70,100 children and youth receive publicly-funded mental health services in Minnesota. Most of these services are community- and home-based services such as case management, day treatment, home-based therapies and outpatient therapy.
- Approximately 15,400 children and youth received mental health screenings through the Child and Teen Checkup as well as in the child welfare and juvenile corrections systems in 2012.
- Of mental health funds spent annually for Minnesota children, 24 percent is for residential and inpatient services.

- Over the last 10 years, Medical Assistance and MinnesotaCare funding for children’s mental health services increased from 38 percent to 61 percent.
- County funding for children’s mental health funding decreased from 38 percent 10 years ago to 22 percent.

Data also suggest the need for supports to assist with increasing academic achievement, graduation and postsecondary success. The four year graduation rate for Minnesota students in 2012 was 77.6% and over 7,000 students either dropped out of school or their status was unknown. The overall graduation rate masks significant disparities between student groups indicating a significant need to provide supports to students early on in their school careers.

<b>Student Group</b>	<b>Percent</b>
White	83.87
Hispanic	53.0
Black	50.99
Asian/Pacific Islander	74.01
American Indian/Alaskan Native	45.46
Free/Reduced Price Lunch	59.46
Special Education	56.32
Limited English	51.38

In addition, many students are not prepared for college and career as indicated by statistics showing nearly forty percent of Minnesota's recent public high school graduates who enrolled in public higher education in the state have taken at least one developmental or remedial course within two years after graduation from high school (MNSCU and U of M (2010). The overall six year graduation rate for Minnesota four-year Institutions in 2012 was 63% including Minnesota State Universities, University of Minnesota and Private Colleges and Universities (Office of Higher Education, 2012). In recent years, licensed student support personnel and especially licensed student counselors are increasingly responsible for providing services to help prepare students for postsecondary success and college and career readiness.

Results from the Minnesota Student Survey also provide information about the extent of student need in a variety of areas that are addressed by licensed student support personnel. The 2013 Minnesota Student Survey was administered in the first half of 2013 to public school students in Grades five, eight, nine and 11 statewide. All public school districts in Minnesota were invited to participate. Of the 334 public operating districts, 280 agreed to participate (84 percent). Selected results are provided here to show student responses to questions relevant to understanding the need for services provided by student support personnel. For more information and a complete list of tables and responses, go to the [Minnesota Student Survey](#).



**TABLE 17: FAMILY SUBSTANCE ABUSE; PHYSICAL VIOLENCE**

<b>Question</b>	<b>Answer</b>	<b>5th Grade Male %</b>	<b>5th Grade Female %</b>	<b>8th Grade Male %</b>	<b>8th Grade Female %</b>	<b>9th Grade Male %</b>	<b>9th Grade Female %</b>	<b>11th Grade Male %</b>	<b>11th Grade Female %</b>
Do you live with anyone who drinks too much alcohol?	Yes	6%	6%	9%	10%	10%	12%	10%	12%
Do you live with anyone who uses illegal drugs or abuses prescription drugs?	Yes	2%	2%	5%	5%	6%	7%	6%	6%
Have your parents or other adults in your home ever slapped, hit, kicked, punched or beat each other up?	Yes	8%	7%	6%	8%	6%	9%	5%	8%

**TABLE 19: GENERAL HEALTH AND HEALTH CONDITIONS**

<b>Question</b>	<b>Answer</b>	<b>5th Grade Male %</b>	<b>5th Grade Female %</b>	<b>8th Grade Male %</b>	<b>8th Grade Female %</b>	<b>9th Grade Male %</b>	<b>9th Grade Female %</b>	<b>11th Grade Male %</b>	<b>11th Grade Female %</b>
Do you have any physical disabilities, or long-term health problems (such as asthma, cancer, diabetes, epilepsy or something else)? Long-term means lasting six months or more.	Yes	15%	14%	14%	16%	14%	17%	12%	16%
Has a doctor or nurse ever told you that you have asthma?	Yes	14%	12%	17%	16%	17%	18%	17%	18%
Do you have any long-term mental health, behavioral or emotional problems? Long-term means lasting six months or more.	Yes	10%	9%	10%	14%	10%	15%	9%	16%
How would YOU describe your weight?	Overweight	9%	11%	13%	21%	14%	24%	14%	23%

**TABLE 20: HEALTH CARE ACCESS**

<b>Question</b>	<b>Answer</b>	<b>5th Grade Male %</b>	<b>5th Grade Female %</b>	<b>8th Grade Male %</b>	<b>8th Grade Female %</b>	<b>9th Grade Male %</b>	<b>9th Grade Female %</b>	<b>11th Grade Male %</b>	<b>11th Grade Female %</b>
When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?	More than 2 years ago	7%	6%	5%	4%	8%	8%	11%	10%
Have you ever been treated for a mental health, emotional or behavioral problem? (Mark ALL that apply)	Yes during the last year	NA	NA	6%	8%	6%	10%	6%	12%
Have you ever been treated for a mental health, emotional or behavioral problem? (Mark ALL that apply)	Yes, more than a year ago	NA	NA	7%	6%	7%	7%	7%	10%

**TABLE 21: PHYSICAL ACTIVITY**

<b>Question</b>	<b>Answer</b>	<b>5th Grade Male %</b>	<b>5th Grade Female %</b>	<b>8th Grade Male %</b>	<b>8th Grade Female %</b>	<b>9th Grade Male %</b>	<b>9th Grade Female %</b>	<b>11th Grade Male %</b>	<b>11th Grade Female %</b>
During the last seven days, on how many days were you physically active for a total of AT LEAST 60 MINUTES PER DAY?	2 days	10%	12%	8%	12%	8%	11%	9%	15%
During a typical school week, on how many days do you go to physical education (PE or gym) classes?	0 days	5%	4%	18%	24%	38%	42%	71%	85%

**TABLE 26A: EMOTIONAL WELL-BEING AND DISTRESS**

<b>Question</b>	<b>Answer</b>	<b>5th Grade Male %</b>	<b>5th Grade Female %</b>	<b>8th Grade Male %</b>	<b>8th Grade Female %</b>	<b>9th Grade Male %</b>	<b>9th Grade Female %</b>	<b>11th Grade Male %</b>	<b>11th Grade Female %</b>
During the last 12 months, have you had SIGNIFICANT problems with feeling very trapped, lonely, sad, blue, depressed or hopeless about the future?	Yes	NA	NA	17%	34%	20%	38%	24%	40%
During the last 12 months, have you had SIGNIFICANT problems with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	Yes	NA	NA	22%	39%	23%	41%	24%	41%
During the last 12 months, have you had SIGNIFICANT problems with thinking about ending your life or committing suicide?	Yes	NA	NA	9%	18%	10%	20%	10%	15%

**TABLE 26B: EMOTIONAL WELL-BEING AND DISTRESS**

<b>Question</b>	<b>Answer</b>	<b>5th Grade Male %</b>	<b>5th Grade Female %</b>						
Thinking back the last 30 days, how much do you agree or disagree with the following statements? I worry a lot	Strongly agree	9%	13%						
Thinking back the last 30 days, how much do you agree or disagree with the following statements? I worry a lot	Agree	19%	25%						
Thinking back the last 30 days, how much do you agree or disagree with the following statements? I sometimes feel bad without knowing why	Strongly agree	12%	17%						

**TABLE 27: SELF-INFLICTED INJURY; SUICIDAL THOUGHTS AND SUICIDAL BEHAVIOR**

<b>Question</b>	<b>Answer</b>	<b>5th Grade Male %</b>	<b>5th Grade Female %</b>	<b>8th Grade Male %</b>	<b>8th Grade Female %</b>	<b>9th Grade Male %</b>	<b>9th Grade Female %</b>	<b>11th Grade Male %</b>	<b>11th Grade Female %</b>
During the last 12 months, how many times did you do something to purposely hurt or injure yourself without wanting to die, such as cutting, burning, or bruising yourself on purpose?	3 to 5 times	NA	NA	2%	4%	2%	4%	1%	4%
Have you ever seriously considered attempting suicide?	Yes, during the last year	NA	NA	6%	15%	7%	17%	7%	12%
Have you ever actually attempted suicide?	Yes, during the last year	NA	NA	2%	5%	2%	6%	2%	4%

**TABLE 29: SUMMARY OF SUBSTANCE USE**

<b>Question</b>	<b>Answer</b>	<b>8th Grade Male %</b>	<b>8th Grade Female %</b>	<b>9th Grade Male %</b>	<b>9th Grade Female %</b>	<b>11th Grade Male %</b>	<b>11th Grade Female %</b>
Use of any tobacco products during the past 30 days	Yes	6%	5%	12%	9%	24%	13%
Frequent binge drinking in the past year (typically drank five or more drinks at a time and drank on 10 or more occasions during the past year)	Yes	0%	0%	2%	1%	8%	4%
Any alcohol, marijuana and/or other drug use during the past year (excluding tobacco)	Used alcohol and marijuana in the past year, but not other drugs	3%	3%	6%	6%	15%	14%

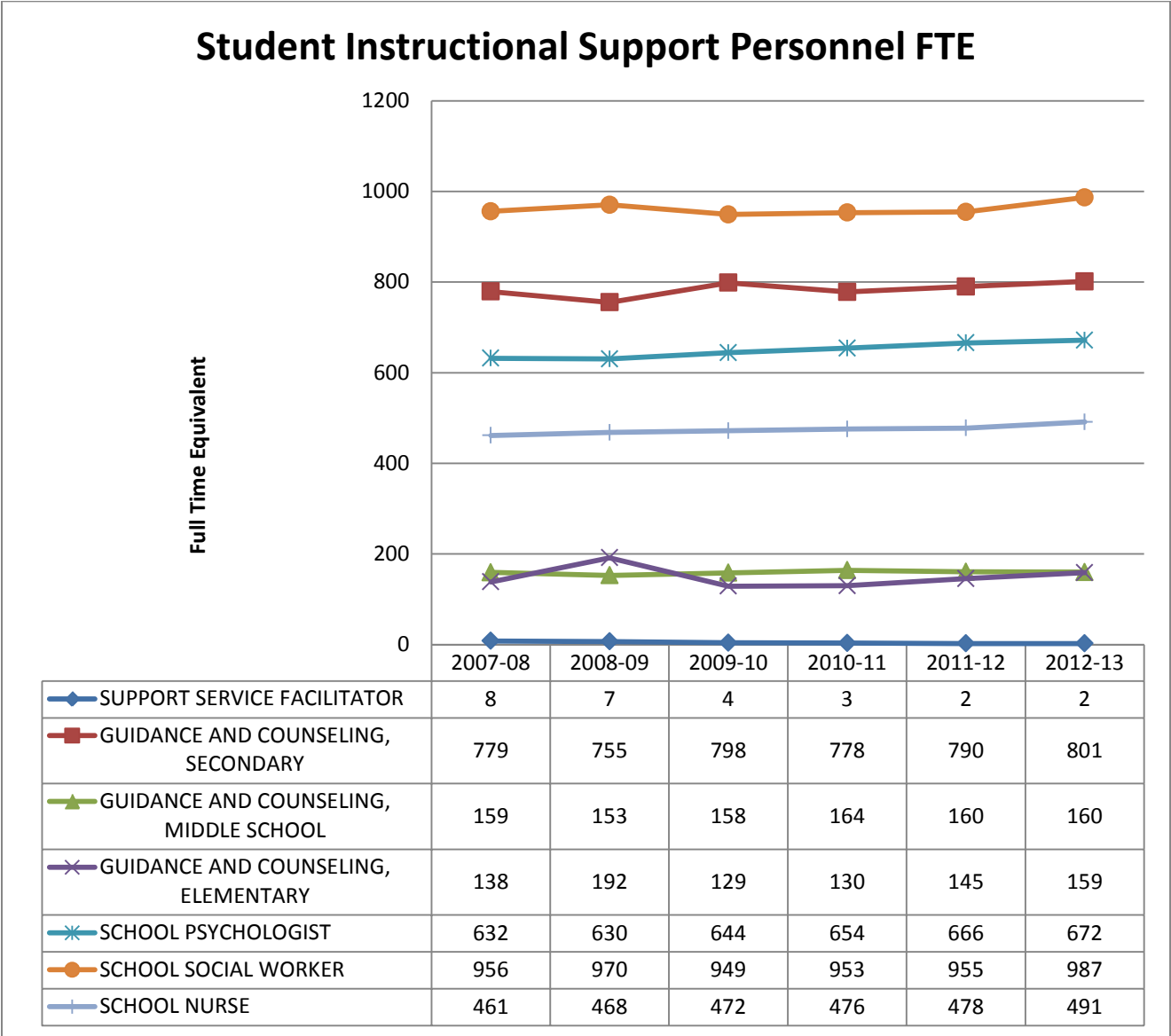
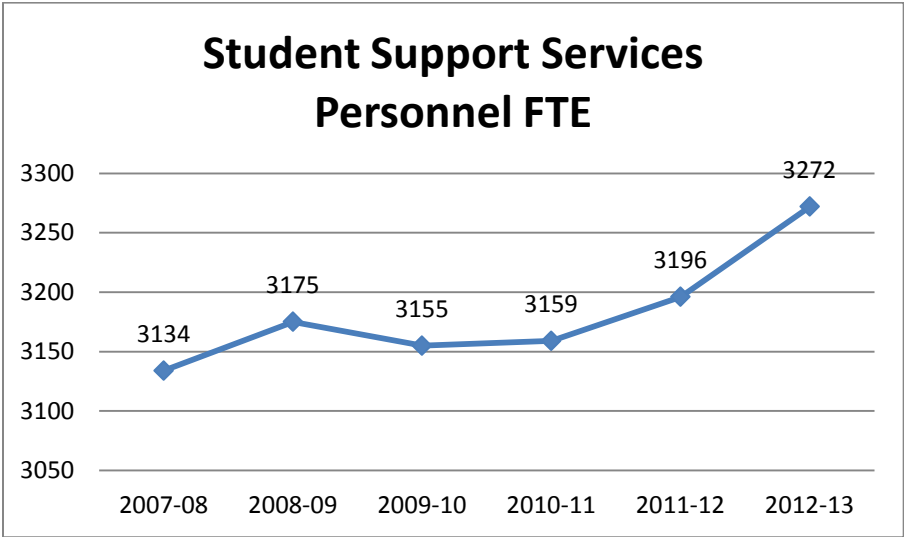
<b>Question</b>	<b>Answer</b>	<b>8th Grade Male %</b>	<b>8th Grade Female %</b>	<b>9th Grade Male %</b>	<b>9th Grade Female %</b>	<b>11th Grade Male %</b>	<b>11th Grade Female %</b>
During the last 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?	1 or 2 days	6%	6%	8%	9%	15%	16%
If you drink beer/wine/wine coolers/liquor, generally, how much (if any) do you drink at one time?	5 or more glasses/cans/drinks	1%	1%	3%	2%	13%	6%

<b>Question</b>	<b>Answer</b>	<b>8th Grade Male %</b>	<b>8th Grade Female %</b>	<b>9th Grade Male %</b>	<b>9th Grade Female %</b>	<b>11th Grade Male %</b>	<b>11th Grade Female %</b>
During the last 30 days, on how many days did you use marijuana or hashish?	1 to 2 days	2%	2%	3%	3%	6%	6%

### **Extent to which Services or Teams Exist – Staffing Levels**

Data from the MDE Data Center was used to look at staffing levels for licensed student instructional support personnel over the last six years. This data included full time equivalent (FTE) counts for support service facilitators, school counselors (elementary, middle and secondary), school psychologists, school social workers and school nurses as reported by school districts. Since licensed chemical health personnel are not licensed through MDE, it was not possible to get an accurate FTE number.

Overall, there has been a slight (4.4 percent) increase in student instructional support personnel over the last six years.



## Existing Funds and Finance Trend Information

In Minnesota, there are three primary sources of revenue to fund schools: the state, local / levy, and the federal government. Within each category funding may have specific legislation requiring funds to be spent in a specific manner. The Uniform Financial Accounting and Reporting Standards (UFARS) chart of accounts has a set of finance codes schools use to record financial activity to readily support legal requirements of spending.

The table below shows a summary of licensed student support service staff costs for fiscal year 2013 by funding category for licensed student support staff includes school nurses, school social workers, school psychologists, school counselors and alcohol and chemical dependency counselors. Appendix A includes a more detailed report summarizing licensed student support service staff costs for fiscal year 2013 by finance code. For purposes of this report, each finance code has also been assigned a funding source. The data is limited to wages of the staff without associated fringe benefit costs. Fringe benefit costs by individual employee are not available within the UFARS system. Revenue is recorded over a broad base, to identify where revenues have been spent. Expense data was used to establish the level of funding for each of the licensed staff categories. All data derived from the UFARS system is dependent on the quality of coding and reporting as completed by each respective district. Spending on student support services is determined by the local school board to ensure funds are spent legally.

<b>Funding Category</b>	<b>Total by Category</b>
State / General Education	\$168,208,440.36
Local / Levy	\$3,091,260.38
Federal	\$9,372,035.25
Total	\$180,671,735.99

### Licensed Student Support Service Staff Costs for Fiscal Year 2013 by Funding Category

The table below is trend data from fiscal year 2009-2010 to 2012-2013 for licensed student support staff (school nurses, school social workers, school psychologists, school counselors and alcohol and chemical dependency counselors). On average, the annual increase in funds is about 6.1 percent.

## Trend Data from Fiscal Year 2009-2010 to 2012-2013 for Licensed Student Support Staff

Fiscal Year	School Nurses Object 154	% Year to Year Increase	School Social Worker Object 156	% Year to Year Increase	School Psychologist Object 157	% Year to Year Increase	School Counselor Object 165	% Year to Year Increase	Alcohol and Chemical Dependency Counselor Object 169	% Year to Year Increase
12-13	27,198,877	6.5%	58,221,264	6.9%	43,239,606	4.2%	54,665,561	8.9%	300,729	68.1%
11-12	25,526,916	2.6%	54,470,610	3.1%	41,505,123	6.3%	50,208,132	7.1%	178,908	-3.1%
10-11	24,888,481	5.4%	52,836,124	7.6%	39,061,402	6.6%	46,882,177	6.9%	184,665	-56.0%
09-10	23,603,762		49,116,410		36,641,343		43,837,760		419,514	

## Trend Data from Fiscal Year 2009-2010 to 2012-2013 for Licensed Student Support Staff

Fiscal Year	Total	% Year to Year Increase
12-13	183,626,037	6.8%
11-12	171,889,690	4.9%
10-11	163,852,849	6.7%
09-10	153,618,790	

## Caseloads and Best Practices

The statute makes reference to caseloads and best practices when working to improve access to needed licensed support services. The literature reviewed discusses caseload/ratio and workload analysis. Recommended ratios are those suggested as adequate by national organizations but local district policy determines actual staffing levels. Caseload refers to the number of students that school-based student support personnel serves though either direct or indirect service and workload refers to all the activities that are required and performed by school-based student support practitioners. A workload analysis would include not only the number of students as in a caseload/ratio approach but also all activities that are necessary to support the success of students. Resources from the national professional organizations often recommend implementing a workload analysis if a caseload standard is being set.

Joint position papers from the National Association of School Nurses (NASN) and the National Association of State School Nurse Consultants (NASSNC) point to the importance of having adequate staffing of licensed school nurses in schools helps to ensure provide safe, effective, and timely care for all students. Recommendations specific to Minnesota can be found in the attached Joint Position Statement, *Moving beyond ratios: A comprehensive approach to determining the need for Specialized Instructional Support Personnel (2013)* by the Minnesota



School Psychologist's Association (MSPA) and Minnesota School Social Workers Association (MSSWA). This position statement recommends that educational agencies, professionals and decision makers move toward recognizing the comprehensive range of workload activities and employ a multidisciplinary team approach.

The statute makes reference to using a multidisciplinary team staffing structure. As part of its policy issue, NASISP supports and advocates for SISP professionals to use best practices and collaborate as part of a multidisciplinary education team (NASISP, 2013). By utilizing a multidisciplinary approach personnel are able to apply their special expertise to help support students. This allows for each discipline to support student learning and outcomes through their unique roles and skills and understand that there is overlap. Each discipline approaches the situation from their perspective and shares findings. This can lead to collaboration to accelerate and understand the use of best practices to better serve students.

The American School Counselor Association (ASCA), National Association of Elementary School Principals (NAESP), National Association of School Psychologists (NASP), National Association of School Resource Officers (NASRO), National Association of Secondary School Principals (NASSP) and School Social Work Association of America (SSWAA) released *A Framework for Safe and Successful Schools*, their joint recommendations for improved school safety and access to mental health services for students (Cowan et al, 2013). This document echoes the need for collaboration among personnel to help provide a range of services within a Multi-tiered System of Supports (MTSS).

Best practices ask that each SISP understand, promote and deliver the tenets of their practice model. The National Association of School Psychologists (NASP), the School Social Work Association of America (SSWAA) and the American School Counselor Association (ASCA) all have developed a practice model that delineates the delivery of services for their respective disciplines. These practice models reflect the efforts of each organization to articulate the skills and services of their discipline as well as promoting consistency among pre-service institutions of higher education. These practice models can serve as an example of efforts to provide appropriate and comprehensive service provision. Currently a similar practice model framework for school nurses and licensed alcohol and chemical health professional is not available. However, both disciplines work under professional polices and scope of practice guidelines.

- National Association of School Psychologists (NASP) Practice Model  
[http://www.nasponline.org/standards/practice-model/Practice\\_Model\\_Brochure.pdf](http://www.nasponline.org/standards/practice-model/Practice_Model_Brochure.pdf)
- School Social Worker Association of America (SSWAA) Practice Model  
<http://sswaa.org/associations/13190/files/SSWAA%20Practice%20Model%20Brochure.pdf>
- American School Counselor Association (ASCA) National Model  
<http://www.ascanationalmodel.org/>

## **Summary and Recommendations**

National and state level data indicate many children and youth come to school with complex needs. These unmet needs interfere with learning and include social, behavioral, physical and mental health issues. Many of these psychosocial and health problems are first identified in school. Research shows that learning, behavior and emotional supports in school are critical to student success. These services are typically provided by licensed student support personnel

and range from school-wide approaches to school safety and violence prevention, college and career readiness, counseling support, suicide prevention and crisis intervention, support for mental health, student health screenings, care for students with chronic conditions/diseases (e.g., diabetes or asthma) and more. In Minnesota, funding is provided through multiple sources (state/general education, local/levy, and federal sources) to support the provision of these services to students in need. Although the quantitative amounts of these funds are known, schools have the discretion to decide how these funds are allocated and the school board is given responsibility for ensuring the funds are spent as required in law. Minnesota holds high expectations for the quality of the services being provided and in order to ensure effective use of resources to meet the needs of all students, it is critical to align services that provide supports at multiple levels – from all students who need universal supports (e.g. health screenings) to those who need intensive supports and interventions to address chemical and mental health needs or suicidal thoughts and behavior.

In order to provide comprehensive, efficient, coordinated and effective access to licensed student support services to all to public school students throughout Minnesota the following recommendations are submitted.

- **Adopt specialized instructional support personnel (SISP) as the term to define the membership of the multi-disciplinary team that supports the needs of the whole child in the educational setting.** The use of SISP terminology is inclusive of multiple disciplines and emphasizes that these professionals are specially trained and provide highly specialized services, that the services and interventions they provide support students and teachers, promote better learning outcomes, and facilitate improved instruction (National Alliance of Specialized Instructional Support Personnel). The SISP terminology is being advanced in federal education statutes and more accurately describes the nature and purpose of the services that these professionals provide in our schools. By establishing common language between both general and special education laws and including additional disciplines that work in the schools a path to multidisciplinary team staffing can be more readily attained.
- **Conduct a workload analysis at the local level to best determine caseload standards that are responsive to the needs of the students.** As noted in the report, literature on this topic stresses the importance of specialized instructional support personnel (SISP) to assist in achieving positive student outcomes through supportive school environments. A workload analysis that identifies the needs of the students will differ across settings, age groups and populations served. Therefore, it is critical to recognize and account for difference in the roles of SISP within a local context and to utilize their services to achieve desired program, school and district outcomes for students.
- **Continue to gather and analyze information on the sufficiency, quality and comprehensiveness of the available student support evidence-based services in Minnesota schools.** A review of national practice models and recommended practices from national organizations all stress the importance of

data-based decision-making while implementing evidence-based practices (EBP). The utilization of data to inform the sufficiency, quality, and comprehensiveness of SISP services can assist schools and districts to ensure access to SISP services that are implemented with fidelity. This type of examination can better inform workload analysis, student outcomes, professional development needs and staffing needs.

- **Incorporate a multi-disciplinary approach that supports a prevention-to-intervention framework through a multi-tiered system of supports (MTSS).**  
As cited in the report national organizations that represent specialized instructional support personnel (SISP) have developed practice models that promote services to students across a continuum of need. Development of a school-wide MTSS is an effective way to implement integrated SISP services that support positive student outcomes. As districts and schools move toward developing a continuum of prevention to intervention supports and services it is important that SISP define their roles at each tier. An effective MTSS model should incorporate the collection, interpretation and use of data to guide schools and districts to coordinate access to SISP.
- **Utilize and integrate the national practice models, scope of practice reflected in Minnesota licensure standards and analysis from the Minnesota Student Survey (MSS) to develop a needs assessment to assist local school districts in formulating a workload study and analysis.**  
Collaborate within and across professional organizations to develop a model needs assessment that would assist local school districts in identifying the specialized instructional support personnel (SISP) services and supports necessary to meet student needs based on a local workload analysis. The results of the MSS, the scope of practice of personnel and the national practice models can serve as a basis to develop needs assessment prompts that can be used to identify gaps in services. This type of needs assessment can also assist with both workload analysis and development of a multidisciplinary team staffing approach.

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# **Moving beyond ratios: A comprehensive approach to determining the need for Specialized Instructional Support Personnel**

## **A JOINT POSITION STATEMENT BY THE Minnesota School Psychologists Association and Minnesota School Social Workers Association**

This position statement represents the views of the Minnesota School Psychologists Association and the Minnesota School Social Workers Association regarding caseload standards for Specialized Instructional Support Personnel (SISP), the collective name for School Psychologists, School Social Workers, School Nurses, School Counselors, Occupational and Physical Therapists, and Speech-Language Pathologists among others. We recommend that educational agencies, professionals and decision makers move beyond using what we contend is an inaccurate “caseload/ratio approach” to recognizing the comprehensive range of workload activities that are performed by and required of SISP to meet the social, emotional, physical health and academic needs of all students.

SISP roles are expanding in ways that make simply documenting caseload (defined as the number of students to whom we are providing services) less meaningful and short-sighted. As Feinberg et al. (2005) argued, the identified “client” is changing. The SISP’s “client” may be an individual student or group of students, a classroom, a teacher or group of teachers, an administrator, a family, the school system or the larger community. Additionally, there is a risk if caseload ratios for each of the different professional associations identified as SISP only look to their identified profession as the provider of choice, and in doing so fail to recognize both the overlap of SISP roles and the importance of the multi-disciplinary team approach to identifying and addressing student needs.

Best practice supports a multi-disciplinary team comprised of a variety of SISP with different backgrounds, perspectives, training and skill sets. The multi-disciplinary team approach can lead to enhanced student outcomes as it fosters a holistic approach to the social, emotional and physical health and academic needs of children and families. This team approach also supports the collaborative pooling of skills and exchange of expertise among SISP to support academic achievement. See attached “Overlapping and Unique Roles of MN Specialized Instructional Support Personnel” Venn diagram.

Research studies of school districts verify that students show significant improvement in behavior, attendance and achievement when adequate SISP are provided. For example, Illinois researchers Durlack and colleagues (2011) conducted a meta-analysis of 213 research studies on social and emotional learning (SEL) involving over 270,000 students over the past 38 years (1970-2007). They determined that teaching universal SEL had significantly positive results in six areas: social and emotional skills, attitudes toward self and others, pro-social behavior, decreased conduct problems, less emotional distress, and academic achievement. When they compared SEL programs conducted by school-based staff (teachers and SISP) vs. non-school trainers (university researchers or community consultants), they found that non-school trainers were significantly less effective, producing positive results for only two of the six areas (social-emotional skills and attitudes). In an era where schools are laying off SISP and contracting with community providers, this is powerful evidence for SISP in our schools. Programs that used all of the SAFE (Sequenced instruction, Active learning, Focused SEL, and Explicit expectations) core components were more effective than programs that did not.

Feinberg et al. (2005) recommended at the very least if one is going to use ratios to set a potential workload range one must also factor in the school context and the specific needs of the population being served (e.g., whether services are being provided within a program for pregnant and parenting teenage students or a sobriety school for students coming out of substance abuse treatment, whether the school includes more intensive Special Education support programs, or whether a particular SISP provides case management services for students). As an alternative to recommending a ratio-based potential workload range for a specific SISP, we propose systematically analyzing the workload of each SISP within the multi-disciplinary team when setting standards. The workload should be systematically assessed at the local level to address the broad range of factors (Student Services Coalition for Effective Education, 2006) that may influence the practice of Specialized Instructional Support Personnel, including:

- Percent of students with significant physical, social, emotional or mental health issues
- Percent of students with disabilities and the number of students that qualify for special education services and 504 plans
- Percent of students eligible for free or reduced price lunch
- Percent of students eligible for services under the McKinney Vento Act, who are homeless or highly mobile
- Academic achievement/Achievement gaps
- Percent of student who are English Language Learners
- Percent of students with chronic health conditions,
- Percent of students with individualized health and emergency plans
- Percent of teen parent students
- Student attendance data
- School safety/behavioral data/bullying incidents

To help implement this process of assessment at the local level, SISP should be provided with tools to support the systematic tracking of workload, such as an electronic database set up to efficiently track daily activities, a student profile worksheet that includes characteristics and needs of the student being served, and a student services summary worksheet including type and frequency of interventions and specific services rendered including other resources in the local education agency and community available to address the student needs and service outcomes.

For examples of how this has been done, see the American Speech-Language-Hearing Association's (ASHA) workload analysis implementation guide (American Speech-Language-Hearing Association, 2003). It is critical to pair this needs assessment with a promotion of a more comprehensive view of the role SISP provide in the education of all students. Promotion of this more comprehensive SISP role will help avoid the practice of stakeholders using the results of the needs assessment to justify cutting services due to their personal beliefs about the relative importance or lack of importance associated with different SISP activities. Empirical focus should remain on the needs of the student population and the ability of SISP to work collaboratively to meet the full spectrum of student needs from universal interventions to tertiary interventions.

In conclusion, staffing of Specialized Instructional Support Personnel (SISP) should be examined at the local level in collaboration between SISP and administrators. Utilizing a local education agency's student needs assessment will provide a well-rounded picture regarding the myriad of needs specific to the population served while also identifying how using SISP as members of a multi-disciplinary team can best target services and interventions. When nationally recommended ratios for individual SISP professions are used without considering

specific population needs (severity of disabilities, intensity and type of services needed, etc.) they can oversimplify the system needs and the ability of students to access appropriate services..

Dan Hyson and Marilyn Leifgren, Minnesota School Psychologists Association  
Tammie Knick, Christy McCoy and Stephanie Ochocki, Minnesota School Social Workers Association

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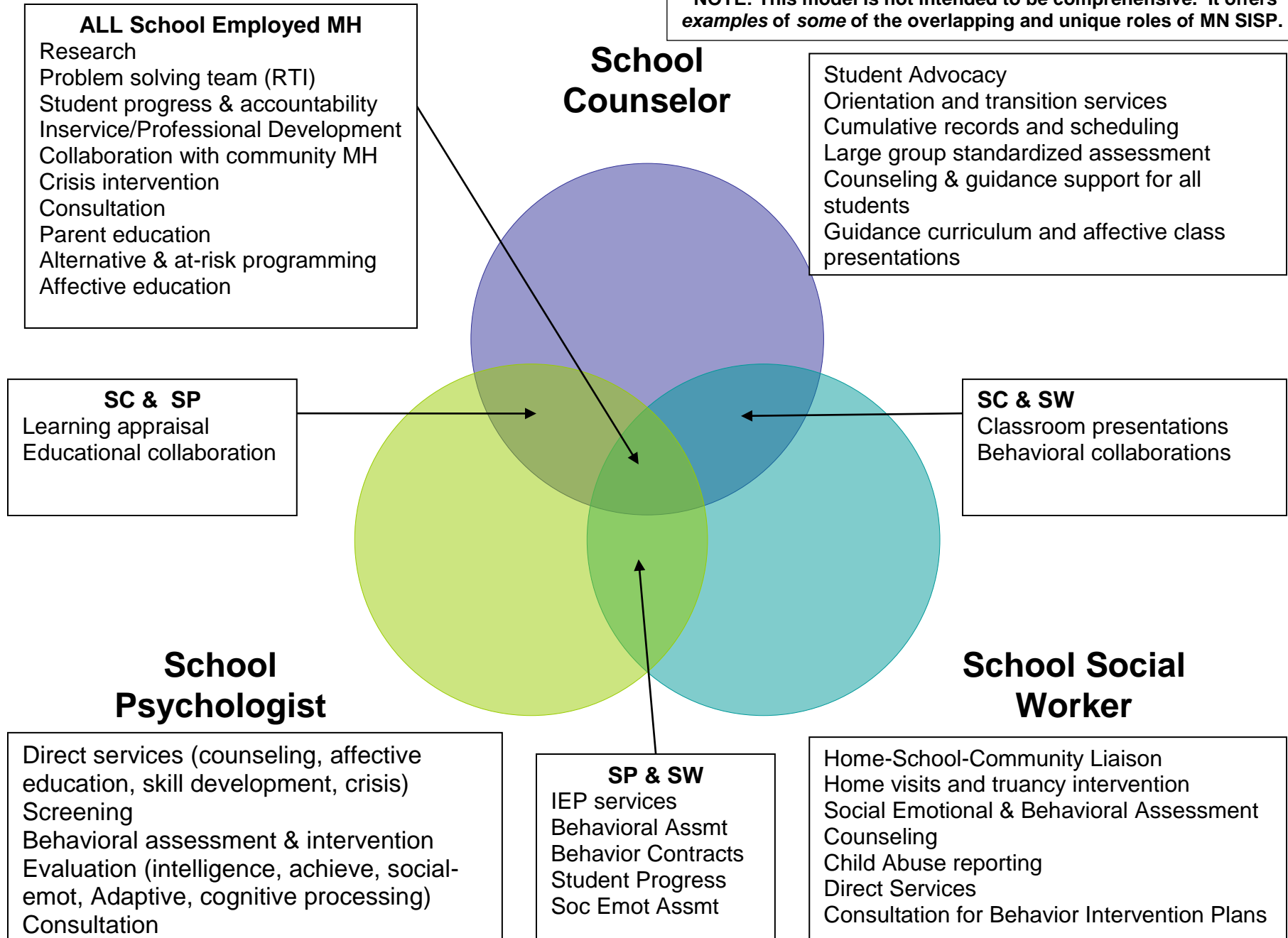
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# Overlapping and Unique Roles of MN Specialized Instruction Support Personnel\*

Adapted from Sun Prairie Area School District, Wisconsin

\* NOTE: This model is not intended to be comprehensive. It offers examples of some of the overlapping and unique roles of MN SISP.



Minnesota Department of Education  
Student Support Services Report  
FY 2013 Data

		Summary of Data								
Criteria:	FY 2013 UFARS Data	Funding Category	Number Per Category	Total by Category	Special Ed amount is included in the State/Gen Ed and Federal Totals					
School Types	All	State / Gen Ed	15	168,208,440.36	Special Education	81,657,949.46				
Fund	1	Local / Levy	2	3,091,260.38						
Object Codes:	154, 156, 157, 165, 169	Federal	26	9,372,035.25						
Finance Codes	All			180,671,735.99						
				154	156	157	165	169	Grand Total	
fna_num	Fin Code Name	Funding Source	Finance Codes with Special Education Spending included	School Nurse	School Social Worker	School Psychologist	School Counselor	Alcohol and Chemical Dependency Counselor		
0	District-Wide	State / Gen Ed		13,872,834.99	11,707,141.17	6,739,175.43	35,354,342.66	158,168.85	67,831,663.10	
152	Education Jobs Fund	Federal			(839.34)		3,092.50		2,253.16	
303	Area Learning Center	State / Gen Ed		177,261.13	537,423.72		656,758.04	16.80	1,371,459.69	
305	State-Approved Public Alternative Programs	State / Gen Ed			27,101.00		17,150.87		44,251.87	
306	State-Approved Public Alternative Programs	State / Gen Ed		110.88					110.88	
315	Achievement and Integration Aid and Levy	Local / Levy			418,709.65		112,192.27		530,901.92	
316	General Education Revenue for Staff Development	State / Gen Ed		472.50			2,316.48		2,788.98	
317	Basic Skills	State / Gen Ed		2,175,544.91	6,049,326.56	564,047.69	11,779,936.55	100,069.93	20,668,925.64	
320	Success for the Future	State / Gen Ed					37,858.00		37,858.00	
335	Quality Compensation – Alternative Teacher Professional Pay System	State / Gen Ed		104,090.35	85,063.58	150,414.39	132,217.30		471,785.62	
339	Early Learning Scholarships Program – Pathway I	State / Gen Ed				1,719.77	63,000.00		64,719.77	
342	Safe Schools –Levy	Local / Levy		97,123.47	1,157,789.74	1,118.88	1,304,326.37		2,560,358.46	
352	Environmental Health and Safety Management	State / Gen Ed		36,631.30					36,631.30	
372	Medical Assistance/Third Party Revenue	State / Gen Ed		366,852.73	101,954.83	320,218.66			789,026.22	
401	Title I, Part A – Improving the Academic Achievement of the Disadvantaged	Federal		45,903.38	2,154,994.32	19,779.72	497,270.40		2,717,947.82	
406	Title I, Part D – Prevention and Intervention Programs for Children and Youth who are Neglected, Delinquent or At-Risk	Federal			85,022.51		115,624.85		200,647.36	
415	Title II, Part A – Teacher and Principal Training and Recruiting	Federal		1,176.00					1,176.00	
417	Title III, Part A – English Language Acquisition, Language Enhancement and Academic Achievement	Federal			72,623.00				72,623.00	
419	Individuals with Disabilities Education Act (IDEA) Part B Section 611	Federal	Special Education	94,773.53	1,192,394.44	2,508,311.33	7,912.21		3,803,391.51	
420	Individuals with Disabilities Education Act (IDEA) Part B Section 619 – Preschool Grant for Children with Disabilities	Federal	Special Education	10,583.50	19,852.04	64,528.80			94,964.34	
421	Individuals with Disabilities Education Act (IDEA) Part B Section 611 Discretionary Low Incidence	Federal				7,587.34			7,587.34	
422	Infants and Toddlers Programs – Ages Birth through Two	Federal	Special Education	45,033.75	146,490.82				191,524.57	
425	Individuals with Disabilities Education Act (IDEA) Part B Section 611 Coordinated Early Intervening Services (CEIS)	Federal	Special Education		70,761.61	86,720.21			157,481.82	
428	Carl Perkins Vocational and Applied Technology	Federal					58,984.20		58,984.20	
429	Individuals with Disabilities Education Act (IDEA) Part B Section 611 Mandatory Coordinated Early Intervening Services	Federal	Special Education		256,508.66	211,173.08			467,681.74	
435	Individuals with Disabilities Education Act (IDEA) Part B Section 611 Discretionary Continuous Improvement Monitoring Process – CIMP	Federal	Special Education			53,690.42			53,690.42	
473	ARRA Targeted Funds – School Improvement Grants	Federal			72,778.71		245,032.12	25,322.86	343,133.69	
499	Miscellaneous Federal Revenue Received from the Department of Education	Federal			23,912.46	77,264.50			101,176.96	
510	Indian Elementary and Secondary School Assistance	Federal			9,321.51		45,742.10	17,146.80	72,210.41	
514	Title VI, Part B – Small, Rural Education Achievement Program Grants	Federal			25,182.35		25,962.92		51,145.27	
599	Miscellaneous Direct Federal Revenue	Federal					269,227.02		269,227.02	
619	Miscellaneous Direct Federal Revenue	Federal			9,665.57		9,526.19		19,191.76	
621	Miscellaneous Direct Federal Revenue	Federal				13,293.12			13,293.12	

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Student Support Services Report  
FY 2013 Data

fna_num	Fin Code Name	Funding Source	Finance Codes with Special Education Spending included	154 School Nurse	156 School Social Worker	157 School Psychologist	165 School Counselor	169 Alcohol and Chemical Dependency Counselor	Grand Total
628	Miscellaneous Direct Federal Revenue	Federal					6,807.90		6,807.90
699	Miscellaneous Federal Funds Received From Other Districts/Agencies	Federal		119,375.53	5.52		496,276.25		615,657.30
720	Regular To-And-From School	State / Gen Ed						4.23	4.23
740	State – Special Education, Ages Three through Twenty-one (Fund 01)	State / Gen Ed	Special Education	8,629,982.22	33,409,067.62	31,953,331.98	2,287,648.58		76,280,030.40
741	State – Special Education, Birth through Two (Fund 01)	State / Gen Ed	Special Education	15,748.12	203,991.34	152,399.03			372,138.49
799	Collaboration-Expansion of Early Intervention and Prevention Services	State / Gen Ed	Special Education	33,911.23	188,544.50	8,798.44	5,792.00		237,046.17
835	Career and Technical Programs – Children with Disabilities	Federal				4,723.92			4,723.92
863	Title I, Part C – Education of Migrant Children	Federal			1,158.05				1,158.05
868	Title X, Part C – Sub B: Education for Homeless Children and Youths	Federal			42,056.89				42,056.89
878	Advanced Placement Incentive Program	Federal					2,299.68		2,299.68
<b>Grand Total</b>				<b>25,827,409.52</b>	<b>58,068,002.83</b>	<b>42,938,296.71</b>	<b>53,537,297.46</b>	<b>300,729.47</b>	<b>180,671,735.99</b>