



Building an Equitable School System for All Students and Educators

Section 7

*Equitably Meeting the Needs of the
Whole Child: Minnesota's Critical Need for
Related Service Providers and Specialized
Instructional Support Personnel*



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Introduction

All students in Minnesota deserve safe, clean, appropriate, and equitable schools in which to grow and learn. Unfortunately, many students are not having their developmental needs met due to a lack of related service providers (RSPs) and specialized instructional support personnel (SISPs). Minnesota must provide the resources, so districts can build a robust workforce of SISPs and RSPs to help meet the needs of students.

Licensed and non-licensed support personnel provide invaluable services in schools.

We know the phrase “support services” means much more than just hiring personnel. Schools and students also need support in term of space, community engagement, connections with other branches of local government, and more trainings for educators. We address many of these in other sections of this larger paper. However, licensed and non-licensed support personnel provide invaluable services in schools. Unfortunately, policymakers often overlook these important educators.

SISP and RSP staffing levels are a fundamental equity issue in Minnesota. This state has some of the largest racial opportunity gaps and student discipline gaps in the country. Schools with higher populations of students of color or larger concentrations of students with disabilities have some of the largest opportunity gaps, and they are often the same schools that lack enough RSPs and SISPs to help reverse these trends.

SISP and RSP staffing levels are a fundamental equity issue in Minnesota. This state has some of the largest racial opportunity gaps and student discipline gaps in the country. Schools with higher populations of students of color or larger concentrations of students with disabilities have some of the largest opportunity gaps, and they are often the same schools that lack enough RSPs and SISPs to help reverse these trends. All schools in Minnesota need more RSPs and SISPs, but many schools in certain parts of the state will need more personnel than others. We endorse the researchers with the National Commission on Social, Emotional, and Academic Development (2019) who argued:

Policy makers should account for the differing needs of students by weighting school funding formulas to provide more resources for students with greater needs, such as

English language learners and students with disabilities...The distribution of resources should account for qualified educators, reasonable class sizes, ratios of counselors and other support staff to students, and health and mental health services. Policy leaders should evaluate the adequacy of resources in each community in relation to student needs as a basis for making investments. Balanced and equitable pre-K–12 learning ecosystems require balanced and equitable funding. (p. 59)

Minnesota lawmakers must tackle this problem with an equity mindset and provide all schools the direct resources they require to meet the needs of all students.

RSPs and SISPs help schools educate the whole child. These educators help children develop academic skills, communication skills, and socio-emotional skills. These skill sets, which we view as completely intertwined, are vital to the success of every student. Districts need adequate numbers of RSPs and SISPs to solve the equity issues facing the public school system. We build our case for providing the means to hire more RSPs and SISPs by explaining:

1. The roles and responsibilities of specialized instructional support personnel
2. The critical shortage of RSPs and SISPs in Minnesota
3. The equity crisis caused by the lack of RSPs and SISPs
4. The critical role RSPs and SISPs play in educating the whole child
5. The need to move beyond thinking about RSPs and SISPs in terms of ratios
6. Potential solutions for policymakers

Roles and Responsibilities of RSPs and SISPs

Several categories of educators fall into the categories known as related service providers and specialized instructional support personnel. In Minnesota, RSPs and SISPs are often, but not always, defined by educator licensure categories. This means Minnesota has five official categories of related service licensure areas, which include:

1. School psychologists
2. School social workers
3. School nurses
4. School counselors
5. Speech-language pathologists.

The term SISP refers to both RSPs and all other educators working in a non-classroom based service capacity. For example, occupational therapists and physical therapists carry a special education license in those specific areas of practice. However, state statute does not define those licensure areas as RSPs. These terms are merely technical, and we value the service of all educators falling under these larger categories.

Federal law provides further guidance on the types of educators considered SISPs. Specifically, Part B of the Individuals with Disabilities Education Act (IDEA) names the following professional areas as potential services for an Individualized Education Plan (IEP):

- Audiology services
- Counseling services
- Early identification and assessment of disabilities in children
- Medical services
- Occupational therapy
- Orientation and mobility services
- Parent counseling and training
- Physical therapy
- Psychological services
- Recreation
- Rehabilitation counseling services
- School health services
- Social work services in schools
- Speech-language pathology services
- Transportation

Finally, we know there are several other categories of SISPs serving the students of Minnesota. Some of them include (but are not limited to): education support professionals (ESPs), behavioral interventionists, academic interventionists, music therapists, art therapists, media specialists, librarians, library media specialists, attendance staff, clerical staff, resource officers, foster youth services coordinators and liaisons, custodians, cafeteria staff, bus drivers, and community education directors. All of these individuals play critical roles in Minnesota schools. Every school needs a critical number of RSPs and SISPs to serve all students.

The public, and many classroom educators, are unfamiliar with the specific roles and responsibilities of RSPs and SISPs. These role descriptions are either a direct quote or our attempt to paraphrase a longer description from that category's professional organization. In Minnesota, these are some of the most common categories of RSPs and SISPs:

School counselors (SCs) are certified/licensed educators with the minimum of a master's degree in school counseling and are uniquely qualified to address the developmental needs of all students through a comprehensive school counseling program addressing the academic, career and personal/social development of all students (American School Counselor Association).

Speech-language pathologists (SLPs) work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults (American-Speech-Language-Hearing Association).

School psychologists (SPs) provide direct support and interventions to students, consult with teachers, families, and other school-employed mental health professionals (i.e., school counselors, school social workers) to improve support strategies, work with school administrators to improve schoolwide practices and policies, and collaborate with community providers to coordinate needed services (National Association of School Psychologists).

School-based physical therapists (SBPTs) design and perform therapeutic interventions, including compensation, remediation and prevention strategies and adaptations, focusing on functional mobility and safe, efficient access and participation in educational activities and routines in natural learning environments (American Physical Therapy Association, 2016).

School nurses (SNs) practice a specialized, professional nursing that advances the well being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning (School Nurse Organization of Minnesota).

School-based occupational therapy practitioners (SBOTs) use meaningful activities (occupations) to help children and youth participate in what they need and/or want to do in order to promote physical and mental health and well-being. Occupational therapy addresses the physical, cognitive, psychosocial, and sensory components of performance. In schools, occupational therapy practitioners focus on academics, play and leisure, social participation, self-care skills (ADLs or Activities of Daily Living), and transition/work skills (AOTA Workgroup of Leaders in State Departments of Education, 2017).

School social workers (SSWs) are trained mental health professionals with a degree in social work who provide services related to a person's social, emotional and life adjustment to school and/or society. School social workers are the link between the home, school, and community in providing direct as well as indirect services to students, families and school personnel to promote and support students' academic and social success (School Social Work Association of America).

All SISPs and RSPs serve the critical needs of Minnesota's students. It is time for lawmakers to provide the resources needed to support their efforts.

Education Support Professionals Working as Related Service Providers

In addition, many education support professionals (ESPs) assist licensed RSPs and SISPs with student interventions. Some of these include:

- **Speech-language pathology assistant:** A licensed speech-language pathologist may delegate duties to a speech-language pathology assistant...who has documented with a transcript from an educational institution satisfactory completion of either: (1) an associate degree from a speech-language pathology assistant program that is accredited by the Higher Learning Commission of the North Central Association of Colleges or its equivalent as approved by the commissioner; or (2) a bachelor's degree in the discipline of communication sciences or disorders with additional transcript credit in the area of instruction in assistant-level service delivery practices and completion of at least 100 hours of supervised field work experience as a speech-language pathology assistant student.

A speech-language pathology assistant may perform only those duties delegated by a licensed speech-language pathologist and must be limited to duties within the training and experience of the speech-language pathology assistant. Duties may include the following as delegated by the supervising speech-language pathologist: assist with speech language and hearing screenings; implement documented treatment plans or protocols developed by the supervising speech-language pathologist; document client performance; assist with assessments of clients; assist with preparing materials and scheduling activities as directed; perform checks and maintenance of equipment; support the supervising speech-language pathologist in research projects, in-service training, and public relations programs; and collect data for quality improvement.

- **Unlicensed assistive personnel:** These medical professionals work under the supervision of licensed school nurses. The National Association of School Nurses (NASN) has stated "that, where laws permit, unlicensed assistive personnel (UAP) can have valuable and necessary roles as assistants to school nurses."

ESPs may also work as occupational therapy assistants (OTAs) and physical therapy assistants (PTAs). These professionals assist licensed therapists with therapeutic interventions for students.

Finally, it is important to remember that not all RSPs in the categories of social worker and school counselor are licensed mental health professionals (LMHPs). This distinction is often lost in public debates about student mental health. According to the Mayo Clinic, "mental health providers are professionals who diagnose mental health conditions and provide treatment." In addition, the Mayo Clinic adds, "licensing and services depend on the provider's training, specialty area and state law" (Mayo Clinic Staff, 2017). All school psychologists qualify as LMHP, but only school counselors and school social workers with training in counseling qualify as an LMHP. In addition, LMHPs do not prescribe medication or monitor the medical diagnoses of students. Only medical doctors can prescribe drugs intended to treat mental illnesses.

The Critical Shortage of RSPs and SISP in Minnesota

Minnesota has a critical shortage of RSPs and SISP. In all other sections of this paper, we have defined the educator shortage problem in Minnesota as an “attrition problem” rather than a recruitment problem. However, RSPs and SISP are the potential exceptions to this rule. For example, educators holding one of Minnesota’s five RSP licenses are actively working in positions that match their license. Unfortunately, many jobs across the state sit open because there are not enough licensed professionals to fill them.

Minnesota has a clear need for related service providers, but the state lacks enough educators to fill the open positions across the state.

Chart 7.1 shows the most recent data from the *2019 Minnesota Teacher Supply and Demand Report*. All of the RSP categories exists within what the Professional Educator Licensing and Standards Board (PELSB) refers to as “license areas of most qualified teachers.” This means high numbers of educators with these licenses are in roles attached to their actual licensure area, and they have gone through appropriate levels of training. PELSB (2019) predicted that these licensure areas fall into that category because they all have “additional requirements, licensure, and oversight from boards within their professional fields” (Wilder Research in collaboration with PELSB, January 2019, p. 5). Minnesota has a clear need for related service providers, but the state lacks enough educators to fill the open positions across the state.

CHART 7.1: 2019 MINNESOTA SISP STATEWIDE LICENSURE USAGE

LICENSURE AREA	# OF ACTIVE TEACHERS WORKING IN THEIR LICENSURE AREA	TOTAL # OF ACTIVE TEACHERS HOLDING LICENSE	PERCENTAGE USE
School nurse	615	616	99.8%
School psychologist	795	809	98.3%
Speech-language pathologist	1,846	1,890	97.7%
School social worker	1,249	1,284	97.3%
School counselor	1,316	1,455	90.4%

The American School Counselor Association recommends that schools should have one school counselor for every 250 students. Bad policies at the national and state levels have resulted in the national average being 1:482, but Minnesota's student to counselor ratio is one of the worst in the nation at 1:723.

Minnesota also consistently ranks near the bottom in national rankings of student-to-staff ratios for RSPs and SISP's in roles directly tied to student mental health. For example, the American School Counselor Association recommends that schools should have one school counselor for every 250 students. Bad policies at the national and state levels have resulted in the national average being 1:482, but Minnesota's student to counselor ratio is one of the worst in the nation at 1:723.

Counties with limited to no access to a school counselor were likely to be in rural settings, especially in western Minnesota.

The Center for Advance Studies in Child Welfare (2016) recently reported:

- "Nearly one out of every five eighth-grade students in Minnesota was without access to a licensed school counselor at the student's school."
- "In one third of Minnesota's counties, the majority of eighth grade students were without access to a school counselor at the student's school."
- "Counties with limited to no access to a school counselor were likely to be in rural settings, especially in western Minnesota."
- "In addition, a greater proportion of students without access to licensed school counselors were Black or Native American and/or were eligible for free or reduced price lunch, as compared to the proportion of students who did have licensed school counselors" (Cronin, 2016).

It is unacceptable that so many Minnesota students move through school without access to a school counselor, school social worker, school psychologist, or a licensed mental health worker.

Lawmakers should also be appalled that many districts are circumventing this process by lending space to and contracting with LMHPs who provide services on site to the students with appropriate health insurance. However, these professionals are not licensed educators, are not under the jurisdiction of PELSB, MDE, or the district, and are not available for all students in a school. They also often displace the few LMHPs working full time in schools,

and many districts see these individuals as a cheaper alternative to full-time staff. It is time for state lawmakers to take note of this problem and offer real solutions to put more counselors, psychologists, and social workers in schools.

“There’s roughly one school nurse for every 4.7 school buildings serving students statewide. Put another way, that’s roughly one full-time, licensed school nurse for every 1,700 students in Minnesota – a ratio that places the state near the bottom, nationwide.”

Minnesota also falls near the bottom in student to staff ratios for other RSP and SISP licensure areas. Lawmakers should give particular attention to the following trends:

- Hinrichs (2018) has reported, “Across the state, teachers and other staff – from secretaries to paraprofessionals – are being asked to fill the role of a school nurse. State law requires that a district with 1,000 pupils or more employ at least one full-time-equivalent licensed school nurse. That allows for a lot of variability in how districts staff their health offices to meet students’ health care needs...some don’t have any licensed nurse on staff at all.”
- Hinrichs (2018) has also confirmed, “Districts seeking middle ground have adopted a roving nurse model, where a licensed nurse travels between buildings in the district and other staff fill in when the nurse is not on site.”
- Hinrichs (2018) reported the findings of the Minnesota Department of Health that, “there’s roughly one school nurse for every 4.7 school buildings serving students statewide. Put another way, that’s roughly one full-time, licensed school nurse for every 1,700 students in Minnesota – a ratio that places the state near the bottom, nationwide.”
- Most staffing ratios lump school counselors, social workers, and psychologists into one category. This means the problem might be even more acute if researchers disaggregate the data by these separate licensure areas.

Minnesota lawmakers need to take a critical look at the staffing problems within related service fields in education. The current structures are preventing people from entering these professions, and it is harming all students, especially students with disabilities and students of color.

The Equity Crisis Caused by the Lack of RSPs and SISP in Minnesota

All students are harmed by the lack of RSPs and SISP, but Minnesota’s students of color, students with disabilities, and LGBTQ+ students are disproportionately harmed by this labor shortage.

All students are harmed by the lack of RSPs and SISP, but Minnesota’s students of color, students with disabilities, and LGBTQ+ students are disproportionately harmed by this labor shortage. The National Commission on Social, Emotional, and Academic Development (2019) has stated:

Acquiring social, emotional, and cognitive skills is important for all students, but equity means acknowledging that not all students are the same. Students come to school with different experiences and access to opportunities that must be addressed to ensure all students have an opportunity to learn. Diminished access to housing, health care, and other basic needs, along with discrimination on the basis of any difference—whether race, faith, disability status, or family income—are major sources of stress that can interfere with healthy development and learning. These stressors are often compounded when low-income students and students of color also attend schools with fewer resources, more disruptions, lower expectations, and less-engaging learning experiences. (p. 31)

“Diminished access to housing, health care, and other basic needs, along with discrimination on the basis of any difference—whether race, faith, disability status, or family income—are major sources of stress that can interfere with healthy development and learning.”

All school districts in Minnesota need more RSPs and SISP. However, lawmakers and educators, must acknowledge that “providing equitable opportunities for developing young people socially, emotionally, and academically requires calibrating to each student’s and school’s individual strengths and needs, while ensuring that those with greater needs have access to greater resources” (p. 32).

Schools may be the only setting in which some students have access to medical care, mental health screenings, and nutrition guidance.

RSPs and SISPs provide the services that many students cannot access at home or through other familial connections. Schools may be the only setting in which some students have access to medical care, mental health screenings, and nutrition guidance. In addition, school counselors and social workers help “many students of color, first-generation and low-income students” navigate “the college application process.” Many of “these students cannot always rely on their parents for college information and must instead turn to their high schools, where school counselors are in a position proven to increase access for students” (American School Counselor Association, 2018). Thus, the lack of counselors, social workers, psychologists, and nurses increases the inequities some groups already experience.

Finally, the lack of RSPs and SISPs is a growing crisis for students experiencing bullying. This is especially true for LGBTQ+ students in Minnesota. Researchers with the Gay, Lesbian, and Straight Education Network (GLSEN), in collaboration with other equity-focused groups, recently published information obtained from school mental health providers (SMHPs). These researchers found:

- Nearly eight in 10 SMHPs (78.1%) believed that bullying, name-calling, and/or harassment of students were serious problem in their schools. Bullying, name-calling, and/or harassment was the second most serious problem cited in their schools, after student behavioral, emotional, and mental health problems (cited by 84.4% of SMHPs).
- Nearly nine in 10 (88.5%) perceived that students were bullied at least sometimes based on their appearance (i.e., the way they look or body size), which was the most common reason reported.
- Approximately seven in 10 believed that students were bullied at least sometimes based upon their sexual orientation (73.9%) or gender expression (70.4%).
- More than six in 10 frequently heard students use the word “gay” in a negative way (68.5%) and make other types of homophobic remarks (62.2%) in their schools.
- Six in 10 (60.2%) frequently heard students make sexist remarks.
- Nearly half (47.4%) frequently heard students make negative comments related to gender expression, such as others not acting “masculine” or “feminine” enough. (GLSEN, ASCA, ACSSW, & SSWAA, 2019, p. xvii)

RSPs and SISPs help create and sustain emotionally and socially safe schools for all students. Minnesota needs to help build this workforce.

The Critical Role RSPs and SISPs Play in Educating the Whole Child

A hungry child will not be able to master fractions, and a student unable to read at grade level will often have declining self-esteem. Educators must target both the social and academic skills students need to live successful lives.

Education scholars have consistently argued that socio-emotional development, communication development, and academic development are not separate areas of learning. They are all part of educating the whole child. A hungry child will not be able to master fractions, and a student unable to read at grade level will often have declining self-esteem. Educators must target both the social and academic skills students need to live successful lives.

RSPs and SISPs are the educators that link academic and socio-emotional learning. Some of these professionals do provide mental health support for children, but they also provide preventive care and health-interventions. They are the educators that teach many students the important skills of self-expression. Some RSPs and SISPs may be the only adults offering students needed guidance on self-esteem and self-worth. Above all, these vital educators teach self-regulation, which requires a student to master “acquired, intentional skills involved in controlling, directing, and planning one’s cognitions, emotions, and behavior” (Morrison, Ponitz, & McClelland, 2010, p. 203). RSPs and SISPs are vital parts of any successful school community.

Researchers with the National Commission on Social, Emotional, and Academic Development (2019) released important findings about social and emotional learning. They wrote:

- At least two-thirds of current and recent high school students agree that attending a school focused on social and emotional learning would help improve their relationships with teachers and peers, their learning of academic material, and their preparation for college, careers, and citizenship. (p. 11)
- Nine out of 10 teachers believe social and emotional skills can be taught and benefit students. Four in five teachers want more support to address students’ social and emotional development. (p. 12)

- Ninety-seven percent of principals believe a larger focus on social and emotional learning will improve students' academic achievement. (p. 14)
- Eight in 10 employers say social and emotional skills are the most important to success and yet are also the hardest skills to find. (pp. 11-12)

Minnesota is in desperate need of more RSPs and SISPs to fill these important roles in the lives of students. In particular, Minnesota's RSPs and SISPs help students (1) bridge the language and emotional divide, (2) sustain physical health, and (3) confront mental health issues.

“Evidence from disparate areas of research converges to suggest that language and emotional development must be studied in terms of their mutual influences.”

First, Minnesota's RSPs and SISPs help many students develop important skills tied to self-expression. Cole, Armstrong, and Pemberton (2010) have reported, “Evidence from disparate areas of research converges to suggest that language and emotional development must be studied in terms of their mutual influences” (p. 69). These researchers have argued, “Expressive language provides children with an additional, socially appropriate means of communicating about their needs, with enhanced ability to understand their own and others' emotional lives, and with an additional tool for regulating action” (Cole, Armstrong, & Pemberton, 2010, p. 69). Minnesota needs more educators trained in language and speech acquisition. The American Speech-Language Hearing Association (2019) has reported, “In 2014, the most prevalent disability category of children ages 3 through 5 served under IDEA, Part B, was speech or language impairments (43.7%)” (p. 6). The group also confirmed, “Speech or language impairments was the second or third most prevalent category for students ages 6 through 21 in every racial/ethnic group” (p. 6).

Scholars know that self-regulation is a “marker of adaptive development” (Morrison, Ponitz, & McClelland, 2010, p. 204). They have also determined, “Self-regulation also develops through early experiences and social interactions, in which caregivers and other significant individuals structure and shape children's trajectories” (Morrison, Ponitz, & McClelland, 2010, p. 204). RSPs such as speech-language pathologists and speech-language pathology assistants are the educators helping students learn self-regulation and expression. Every child in Minnesota deserves access to this category of trained professionals.

Second, RSPs and SISPs, especially LSNs, are the adults that help children learn to achieve and sustain strong physical health. They also provide the medical care many students need to be able to participate in all school activities. The National Association of School Nurses (2012), citing the work of several studies, has noted:

- Eight percent of all children have a food allergy, with almost 40% having a history of a severe reaction.
- In a survey of school epinephrine administration, approximately 25% had no previous food allergy diagnosis.
- Seven million children, have asthma, 9.4% of all children.
- More than 326,000 school children through age 15 have epilepsy.
- Thirteen to 18% of children and adolescents have some sort of chronic health condition, nearly half of whom could be considered disabled.
- Eighteen percent of 12-17 year olds and 14% of children ages 5-11 are on regular medication.
- An estimated 4-6% of all school-age children receive medication in school on a typical day.

Minnesota lawmakers should place at least one LSN in every school building in the state.

Unfortunately, a large number of schools, and many districts, do not have a single LSN. In many schools, clerical staff are authorized to administer medication, but this can lead to “medication errors” such as “missed doses, expired medication, and inconsistent recording” (National Association of School Nurses, 2012). Minnesota lawmakers should place at least one LSN in every school building in the state.

Minnesota’s educators are struggling to stop the growth of a student mental health crisis in public schools. This is a crisis facing all corners of this state. It may manifest in different ways in different places, but it touches ALL communities.

Finally, RSPs and SISPs offer both preventive and therapeutic student mental health services. Minnesota’s educators are struggling to stop the growth of a student mental health crisis in public schools. This is a crisis facing all corners of this state. It may manifest in different ways in different places, but it touches ALL communities. Rich, poor, rural, suburban, and urban students all report growing mental health issues. Lawmakers can review national and

statewide trends to understand why RSPs and SISPs are crucial personnel needed to sustain health schools.

The National Alliance on Mental Illness (NAMI) has provided one of the most succinct national overviews of the student mental health crisis. Their organization reports:

- One in 5 children ages 13-18 live with a mental health condition.
- Eleven percent of youth have a mood disorder.
- Ten percent of youth have a behavior or conduct disorder.
- Eight percent of youth have an anxiety disorder.
- Ninety percent of students who died by suicide had an underlying mental illness.
- Suicide is the third leading cause of death in people ages 10-24.
- Fifty percent of lifetime cases of mental illness begin by age 14.

Considering these figures, it is easy to see how Minnesota schools without mental health personnel would face considerable obstacles. For example, if there was a high school in Minnesota that was a perfect cross-section of the national population, based on NAMI's figures, that school would have 88 students with a mood disorder, 80 students with a behavior or conduct disorder, and 64 students with an anxiety disorder. In a best-case scenario, that school would have 232 students with a diagnosed mental illness. Unfortunately, it is also very likely that this hypothetical high school would not have a social worker, counselor, or school psychologist.

The results of the Minnesota Adverse Childhood Experiences (ACEs) study provide another strong window into the various dimensions of the student health crisis in the state. As we reported in a previous EPIC paper (March 2017), the Minnesota Department of Health (MDH)

conducted an ACE assessment of the general population in 2011 ...In Minnesota, 55% of the population reports having one or more adverse childhood experiences. The most common are emotional abuse (28%), living with a problem drinker (24%), separation or divorce of a parent (21%), mental illness in the household (17%), and physical abuse (16%) (Minnesota Department of Health). Of those who have one or more adverse childhood experiences, 60% had two, and 15% have had five or more. (pp. 64-65)

Figure 7.1 presents the data from the MDH report. We can also take the MDH numbers to determine how ACEs might present in a typical Minnesota classroom of 30 students. We know from the MDH study that "in an average class of 30 students, 16-17 will have had one or more adverse childhood experiences, and two to three have had five or more. The data also show us that in many of our classrooms, specifically classrooms in high-poverty areas and those with high populations of American Indian, African-American, Hispanic, LGBTQ, and special education-identified students, the prevalence of high ACE scores is much, much higher" (Educator Policy Innovation Center, March 2017, p. 68).

“Toxic stress strengthens connections in the parts of the brain that are associated with fear, arousal, and emotional regulation. Additionally, toxic stress negatively impacts the parts of the brain associated with learning and memory.”

Minnesota students come to school every day carrying traumatic experiences. Scholars with the Minnesota Department of Health (2013) have stressed, “Toxic stress strengthens connections in the parts of the brain that are associated with fear, arousal, and emotional regulation. Additionally, toxic stress negatively impacts the parts of the brain associated with learning and memory” (p. 9). Unfortunately, many Minnesota students with high ACE scores do not have access to educators with the expertise to help them learn to cope and recover from their past.

“School nurses are crucial to children’s mental health. The top five health problems of children in the United States are now mental health problems not physical problems.”

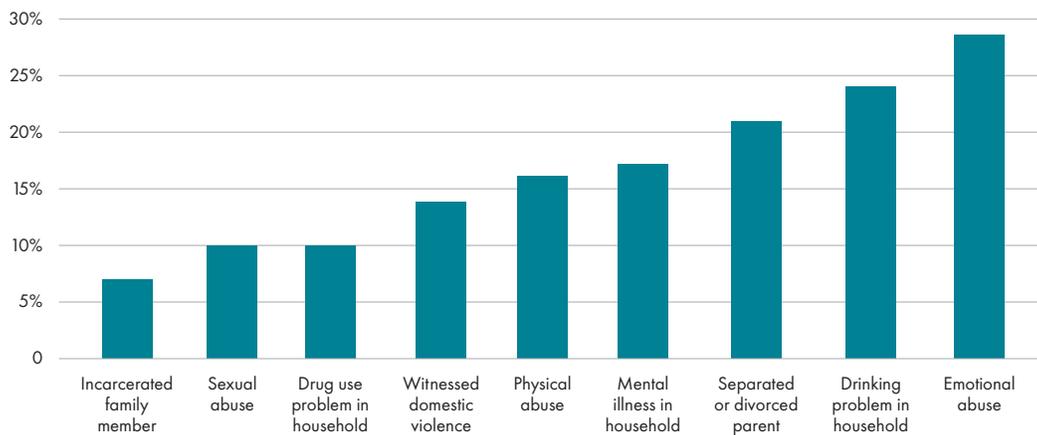
Mental health is also becoming a crisis requiring the expertise of LSNs as well. The National Association of School Nurses have argued, “School nurses are crucial to children’s mental health. The top five health problems of children in the United States are now mental health problems not physical problems.” The group also reported that “Twenty percent (20%) of students may have undiagnosed mental health problems that cause difficulty with academic work and “school nurses spend 32% of their time providing mental health services” (National Association of School Nurses, 2012). It takes a united effort on the part of all educators to help students develop the mental strength to confront past trauma and lead emotionally health lives.

In addition, many Minnesota students graduate and enter higher education institutions that are also lacking in mental health professionals. New (2017) reported, “The mental and emotional health of students has been of increasing concern to colleges in recent years, even as many institutions struggle to find the resources to better address those concerns.” National studies have confirmed that “at colleges with enrollments of 1,501 to 2,500 students, directors reported an average of eight weeks per year in which waiting lists were used. At colleges with enrollments of 25,001 to 30,000, waiting lists were used an average of 23 weeks a year. At colleges with enrollments greater than 15,000, the average number of students on waiting lists exceeded 50, and the average was as high as 70 for institutions with enrollments of 30,001 to 35,000” (New, 2017). Minnesota’s public higher education institutions also need the resources to meet the mental health needs of their students.

Minnesota students carry a lot of emotional trauma to school. We cannot expect educators to correct all mental health problems in the state, but public educators may be the only chance some students have to access help. It is time to make investments that will help curb the mental health crisis in Minnesota schools and classrooms.

FIGURE 7.1: PREVALENCE OF INDIVIDUAL ACES IN THE POPULATION OF MINNESOTA

Prevalence of individual aces in the population of Minnesota.



Modified and reprinted from Minnesota Department of Health (2013, p. 2).

The Need to Move Beyond Thinking About RSPs and SISP in Terms of Ratios

Staffing ratios for RSPs and SISP are important benchmarks, not end goals.

Staffing ratios for RSPs and SISP are important benchmarks, not end goals. Some advocates use ratios to fuel a problematic, quick-fix narrative. For that reason, we join the voices from organizations like the Minnesota School Social Workers Association (MSSWA) and the National Commission on Social, Emotional, and Academic Development who have pushed researchers and policy makers to move beyond ratios. In a recent public letter on this issue, leaders at the MSSWA wrote:

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.

We absolutely believe the ratios set by professional organizations are important benchmarks to follow. However, we view ratios as a base-level standard for the state and not the end goal. MSSWA leaders have rightly noted that “the client” of contemporary SISP is constantly evolving and may include “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” (Minnesota School Social Workers Association). One site or district may require a lot more nurses than is recommended by a professional organization because of a specific need in that region of the state.

Lawmakers should not deem a district “successful” for its ability to meet a ratio. We view meeting the direct needs of students within a specific school as the end goal for all districts and the state. All schools deserve at least one school nurse, but some schools may need three. By contrast, one school may need a lower social worker-to-student ratio than a neighboring school. There is not a one size fits all formula for every school in the state.

Potential Solutions for Policymakers

SOLUTION #1: HIRE MORE RSPs AND SISPs

Provide ongoing funding to hire more school counselors, school psychologists, and school social workers and properly compensate them. In addition, make sure there is at least one LMHP in every school building. Finally, do not treat SPs, SSWs, and SCs as interchangeable. These professionals provide very different services, and all schools need educators licensed in all three categories.

Minnesota should follow the student to staff ratios set by RSP and SISP national and state organizations as the starting point for all districts and schools, and lawmakers should provide more resources to districts that may need more staff than suggested. Those starting ratios are:

- School social workers to students
 - *1:250 for general education students*
 - *1:50 for students with intense needs*
- School counselors/psychologists to students
 - *1:250*

It would take a total of approximately \$312 million to staff schools at the rate recommended by the ASCA. This price tag may seem high for some folks, but it is a bill that this state must pay now to stop the student mental health crisis.

It would take Minnesota approximately \$66 million to improve its counseling numbers to the national average, which is still below what experts recommend. It would take a total of approximately \$312 million to staff schools at the rate recommended by the ASCA. This price tag may seem high for some folks, but it is a bill that this state must pay now to stop the student mental health crisis. Mental health problems only get worse when schools do not have the staff to provide the appropriate interventions. This is especially true for students in Level IV special education settings.

SOLUTION #2: PROMOTE EDUCATOR COLLABORATION

Minnesota needs to allow districts to creatively “blend and braid” resources to meet student needs.

We endorse the recommendation from the members of the National Commission on Social, Emotional, and Academic Development (2019) who argued:

Too often, resources are not aligned and do not operate in a coherent fashion because of multiple funding streams, conflicting rules and regulations, and lack of coordination. Furthermore, resources are not always pointed at the most important supports and services. Most communities need investments to achieve a whole-child support system or infrastructure that can tie frequently siloed programs and initiatives together on behalf of young people and their families. There also are efficiencies that can be had by blending and braiding funds and services across schools and other child-serving agencies. This is an agenda for federal, state, and local policymakers. By pooling or combining school- and community-based resources across programs and funding streams, districts can reduce fragmentation, improve alignment with their goals, meet local needs, and better serve individual students. (p. 59)

Lawmakers must provide the resources educators need to build collaborative student support teams.

SOLUTION #3: PROVIDE TRAINING ON WORKING WITH LGBTQ+ STUDENTS

We support the call from the GLSEN (2019) to “increase funding to school districts for professional development activities for SMHPs, and ensure that sufficient funding is allocated to LGBTQ+-specific training.”

Minnesota’s LGBTQ+ students face hostile bullying. This means the LMHPs working as RSPs and SISPAs need ongoing “training efforts related to LGBTQ students” so they “provide a stronger foundation for addressing issues of gender identity and expression among all students” (GLSEN, ASCA, ACSSW, & SSWAA, 2019).

Including LGBTQ+ in the new re-licensure course requirement for cultural competence can help raise awareness of these issues schoolwide. However, the need for specialists trained in dealing with the specific needs of this student group is high.

SOLUTION #4: SUPPORT PROFESSIONAL DEVELOPMENT OPPORTUNITIES

Equip the Minnesota Department of Education with the resources needed to help schools provide appropriate student support services. This includes consistent training for all educators on how to better use data and work as multidisciplinary teams to confront student needs. It will also require giving LEAs the resources to allow educators the time to implement these strategies.

The members of the National Commission on Social, Emotional, and Academic Development (2019) have stressed:

School improvement starts with data and allowing for team approaches. [Lawmakers should help] build the capacity of all educators to access, use, and share data to monitor the quality of learning environments, including the impact on student outcomes disaggregated by subgroup. This could include asset mapping, as well as training and support in how to interpret and use data to identify gaps in access and areas for improvement. (p. 19)

Lawmakers can and should empower MDE to help districts strategically tackle the specific problems facing their student populations.

SOLUTION #5: HIRE MORE SCHOOL NURSES

Ensure there is at least one licensed school nurse in every school in the state.

“A one-size-fits all workload determination is inadequate to fill the increasingly complex health needs of students and school communities” (National Association of School Nurses, 2017).

Minnesota needs to give critical attention to the lack of school nurses. The National Association of School Nurses (NASN) has recommended “one school nurse to 750 students in the healthy student population; 1:225 for student populations requiring daily professional nursing services; 1:125 for student populations with complex health care needs; and 1:1 for individual students requiring daily, continuous professional nursing services.” The organization also echoed our concern that “a one-size-fits-all workload determination is inadequate to fill the increasingly complex health needs of students and school communities” (National Association of School Nurses, 2017). Unfortunately, Minnesota has yet to meet the ratios set by this group. Hinrichs (2018) quoted an expert in school nursing who called “Minnesota’s 1,000 student minimum threshold...one of the weakest in the nation.” Lawmakers should pay particular attention to these facts reported by the NASN (2017):

- Appropriate school nurse staffing is related to better student attendance and academic success.
 - In schools with a school nurse, a principal will gain an hour of worktime a day and teachers will earn an extra 20 minutes a day, on average, of instructional time.
 - The presence of a school nurse improve immunization rates, vision correction rates, and identification of life-threatening conditions.
 - A community saves \$2.20 dollars in health care procedures and parent time away from work for every dollar spent on school nursing.
 - The presence of a school nurse has been correlated with prevention of excess medical cost and improved parent and teacher productivity.
-

A community saves \$2.20 dollars in health care procedures and parent time away from work for every dollar spent on school nursing.

School nurses help build healthy schools and communities. Minnesota needs more of these important educators.

SOLUTION #6: CREATE MORE GRADUATE PROGRAMS IN SPEECH-LANGUAGE PATHOLOGY

Minnesota lawmakers need to bolster graduate programs for speech-language pathologists. In addition, they need to help create more programs to train speech-language pathology assistants.

School districts are struggling to find enough licensed speech-language pathologists. Educators must obtain specialized, graduate-level training to earn a license in this field. Unfortunately, only a few schools in Minnesota offer the degrees needed to obtain this license. They are:

- Minnesota State University Mankato Department of Speech, Hearing and Rehabilitation Services
- Minnesota State University Moorhead Department of Speech-Language-Hearing Sciences
- St. Cloud State University Department of Communication Sciences and Disorders
- University of Minnesota Duluth Department of Communication Sciences and Disorders
- University of Minnesota Twin Cities Department of Speech-Language-Hearing Sciences

Faculty in these departments are limited in the number of students they can train each year. The state should provide resources to build more graduate programs in speech-language pathology.

SOLUTION #7: TARGETED INTERVENTIONS

Implement the following policy interventions:

1. Provide enough funding for all districts to have at least one occupational therapist and one physical therapist.
2. Pass statutes preventing RSPs and SISPs from being designated as proctors for the Minnesota Comprehensive Assessments.
3. Provide districts with enough funding to provide preventive care. These programs could include:
 - a. Home visits
 - b. Collaboration with community agencies
 - c. Universal health screenings for all students conducted by trained professionals, not parent volunteers
 - d. Universal mental health screenings for all ninth graders
4. Provide funding streams dedicated to the services needed to comply with 504 plans for students.
5. Fund school psychologists with money not tied to special education. Many school psychologists cannot work with general education students because districts cover their salaries with federal or state special education dollars.
6. Provide funding to districts that allow RSPs to advance to higher steps and lanes on the salary schedule. SLPs, OTs, PTs, and LSNs can all command incredibly higher salaries in private medical practices. LSNs have more training than most other RNs. Districts need funding to ensure these professionals stay in school settings.
7. Provide funding to build a substitute workforce for RSPs. These educators do not receive substitutes when they take personal or medical leave. This means many students go without services if these educators are away from school. Districts need access to licensed, professional substitutes for RSPs.
8. Provide professional development money for all RSPs to meet the additional continuing education requirements set by their professional organizations. Some districts do not have the funding to help RSPs pay for these trainings and requirements. For example, newly licensed school social workers must obtain 200 hours of observation by another licensed social worker. Many school social workers pay for this out of pocket at a rate of \$60 to \$85 an hour. This amounts to approximately \$12,000 in out-of-pocket expenses for some school social workers.

Conclusion

The students of Minnesota deserve adequate support services. It is time for lawmakers to provide schools, educators, and communities with the resources they need to provide a quality education for all.

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