

**Survey of Social/Emotional Supports and
Services in Minnesota Schools 2005-2006:
Report of Findings**

June 2007

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EXECUTIVE SUMMARY

Minnesota schools serve the needs of students by promoting competence in social/emotional development along a continuum of school-wide interventions from positive school climate, restorative measures, health safety education to providing individualized supports for students at risk for/or diagnosed with a mental health disorder. However, to date, there has been no attempt to empirically examine these services on a statewide level. Therefore, the purpose of this study was to document and quantify:

- The types of social/emotional supports and services being provided in Minnesota schools,
- the extent to which these social/emotional supports and services are being provided in Minnesota schools (e.g., daily, weekly, monthly),
- the delivery arrangements being utilized to provide social/emotional services in Minnesota schools (e.g., school-employee, contracted), and
- the types of personnel providing social/emotional supports and services in Minnesota schools (e.g., teacher, social worker, school psychologist).

Data for the study were collected from a random sample of Minnesota schools. All traditional public schools (N=1461) within Minnesota were identified using the Minnesota Department of Education data file. (Due to their unique characteristics, Alternative, Charter and K-12 schools were not included.) The population was stratified by grade level (i.e., elementary, middle, secondary), and geographic setting (i.e., urban, suburban, out-state/rural). A total of n = 550 schools were then randomly selected, generally representing each of the various strata.

Each school completed a self-administered electronic/online survey during the 2005-2006 school year. The survey contained three main components, including: School-Wide Social/Emotional Learning Supports, General Education Individualized Social/Emotional Supports, and Special Education Individualized Social/Emotional Supports. In each of the sections, information was collected on the type and frequency of social/emotional services provided, the delivery arrangements utilized, and the personnel responsible for providing these services. However, Minnesota schools serve the needs of students by promoting competence in social/emotional areas along a continuum of school-wide interventions from positive school climate, conflict resolution to providing individualized supports for students with identified mental health disorders. As a result, this study was designed to look at components of the continuum, including: Prevention and Promotion, Early Identification, Evaluation and Assessment, Program Planning, and Coordination of Services (Adapted from the Student Services Coalition for Effective Education (SSCEE) Draft Position Statement, 2004).

The design of this study was meant to provide a base-line of data for Minnesota schools. It should be noted that these data, collected by survey, only provide a “snapshot” of school-based service delivery in Minnesota schools during 2005-2006. The findings provide vital descriptive data that could be used to encourage dialogue in the areas of policy, practice, training and research. There are also clear limitations in regard to data interpretation. In particular, it should be noted that this study does not assess the intensity or adequacy of the social/emotional supports and services provide by schools (i.e., Does the reported number of services meet the school’s or student’s needs?). In addition, this report makes no claims as to the effectiveness of these supports and services (i.e., Are the services working or effective?).

Findings by Survey Categories

School-Wide Supports and Services

The survey asked respondents to indicate how often their school provided various school-wide social/emotional supports and services, ranging from curriculum-based programs to individualized social and emotional supports and services for students (see Exhibit 3.1). The following findings highlight the school-wide services provided most and least frequently, as well as degree to which different delivery arrangements were utilized.

- 89 percent of schools surveyed utilize student assistance teams once per month or more
- 82 percent of schools surveyed provide positive behavior interventions and supports once per month or more
- 82 percent of schools surveyed provide student support groups for students once per month or more
- 77 percent of schools surveyed provide strategies to promote a positive school climate once per month or more
- 56 percent of schools surveyed report never providing before/after school social/emotional learning opportunities
- 51 percent of schools surveyed report never providing school-wide social skills curriculum programs
- 47 percent of schools surveyed report never utilizing parent liaisons
- 42 percent of schools surveyed report never providing parent education regarding student social/emotional development
- School/district staff provide 80 percent of the school-wide social/emotional supports and services
- Community staff provide percent of the school-wide social/emotional supports and services
- 15 percent of the school-wide social/emotional supports and services are provided jointly by school/district and community staff.

Individualized General Education Supports and Services

The survey asked respondents to indicate how often their school provided various individualized general education social/emotional supports and services, ranging from formal screening for high-risk youth to coordination of services across systems (see Exhibit 4.1). The following findings highlight the individualized general education services provided most and least frequently, as well as the degree to which different delivery arrangements were utilized.

- 94 percent of schools surveyed provide individual counseling for students once per month or more
- 93 percent of schools surveyed provide individualized interventions for classroom use (e.g., classroom accommodations) once per month or more
- 92 percent of schools surveyed provide behavior management consultation (with teachers, students, family) once per month or more
- 85 percent of schools surveyed utilize a referral process to community-based programs once per month or more
- 85 percent of schools surveyed provide group counseling for students once per month or more

- 84 percent of schools surveyed provide systematic monitoring of student’s functioning and/or school adjustment once per month or more
- 84 percent of schools surveyed provide monitoring of medication prescribed for psychological disorders once per month or more
- 40 percent of schools surveyed report never providing formal screening for high-risk youth
- 32 percent of schools surveyed report never providing reintegration from hospital, residential or juvenile corrections programming
- 30 percent of schools surveyed report never providing family support services (e.g., child/family advocacy, counseling)
- 22 percent of schools surveyed report never providing individualized skills training for students
- School/district staff provide 76 percent of the individualized general education social/emotional supports and services
- Community staff provide 4 percent of the individualized general education social/emotional supports and services
- 20 percent of the individualized general education social/emotional supports and services are provided jointly by school/district and community staff.

Individualized Special Education Supports and Services

The survey asked respondents to indicate how often their school provided various individualized special education supports and services, ranging from child find to reintegration community programming (see Exhibit 5.1). The following findings highlight the individualized special education services provided most and least frequently, as well as the degree to which different delivery arrangements were utilized.

- 96 percent of schools surveyed provide individualized interventions/accommodations for classroom use once per month or more
- 95 percent of schools surveyed provide positive interventions and supports once per month or more
- 95 percent of schools surveyed provide systematic monitoring of student’s functioning and/or school adjustment once per month or more
- 94 percent of schools surveyed provide behavior management consultation (with teachers, students, family) once per month or more
- 88 percent of schools surveyed provide training and teaching of social/emotional skills once per month or more
- 87 percent of schools surveyed provide evaluation and assessment for emotional and behavioral problems or disorders once per month or more
- 87 percent of schools surveyed provide related services to meet social/emotional needs included on IEP/IIIP/IFSP once per month or more
- 84 percent of schools surveyed provide mental health screening as part of an evaluation for emotional/behavioral problems once per month or more
- 82 percent of schools surveyed provide functional behavioral assessment once per month or more
- 81 percent of schools surveyed provide individual counseling as a related service once per month or more

- 38 percent of schools surveyed report never providing family support services as a related service (e.g., child/family advocacy, counseling)
- 24 percent of schools surveyed report never providing individualized interventions for parent/family use
- 24 percent of schools surveyed report never providing group counseling as a related service
- 24 percent of schools surveyed report never providing reintegration from hospital, residential or juvenile corrections programming
- 22 percent of schools surveyed report never providing child find (special education)
- School/district staff provide 78 percent of the individualized special education social/emotional supports and services
- Community staff provide 4 percent of the individualized special education social/emotional supports and services
- 18 percent of the individualized special education social/emotional supports and services are provided jointly by school/district and community staff.

Findings by Support and Service Continuum

Minnesota schools serve the needs of students by promoting competence in social/emotional areas along a continuum of school-wide interventions from positive school climate, conflict resolution to providing individualized supports for students with identified mental health disorders. The following data reflect social/emotional service delivery in the context of this broad continuum.

Prevention and Promotion

The survey asked respondents to indicate how often their school provided various prevention and promotion supports and services, ranging from positive behavior interventions and supports to staff development around social/emotional learning (see Exhibit 6.1). The following findings highlight the prevention and promotion services provided most and least frequently, as well as the degree to which different delivery arrangements were utilized.

- 82 percent of schools surveyed provide positive behavior interventions and supports (school-wide) once per month or more
- 77 percent of schools surveyed provide strategies to promote a positive school climate once per month or more
- 63 percent of schools surveyed provide restorative measures (e.g., peer counseling) once per month or more
- 56 percent of schools surveyed report never providing before/after school social/emotional learning opportunities
- 51 percent of schools surveyed report never providing school-wide social skills curriculum programs
- 47 percent of schools surveyed report never utilizing a parent liaison
- 42 percent of schools surveyed report never providing parent education regarding student social/emotional development
- School/district staff provide 78 percent of the prevention and promotion of social/emotional supports and services

- Community staff provide 6 percent of the prevention and promotion of social/emotional supports and services
- 16 percent of the prevention and promotion of social/emotional supports and services are provided jointly by school/district and community staff.

Early Identification

The survey asked respondents to indicate how often their school provided various early identification supports and services, ranging from student assistance teams to formal screening for high-risk youth (see Exhibit 6.4). The following findings highlight the early identification services provided most and least frequently, as well as the degree to which different delivery arrangements were utilized.

- 89 percent of schools surveyed provide student assistance teams (school-wide) once per month or more
- 85 percent of schools surveyed utilize a referral process to community-based programs or services (general education) once per month or more
- 84 percent of schools surveyed provide systematic monitoring of student's functioning and/or school adjustment (general education) once per month or more
- 82 percent of schools surveyed provide support groups for students (school-wide) once per month or more
- 39 percent of schools surveyed report never providing formal screening for high-risk youth (general education)
- 36 percent of schools surveyed report never providing formal screening for behavioral or emotional problems (school-wide)
- 22 percent of schools surveyed report never providing child find (special education)
- School/district staff provide 82 percent of the early identification of social/emotional supports and services
- Community staff provide percent of the early identification of social/emotional supports and services
- 15 percent of the early identification of social/emotional supports and services are provided jointly by school/district and community staff.

Evaluation and Assessment

The survey asked respondents to indicate how often their school provided various evaluation and assessment supports and services, ranging from assessment for emotional or behavioral problems or disorders to functional behavioral assessment (see Exhibit 6.7). The following findings highlight the evaluation and assessment services provided most and least frequently, as well as the degree to which different delivery arrangements were utilized.

- 87 percent of schools surveyed provide evaluation and assessment for emotional and behavioral problems or disorders (special education) once per month or more
- 84 percent of schools surveyed provide mental health screening as part of an evaluation for emotional/behavioral problems (special education) once per month or more
- 82 percent of schools surveyed provide functional behavioral assessment (special education) once per month or more
- 80 percent of schools surveyed provide assessment for emotional or behavioral problems or disorders (general education) once per month or more

- School/district staff provide 88 percent of the evaluation and assessment of social/emotional supports and services
- Community staff provide 2 percent of the evaluation and assessment of social/emotional supports and services
- 10 percent of the evaluation and assessment of social/emotional supports and services are provided jointly by school/district and community staff.

Program Planning

The survey asked respondents to indicate how often their school provided various program planning supports and services, ranging from individual counseling for students to family support services as a related service (see Exhibit 6.10). The following findings highlight the evaluation and assessment services provided most and least frequently, as well as the degree to which different delivery arrangements were utilized.

- 96 percent of schools surveyed provide individualized interventions/accommodations for classroom use (special education) once per month or more
- 95 percent of schools surveyed provide positive behavior interventions and supports (special education) once per month or more
- 95 percent of schools surveyed provide systematic monitoring of student's functioning and/or school adjustment (special education) once per month or more
- 94 percent of schools surveyed provide behavior management consultation (with teachers, students, family) (special education) once per month or more
- 94 percent of schools surveyed provide individual counseling for students (general education) once per month or more
- 38 percent of schools surveyed report never providing family support services as a related service (e.g., child/family advocacy, counseling) (special education)
- 30 percent of schools surveyed report never providing family support services (e.g., child/family advocacy, counseling) (special education)
- 24 percent of schools surveyed report never providing individualized interventions for parent/family use (special education)
- 24 percent of schools surveyed report never providing group counseling as a related service (special education)
- School/district staff provide 80 percent of the program planning of social/emotional supports and services
- Community staff provide 4 percent of the program planning of social/emotional supports and services
- 16 percent of the program planning of social/emotional supports and services are provided jointly by school/district and community staff.

Coordination of Services

The survey asked respondents to indicate how often their school provided various coordination supports and services, ranging from coordination of services across systems to day treatment (see Exhibit 6.13). The following findings highlight the coordination of services provided most and least frequently, as well as the degree to which different delivery arrangements were utilized.

- 88 percent of schools surveyed provide training and teaching of social/emotional skills (i.e., skills training) (special education) once per month or more

- 74 percent of schools surveyed utilize a referral process to community-based programs or services (special education) once per month or more
- 73 percent of schools surveyed provide service coordination with interagency partners (special education) once per month or more
- 68 percent of schools surveyed provide coordination of services across systems (general education) once per month or more
- 32 percent of schools surveyed report never providing reintegration from hospital, residential or juvenile corrections programming (general education)
- 24 percent of schools surveyed report never providing reintegration from hospital, residential or juvenile corrections programming (special education)
- School/district staff provide 56 percent of the coordination of social/emotional supports and services
- Community staff provide 5 percent of the coordination of social/emotional supports and services
- 39 percent of the coordination of social/emotional supports and services are provided jointly by school/district and community staff.

Conclusion

This was the first statewide survey of social/emotional supports and services. It provides valuable “baseline” data on the type and frequency of social/emotional supports and services being provided in Minnesota schools. In addition, this study provides new information about the delivery arrangements and specific school personnel utilized to provide these services. While many implications for this research are discussed, most importantly, this study provides a common language and baseline data that stakeholders could utilize to initiate conversations and planning around this important topic. These findings could serve as a starting point for dialogue between school-based and community professionals regarding providing social/emotional support and services to students in Minnesota schools. As discussed by Adelman and Taylor (2006), children do not live in a school vacuum and schools do not have all of the necessary services/answers. As a result, students benefit most when schools, families and communities work together to create an integrated continuum of social/emotional interventions that meets the needs of all students.

SECTION 1.0: INTRODUCTION AND RESEARCH QUESTIONS

Minnesota schools serve the needs of students by promoting competence in social/emotional areas along a continuum of school-wide interventions from positive school climate, restorative measures, health safety education to providing individualized supports for students at risk for/or diagnosed with a mental health disorder. However, to date, there has been no attempt to empirically examine these services at a state level. Therefore, the purpose of this study was to document and quantify a) the type of social/emotional supports and services being provided in schools, b) the frequency with which these services are provided, c) the various arrangements of delivery, and d) the personnel providing services, by surveying a representative sample of schools in Minnesota.

In completing this study, the following questions were addressed:

- 1) What types of social/emotional supports and services are being provided in Minnesota schools?
- 2) To what extent are these social/emotional services being provided in Minnesota schools (e.g., daily, weekly, monthly)?
- 3) What delivery arrangements are being utilized to provide social/emotional services in Minnesota schools (e.g., school-owned)?
- 4) What types of personnel are providing social/emotional services in Minnesota schools (e.g., teacher, social worker, school psychologist)?

Based on these questions, we hope to provide valuable information about the range of services in Minnesota schools that meet the social/emotional development and learning of all students. In addition, this vital descriptive data can be used for:

- establishing baselines related to the provision of social/emotional supports to students on a state, district and school level;
- strategic planning for districts and schools;
- strengthening future grant applications;
- informing policy makers; and
- guiding staff development training.

It should be noted that “social/emotional supports and services” and “school-based mental health services” were seen as synonymous by the researchers. However, throughout the survey “social/emotional supports” was the utilized language because it clearly links to the primary mission of education, and due to lack of clarity about the definition of mental health services to youth in general and for school-based mental health services in particular.

SECTION 2.0: OVERVIEW OF SURVEY DESIGN AND METHODOLOGY

Survey of Social/Emotional Supports and Services in Minnesota Schools 2005-2006 involves a representative sample of Minnesota schools. The study was conducted as a self-administered electronic/online survey during the 2005-2006 school year. The design of this study was non-experimental/descriptive (i.e., no manipulation of variables or random assignment), and meant to provide a baseline of data for this Midwestern state. In particular, information was collected on the type and frequency of social/emotional services and supports provided, the delivery arrangements utilized, and the personnel responsible for providing these services. How the survey elicited information for the various research questions is discussed more thoroughly in the

next section. Additionally, because stratified sampling was utilized, future analyses may examine whether school size, type and geographic setting predict differences in service delivery.

2.1 Instrumentation

Data for this study was collected using the Survey of Social/Emotional Supports and Services, an electronic survey that requires participants to provide information via the Internet. Refer to Appendix A for a copy of the survey. The electronic survey was designed to fill identified gaps in knowledge about the delivery of these social/emotional supports and services in Minnesota schools. In order to strengthen construct validity, a review of literature was conducted to ensure the survey adequately measured the broad areas of interest and addressed the “gaps” and “limitations” documented by previous researchers. In addition, various existing surveys/questionnaires were used to aid in this survey’s development. (Refer to Appendix B for a complete list of these instruments).

In order to strengthen usability and content validity, an expert panel of educational and mental health researchers, school practitioners, policymakers, Minnesota Department of Education specialists and representatives of professional organizations participated in the development and design of the survey. The survey was also pilot-tested by a coalition of student support personnel (school social workers, psychologists, nurses, counselors, and chemical health staff). Based on the feedback from the pilot-testing, minor changes were made to the survey. Finally, the survey was reviewed and approved by the Minnesota Department of Education and various programs and centers from the University of Minnesota.

The survey contained three main components, including: School-Wide Social/Emotional Learning Supports, General Education Individualized Social/Emotional Supports, and Special Education Individualized Social/Emotional Supports. However, Minnesota schools serve the needs of students by promoting competence in social/emotional areas along a continuum of school-wide interventions from positive school climate, conflict resolution to providing individualized supports for students with identifiable mental health disorders. Therefore, this study also examined social/emotional service delivery in the context of this broad continuum, including: Prevention and Promotion, Early Identification, Evaluation and Assessment, Program Planning, and Coordination of Services (Adapted from the Student Services Coalition for Effective Education (SSCEE) Draft Position Statement, 2004).

In order to collect data on the type and extent (i.e. research questions #1 and #2) of School-Wide, General Education, and Special Education Social/Emotional Supports provided in schools, respondents were asked to identify “how often” their school provided a list of supports. The School-Wide list consisted of 16 items, while both the General and Special Education lists consisted of 20 items, respectively. Respondents rated the various items on a six point scale: “0” = never, “1” = 1x/year, “2” = 1x/semester or quarter, “3” = monthly, “4” = weekly, “5” = daily, indicating, as a whole, the frequency with which the various supports were provided. Higher scores indicate higher frequency of school-wide service delivery. One open-ended question followed each of the lists (e.g., School-Wide Supports), requesting respondents to qualitatively provide (no more than five) “additional social/emotional services, programs, or strategies” utilized by their school.

In order to collect data on the various arrangements of delivery (i.e., research question #3), respondents were asked, “How are these services provided?” For each support/service provided, respondents chose from a list of arrangements, including: “1” = School/District Staff, “2” =

Community Staff and “3” = both. For supports/services not provided, the respondent selected “0” = Not Provided.

In regard to the various personnel providing supports (i.e., research question #4), respondents were asked to “identify the specific individuals” who provide the social/emotional learning supports. After each survey component (e.g., School-Wide Supports), respondents identified the individuals that provided those services in their school. A list of personnel (e.g., chemical health staff, school counselor) was provided, from which the respondent could choose. In addition, one open-ended question followed each of the survey components, requesting respondents qualitatively list “other” personnel that provide services.

In order to document school characteristics (e.g., student enrollment, socioeconomic status, geographic setting), respondents were asked to provide their school district number and building name. With this information, most necessary school characteristics were gathered through the Minnesota Department of Education database. However, one survey question requested the full-time equivalent (FTE) of various school personnel (e.g., principal, school psychologist). A list of 10 school personnel was provided and respondents indicated their FTE (which ranged from .1 to 5.0). An FTE above 1.0 indicated more than one personnel with identical titles.

2.2 Sampling

All traditional public schools (N=1,461) within Minnesota were identified using the Minnesota Department of Education data file. (Due to their unique characteristics, Alternative, Charter and K-12 schools were not included.) The population was stratified by grade level (i.e., elementary, middle, secondary) and geographic setting (i.e., urban, suburban, out-state/rural). A total of n = 550 schools were then randomly selected, generally representing each of the various strata (see Exhibit 2.0). Besides those strata with urban schools, 36 percent of schools were sampled from each stratum. However, because considerably fewer urban schools exist, there was concern among the researchers that the necessary number of schools per strata (i.e., 15) for more extensive statistical analyses in the future would not be obtained. As a result, urban schools were over-sampled.

School Type (Strata)	Total Number of MN Schools (by strata)	Number of Schools Sampled	Percent of Schools Sampled
Elementary/Urban	102	41	40%
Middle/Urban	15	15	100%
High School/Urban	16	16	100%
Elementary/Suburban	275	99	36%
Middle/Suburban	83	30	36%
High School/Suburban	61	22	36%
Elementary/Rural	489	176	36%
Middle/Rural	122	44	36%
High School/Rural	298	107	36%
TOTAL	1461	550	38%

Dillman (2000) describes four factors that must be taken into consideration in determining how large a sample size one needs in order to make population estimates, including: 1) sampling error, 2) population size, 3) population variance, and 4) desired confidence. Based on these factors and an anticipated 40 percent return rate, the researchers determined that a random sample of 550 would provide adequate data for a strong population estimate.

2.3 Data Collection

Data collection began in mid-March 2006. A cover letter explaining the nature of the survey, the specific information to be collected, the voluntary nature of their participation, and its various utilities (e.g., strategic planning for schools), was sent to the lead school psychologist of each school building. Directions, including a URL (Web address) for completing the survey, were attached to the cover letter. School psychologists were encouraged to assemble a voluntary team of school personnel (e.g., school psychologist, social worker, teacher, special education teacher and administrator). Once identified, the team was directed to complete the online survey collaboratively. A copy of this cover letter and directions is available in Appendix C.

In early May 2006, follow-up postcards with survey directions were sent to non-respondents in order to improve response rates. A sample of the postcard is available in Appendix D. Beginning in June, phone calls and email messages were also utilized until the target response rate (40 percent) was reached. In some instances, surveys were completed at the district level rather than building level as directed. In addition, some teams began but did not complete the survey. Incomplete surveys were not considered valid or used in the study.

Due to the electronic nature of the survey, data were automatically saved and stored in an online database. After pairing the respective survey data with existing school characteristic data (e.g., geographic setting, size), the district number and school building name were deleted, after which all information was transferred into a statistical software program.

2.4 Participants

As indicated, 550 schools were randomly sampled from a population of 1,461 Minnesota schools. A total of 237 schools returned valid and interpretable surveys (see Exhibit 2.1). These 237 surveys represent 53 percent of the 550 schools sampled and 16 percent of all Minnesota schools. Of the total respondents, 53 percent were elementary schools, 20 percent middle schools, and 28 percent high schools. In terms of geographic setting, 17 percent of the schools were located in urban areas (Minneapolis/St. Paul), 35 percent were suburban, and 49 percent out-state/rural.

School Type (Strata)	Number of Surveys Returned	Percent of Surveys Returned (of 550 sampled)	Percent of Surveys Returned (of 1461 MN schools)
Elementary/Urban	18	44%	18%
Middle/Urban	11	73%	73%
High School/Urban	10	63%	63%
Elementary/Suburban	44	44%	16%
Middle/Suburban	19	63%	23%
High School/Suburban	18	82%	30%
Elementary/Rural	62	35%	13%
Middle/Rural	16	36%	13%
High School/Rural	39	36%	13%
Total	237	53%	16%

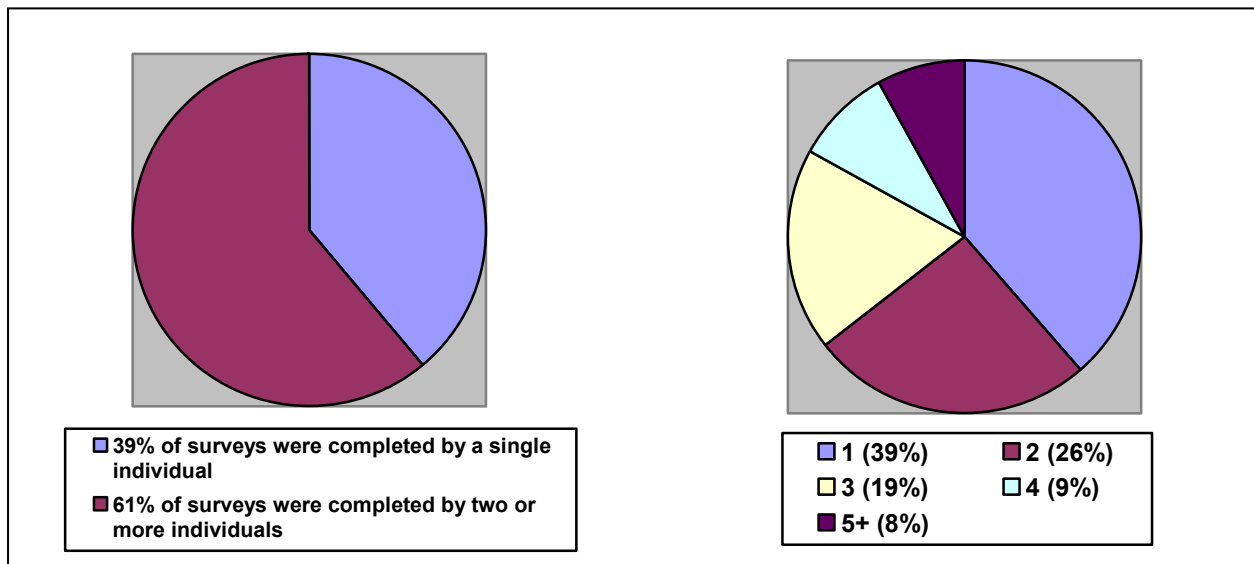
Analysis of response rates for each of the nine strata revealed that urban schools, particularly middle and high schools are slightly overrepresented in this sample. This is a result of over-sampling in this geographic region, and unfortunately necessary for more sophisticated statistical analyses in the future. Response rates also reveal that rural schools, especially elementary and high schools are under-represented in this sample when compared with all rural Minnesota schools. While these differences are certainly important to document, other than rural elementary schools (7 percent), it should be noted that none of these differences are greater than 4 percent. Such findings would suggest that this sample is, in fact, quite representative of the broader population of Minnesota schools. Exhibit 2.2 provides additional data related to sample representation.

Exhibit 2.2 Sample Representation

School Type	Percent of All MN Schools	Percent of Sampled MN Schools	Percent Difference
Elementary/Urban	7%	8%	0.61%
Middle/Urban	1%	5%	3.61%
High School/Urban	1%	4%	3.12%
Elementary/Suburban	19%	19%	0.26%
Middle/Suburban	6%	8%	2.34%
High School/Suburban	4%	8%	3.42%
Elementary/Rural	33%	26%	7.31%
Middle/Rural	8%	7%	1.60%
High School/Rural	20%	16%	3.94%

Data were to be provided by teams of school personnel (e.g., school psychologist, social worker, teacher, special education teacher and administrator). Over half (60 percent) of the school responses were completed collaboratively by two or more school personnel (see Exhibit 2.3). In terms of personnel representation, of the 237 surveys collected, over 90 percent reflected the participation of a student support personnel (i.e., chemical health staff, school counselor, school nurse, school psychologist or school social worker). In fact, nearly 75 percent of teams had a school psychologist participate in the completion of the survey. Such findings were not surprising given the school psychologist served as the main contact for the project. School administrators or personnel in leadership roles (i.e. principal, assistant principal, director of special education, director of support services, and special education coordinator) participated in approximately 33 percent of all surveys. Teachers (general and special education), on the other hand, participated in the completion of just over 18 percent of surveys.

Exhibit 2.3 Number of School Personnel on Teams



2.5 Data Analysis

Data were analyzed using the Statistical Package for Social Sciences (SPSS). To answer the first research questions, the three survey components and their various items were treated as scales. Descriptive data, including mode, median, standard deviations and ranges, were presented to highlight the extent to which various mental health services were provided. Analyses were conducted at the broader component level (e.g., school-wide social/emotional supports), as well as per individual item. Percentiles were calculated in order to explore the various delivery arrangements (i.e., school/district staff, community staff, both) and to answer the second research question. Arrangement percentiles were provided for all mental health services (i.e., sum of the three components), for each component, and for the various items within the three components. Finally, descriptive statistics were also used to analyze the various personnel providing mental health services in schools. Results provided a description of “who” was most/least likely to provide services. Personnel percentiles were provided for all mental health services and by component.

SECTION 3.0: SCHOOL-WIDE SOCIAL/EMOTIONAL LEARNING SUPPORTS

As noted in the review of literature, few studies have attempted to examine school-wide utilization of broader prevention, health promotion, or early identification measures. No such investigation has been conducted in Minnesota. This chapter presents survey findings on the type and frequency of School-Wide Social/Emotional Supports and Services in Minnesota schools. In addition, data are reported on the service delivery arrangements and school personnel typically responsible for providing these services.

3.1 Type and Frequency of Services

The survey asked respondents to indicate how often their school provided a list of 17 school-wide supports and services, either directly or through a community-based organization (with which the school had a contracted arrangement). The complete list of service categories, as presented in the survey, appears in Exhibit 3.1. As indicated, respondents (i.e., teams of school personnel) rated the various items on a six point scale: “0” = never, “1” = 1x/year, “2” = 1x/semester or quarter, “3” = monthly, “4” = weekly, “5” = daily.

Exhibit 3.1 School-Wide Social/Emotional Supports and Services

- Curriculum-based programs to enhance social and emotional learning
- School-wide program to prevent alcohol, tobacco or drug use
- Parent education regarding student social/emotional development
- Restorative measures (e.g., peer counseling/mediation/conflict resolution)
- Strategies to promote positive school climate
- Health and safety education
- School-wide social skills curriculum program
- School-wide program to prevent violence
- Before/After school social/emotional learning opportunities
- Staff development around social/emotional learning
- Character education
- School-wide crisis planning
- Positive behavior interventions and supports
- Parent liaison
- Formal screening for behavioral or emotional problems
- Student assistance team
- Support groups for students

By averaging the 17 individual school-wide items, a composite score of *All School-Wide Services* was obtained. Such a score places equal value on each of the items this assumption is clearly debatable. However, given the broad array of school-wide data collected for this investigation and the obvious lack of preceding data, such a composite score is valuable for discussing school-wide services broadly and for national comparison. In the broadest sense, less than half (49 percent) of respondents reported providing *All School-Wide Services* once per month or more, while 25 percent never provide School-Wide Social/Emotional Supports and Services.

At the individual item level, while every school reported providing at least one school-wide service over the course of the year, significant variation existed in the frequency with which these services were provided. Some school-wide supports were provided quite regularly, while others were rarely or never provided by schools. Table 1 (in the appendix) provides more extensive data related to the type and frequency of school-wide services provide in Minnesota.

Of the 17 services, approximately half (eight services) were provided at least once per month by over 50 percent of schools (see Exhibit 3.2). For example, almost 90 percent of schools reported utilizing Student Assistance Teams at least once per month. Daily utilization of these various school-wide services was not common. In fact, positive behavior interventions and supports was the only school-wide service that over 50 percent of the schools utilized daily (56 percent). Strategies to promote positive school climate were used daily by 40 percent of schools, and restorative measures (e.g., peer counseling) were used daily by 32 percent of schools.

Exhibit 3.2 Percent of Schools Providing School-Wide Services One Time Per Month or More

Student assistance team	89%
*Positive behavior interventions and supports	82%
Support groups for students	82%
Strategies to promote positive school climate	77%
Restorative measures (e.g., peer counseling/mediation/conflict resolution)	63%
Health and safety education	58%
Curriculum-based programs to enhance social and emotional learning	56%
Formal screening for behavioral or emotional problems	51%
ALL SCHOOL-WIDE SERVICES	49%

*When implemented with fidelity, school-wide positive behavior interventions and supports (PBIS) are not a single service, but rather a system of proactive strategies for defining, teaching and supporting appropriate student behaviors to create positive school environments.

Schools also reported that certain school-wide supports and services were provided less frequently (see Exhibit 3.3). School-wide crisis planning and staff development around social/emotional learning are two services utilized less regularly. In fact, for over 80 percent of schools, these services were utilized once per semester/quarter or less. Respondents also reported never providing certain school-wide services. Of the 17 services, just under one-third (five services) were never provided by at least 40 percent of schools. More than half of the respondents (56 percent) reported never providing before or after school social/emotional learning opportunities and more than half (51 percent) never provided school-wide social skills curriculum.

Exhibit 3.3 Percent of Schools Never Providing School-Wide Services

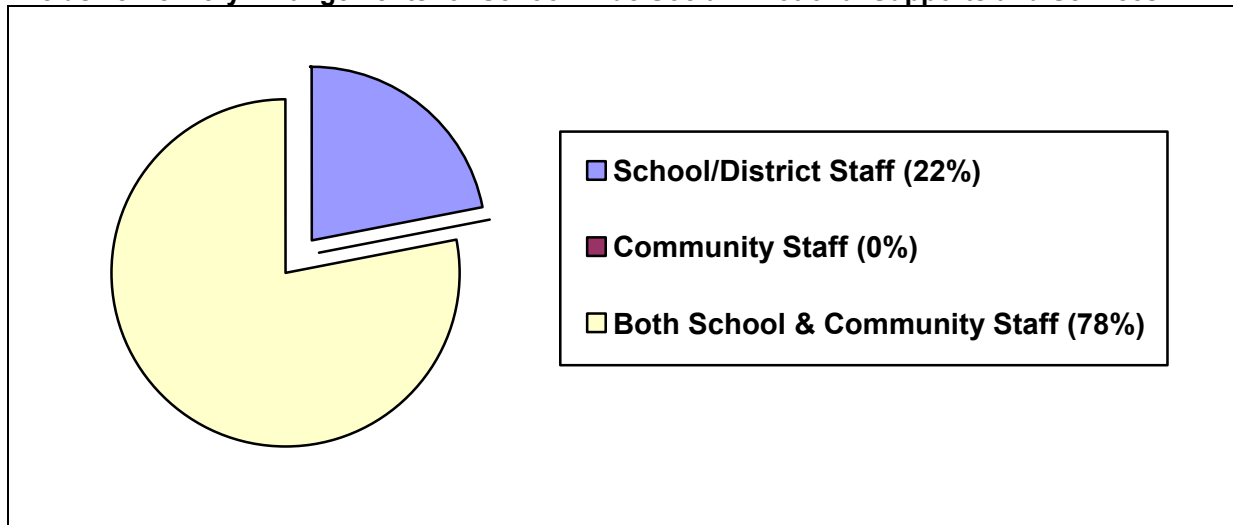
Before/After school social/emotional learning opportunities	56%
School-wide social skills curriculum program	51%
Parent liaison	47%
Parent education regarding student social/emotional development	42%
Character education	40%
Formal screening for behavioral or emotional problems	36%
School-wide program to prevent violence	27%
Restorative measures (e.g., peer counseling/mediation/conflict resolution)	27%
School-wide program to prevent alcohol, tobacco or drug use	20%
ALL SCHOOL-WIDE SERVICES	25%

In an open-ended question, schools were asked to describe additional school-wide social/emotional services, programs or strategies utilized by their school. Respondents provided approximately 265 additional qualitative examples related to school-wide supports and services. Many respondents commented on informal individual counseling and provided examples of specific groups available, including: Autism Support, Boys and Girls Clubs, Friendship, Gay/Straight Alliance, Grief, and Culture/Race groups. Respondents also described curriculum-based to enhance social/emotional health at the school level. Topics for such programming included bullying/violence prevention, character building, drug/alcohol use prevention and respect. Specific programs included health classes and curriculum: Big Brothers and Sisters (www.bbbs.org), DARE (www.dare.com), CLIMB Theater (www.climb.org), Olweus Bullying (www.clemson.edu/olweus), Responsive Classroom (www.responsiveclassroom.org) and Steps to Respect (www.stepstorespect.org). In addition to groups and programming, respondents described various community and local government services (e.g., County Public Mental Health Support, Lutheran Social Services), and individual personnel that promote social/emotional health. Adult volunteers, family facilitators or liaisons, police liaisons, and older student volunteers were all examples of specific individuals frequently noted.

3.2 Service Delivery Arrangements

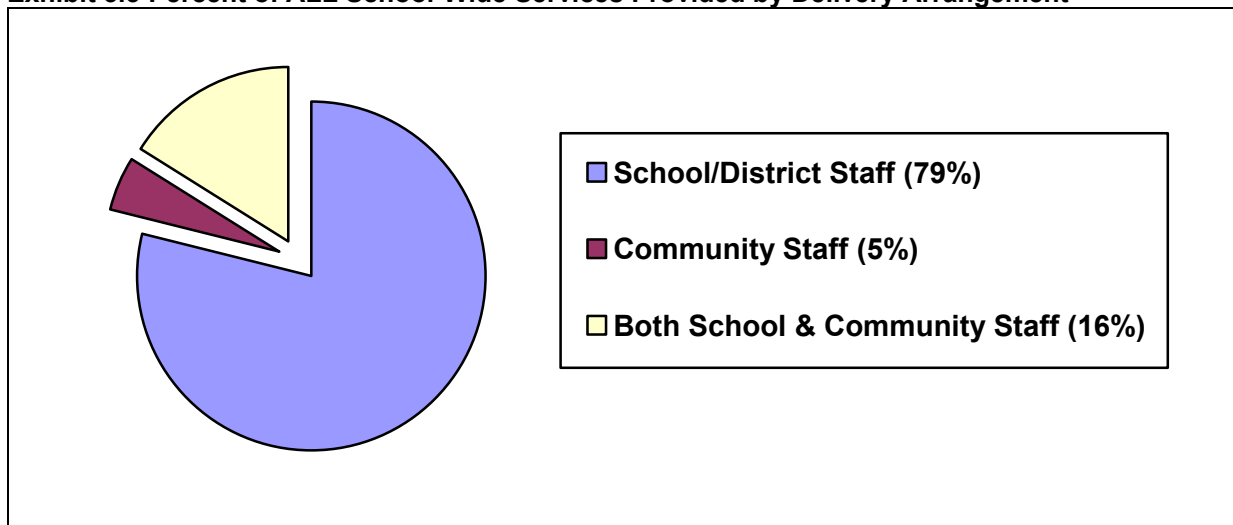
The survey also asked respondents to indicate what delivery arrangements were utilized to provide the various school-based supports and services. For each support/service provided, respondents chose from a list of arrangements, including: “1” = School/District Staff, “2” = Community Staff and “3” = both. For supports/services not provided, the respondents selected “0” = Not Provided. About one fifth (22 percent) of schools reported that they exclusively use school or district staff to provide School-Wide Social/Emotional Supports and Services (i.e., no community staff or combination of school/community staff are utilized). No schools reported exclusive use of contracted community staff. On the surface, it appears the majority (78 percent) utilize school staff for some services, contracted community personnel for other services, or some combination of school and community personnel (see Exhibit 3.4).

Exhibit 3.4
Exclusive Delivery Arrangements for School-Wide Social/Emotional Supports and Services



However, despite utilizing both school and community staff, it appears their services are often not connected to each other. For nearly 15 percent of schools (despite using both types of personnel), none of the school-wide services were provided jointly (i.e., school staff provided some services and community staff provided other services.) In addition, such findings shed little light on the degree to which these various personnel are utilized. Deeper investigation reveals that while most schools contract with community personnel, the overwhelming majority of services are provided by school/district staff. Based on the composite score of *All School-Wide Services* (discussed in section 3.1), excluding the services “not provided,” respondents reported that school/district staff were responsible for nearly 80 percent of these school-wide services. According to respondents, only five percent of these services were completed by community-based staff, and 16 percent of services were provided jointly by school and community personnel (see Exhibit 3.5).

Exhibit 3.5 Percent of ALL School-Wide Services Provided by Delivery Arrangement



At the individual item level, excluding the services “not provided,” the overwhelming majority of supports and services were provided by school/district staff (see Exhibit 3.6). In fact, respondents indicated that school and district staff was the primary service providers for each of the 17 services and supports. Positive Behavior Interventions and Supports, Student Assistance Teams, School-Wide School Skills Curriculum Programs, Restorative Measures (e.g., peer counseling) and Curriculum-Based Programs to enhance social and emotional learning were the services most commonly reported as the sole responsibility of school/district staff. In fact, over 90 percent of respondents indicated that school/district personnel are solely responsible for providing these strategies.

In regard to services provided by community staff, nearly one-fifth of respondents indicated that before or after school social/emotional learning opportunities and school-wide programs to prevent alcohol, tobacco or drug use were the responsibility of community personnel. In addition, parent education regarding student social/emotional development (13 percent) and support groups for students (eight percent) were also provided by community staff in some schools.

Respondents also indicated that various supports and services were provided jointly by school and community staff. For example, over 30 percent of schools appear to share responsibility for providing parent education regarding student social/emotional development. Over a quarter of schools also work jointly with community staff on school-wide crisis planning (27 percent) and staff development around social/emotional learning (27 percent). Additional data on the delivery arrangements utilized to provide these specific school-wide services can be found in Table 2 in the appendix.

Exhibit 3.6 Percent of Individual School-Wide Services Provided by Delivery Arrangement

School/District Staff		Community Staff		Both School and Community	
Positive behavior interventions and supports	93%	Before/After school social/emotional learning opportunities	18%	Parent education regarding student social/emotional development	31%
Student assistance team	93%	School-wide program to prevent alcohol, tobacco or drug use	17%	School-wide crisis planning	27%
School-wide social skills curriculum program	91%	Parent education regarding student social/emotional development	13%	Staff development around social/emotional learning	27%
Restorative Measures (e.g., peer counseling)	91%	Support groups for students	8%	School-wide program to prevent alcohol, tobacco or drug use	24%
Curriculum-based programs to enhance social and emotional learning	90%	School-wide program to prevent violence	6%	Support groups for students	23%
Strategies to promote positive school climate	89%	Staff development around social/emotional learning	6%	School-wide program to prevent violence	21%
	80%		5%		15%

3.3 Staff Providing Services

One of the primary goals of this study was to gain a better understanding of the types of personnel providing social/emotional supports and services in Minnesota schools. The survey asked respondents to identify the specific individuals who provide these aforementioned school-wide social/emotional learning supports. A list of 12 different types of staff was provided. In addition, an “other” box was provided so respondents could qualitatively report personnel who provide these services but were not on the list.

All schools reported having at least one staff member that was responsible for providing school-wide services. In total, the 237 surveyed schools indicated that at least 1,480 personnel were providing some degree of school-wide social/emotional supports and services during the 2005-2006 school year (over six staff members per school). Applying these numbers to the 1,461 public schools from which this sample was drawn means Minnesota has, by conservative estimate, over 8,500 personnel providing these school-wide services. (It should be noted that this is a very rough estimate, and likely an underestimate since respondents were limited to selecting a single staff title (e.g., social worker.) It is likely many schools have multiple titles with more than one FTE).

As seen in Exhibit 3.7, over 50 percent of respondents indicated that seven different personnel were responsible for providing school-wide services in their schools. Teachers (both general education and special education) were most commonly reported. In fact, 80 percent of schools indicated that teachers provided School-Wide Social/Emotional Services. Student support personnel are also seen as individuals who provide school-wide supports. Roughly three quarters of schools indicated that school psychologists (77 percent) and social workers (70 percent) provide these services.

Exhibit 3.7 Staff Providing School-Wide Services

Teacher (general education)	80%
Teacher (special education)	80%
School Psychologist	77%
School Social Worker	70%
Principal	63%
School Nurse	62%
School Counselor	55%
Other	34%
Assistant Principal	30%
Contracted Clinical Services	28%
Chemical Health Staff	25%
Administrative Assistant	14%
Dean	12%

As noted, an open-ended question inquired about additional personnel that are responsible for providing School-Wide Social/Emotional Services, programs or strategies. Respondents provided approximately 80 qualitative responses resulting in over 20 additional staff titles (i.e., unique to those provided in the survey). For example, nearly 10 percent of schools noted police liaisons as individuals who regularly provide school-wide services. Other individuals include personnel from community agencies, home-school or family-school liaisons, culture or diversity liaisons, and educational assistants or paraprofessionals.

3.4 Summary

The school-wide supports and services reported most frequently (i.e., one time per month or more) were Student Assistance Teams, Positive Behavior Interventions and Supports, and Support Groups for Students. On the other hand, the most common services never provided by schools include Before or After School Social/Emotional Learning Opportunities, School-Wide Social Skills Curriculum Programs, and Parent Liaisons.

While most schools (78 percent) appear to utilize school staff for some services, contracted community personnel for other services, or some combination of school and community personnel, respondents reported that school/district staff were responsible for providing the overwhelming majority (79 percent) of these school-wide services. Student Assistance Teams and Positive Behavior Interventions and Supports were the services most commonly reported as the sole responsibility of school/district staff. Before or after school social/emotional learning opportunities and school-wide programs to prevent alcohol, tobacco or drug use were most commonly noted as the responsibility of community personnel. Finally, parent education regarding student social/emotional development and school-wide crisis planning are the services most shared by school and community staff.

In terms of the specific personnel that provide these services, all schools reported having at least one staff member who was responsible for providing school-wide services. Teachers (both general education and special education) were the most commonly reported responsible staff member. In fact, 80 percent of schools indicated that teachers provided school-wide social/emotional services. Student support personnel are also seen as individuals who provide school-wide supports.

SECTION 4.0: INDIVIDUALIZED GENERAL EDUCATION SOCIAL/EMOTIONAL LEARNING SUPPORTS

This chapter presents survey findings on the type and frequency of individualized social/emotional supports and services provided to general education students in Minnesota schools. In addition, data are reported on the service delivery arrangements and school personnel typically responsible for providing these services.

4.1 Type and Frequency of Services

The survey asked respondents to indicate how often their school provided a list of 20 individualized social/emotional supports and services to general education students, either directly or through a community-based organization (with which the school had a contracted arrangement). The complete list of problem categories, as presented in the survey, appears in Exhibit 4.1. Respondents (i.e., teams of school personnel) rated the various items on a six point scale: “0” = never, “1” = 1x/year, “2” = 1x/semester or quarter, “3” = monthly, “4” = weekly, “5” = daily.

Exhibit 4.1 Individualized Supports and Services for General Education Students

- Formal screening for high-risk youth
- Referral process to community-based programs or services for students
- Assessment for emotional or behavioral problems or disorders
- Disciplinary alternatives for suspension
- Behavior management consultation (with teachers, students, family)
- Systematic monitoring of student's functioning and/or school adjustment
- Crisis planning for student-specific needs
- Crisis intervention
- Individual counseling for students
- Group counseling for students
- Monitoring of medication prescribed for psychological disorders
- Family support services (e.g. child/family advocacy, counseling)
- Individualized interventions for parent/family use
- Individualized interventions for classroom use (e.g. classroom accommodations)
- Day treatment
- Individualized skills training for students
- Reintegration from hospital, residential or juvenile corrections programming
- Planning for transitions (e.g. grade levels, buildings)
- Staff development for those who work with individual students
- Coordination of services across systems

By averaging the 20 individual general education items, a composite score of *All General Education Services* can be obtained. Again, such a score places equal value in each of the items, but is valuable for discussing individualized general education services broadly, and for national comparison. Nearly three quarters (70 percent) of respondents reported providing *All General Education Services* once per month or more, while 16 percent never provide school-wide social/emotional supports and services.

At the individual item level, every school reported providing some individualized social/emotional supports and services to general education students. Less variation appears to exist for the provision of these individualized services compared to school-wide services. However, while certain general education supports and services are quite common in Minnesota schools, other services are provided less regularly. Table 3 provides extensive data related to the type and frequency of individualized general education services provided in Minnesota.

Over 60 percent of schools provide 15 of the 20 individualized general education services at least once per month (see Exhibit 4.2). For example, nearly 95 percent of schools reported providing individual counseling for students at least once per month. In addition, individualized interventions for classroom use and behavior management consultation is also utilized monthly or more by over 90 percent of Minnesota schools. In terms of daily utilization of social/emotional supports and services, over 50 percent of the schools provided daily medication monitoring, individual counseling for students, and individualized interventions for classroom use.

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Exhibit 4.2**Percent of Schools Providing Individualized General Education Services 1x/Month or More**

Individual counseling for students	94%
Individualized interventions for classroom use (e.g., classroom accommodations)	93%
Behavior management consultation (with teachers, students, family)	92%
Referral process to community-based programs or services for students	85%
Group counseling for students	85%
Systematic monitoring of student's functioning and/or school adjustment	84%
Monitoring of medication prescribed for psychological disorders	84%
Assessment for emotional or behavioral problems or disorders	80%
Disciplinary alternatives for suspension	75%
ALL GENERAL EDUCATION SERVICES	67%

As indicated, schools also reported that certain individualized services for general education students are provided infrequently (see Exhibit 4.3). Most notably, 70 percent of schools indicated they never provide day treatment services directly or through a community-based organization with which they had a contracted arrangement. While this finding was quite surprising initially, anecdotal feedback from participating schools suggests some confusion existed around the interpretation of this question. It appears likely that many schools responded “never,” despite having some access to day treatment programming. Formal screening for high-risk youth and the reintegration of students, however, are two services that many schools do not provide. In fact, approximately one-third of schools reported never providing these services. In addition, by examining *All General Education Services* broadly, 16 percent of schools never provide individualized social/emotional services for general education students.

Exhibit 4.3 Percent of Schools Never Providing Individualized General Education Services

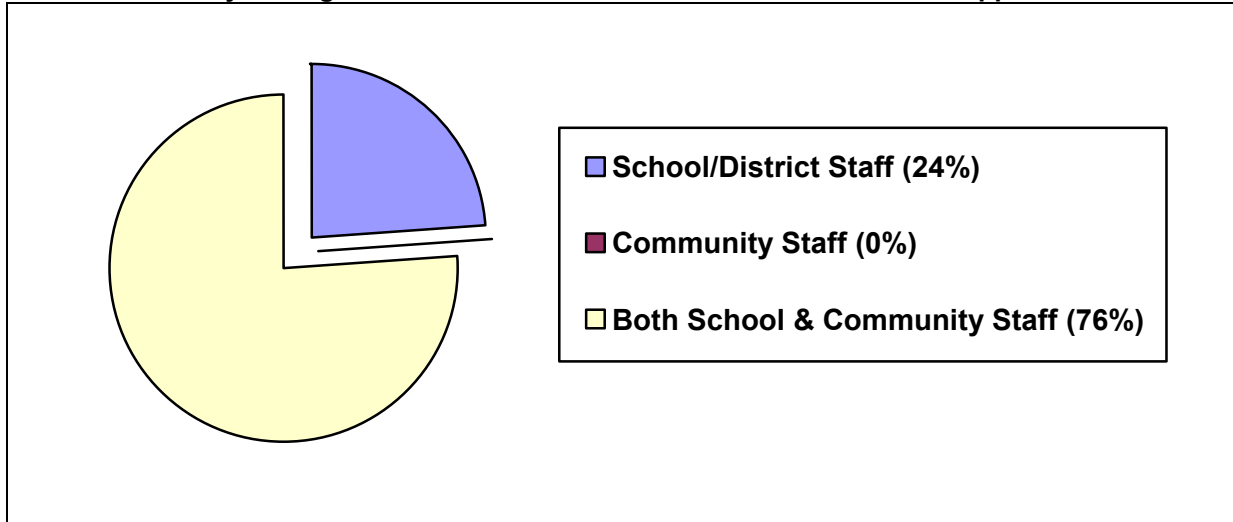
Day treatment	70%
Formal screening for high-risk youth	40%
Reintegration from hospital, residential or juvenile corrections programming	32%
Family support services (e.g., child/family advocacy, counseling)	30%
Individualized skills training for students	22%
Individualized interventions for parent/family use	20%
Disciplinary alternatives for suspension	15%
Systematic monitoring of student's functioning and/or school adjustment	12%
Group counseling for students	11%
ALL GENERAL EDUCATION SERVICES	16%

Respondents were again asked to describe additional services, programs or strategies utilized by their school. Approximately 130 additional qualitative examples related to individualized general education supports and services were provided. While schools reported a wide-range of “additional services,” some broad categories emerged. Many respondents reported the availability of individual counseling, as well as small therapeutic groups. Small group topics included: anger management, divorce, family change, culture/diversity and friendship. Schools also reported utilizing structured programming (e.g., anti-bullying, drug/alcohol prevention, character building) and before/after school programming to provide social/emotional services to general education students. In addition to groups and programming, many respondents “connect” students with a specific school or community personnel. Adult community volunteers, older students, police liaisons, and family/school liaisons were all described as individuals utilized by schools.

4.2 Service Delivery Arrangements

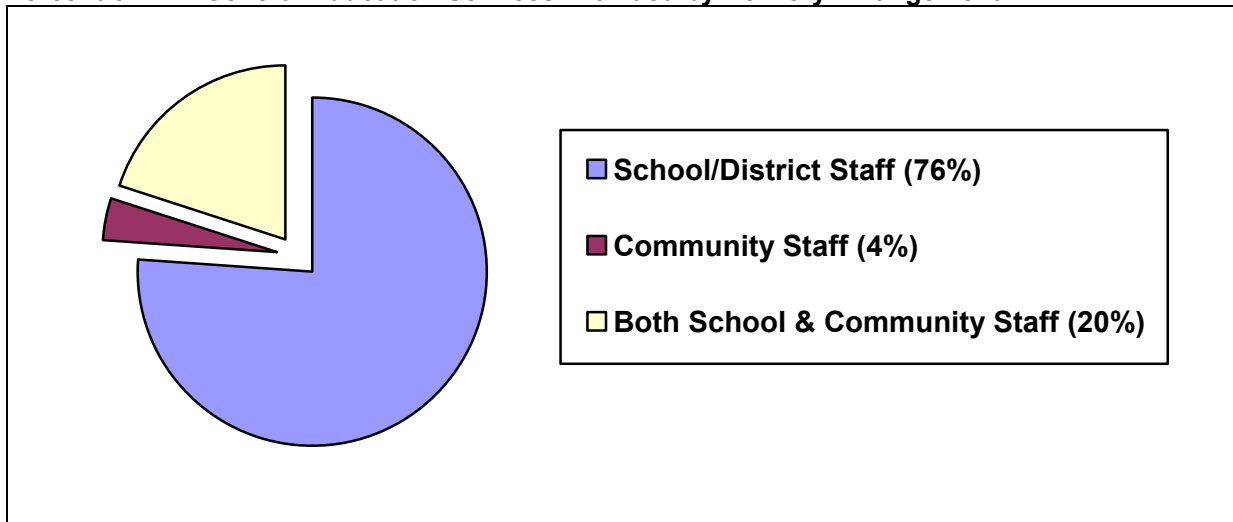
The survey asked respondents to indicate what delivery arrangements were utilized to provide the various individualized general education supports and services. For each support/service provided, respondents chose from a list of arrangements, including: “1” = School/District Staff, “2” = Community Staff and “3” = Both. For supports/services not provided, the respondent selected “0” = Not Provided. About one quarter (24 percent) of schools reported that they exclusively use school or district staff to provide School-Wide Social/Emotional Supports and Services (i.e., no community staff or combination of school/community staff are utilized). No schools reported exclusive use of contracted community staff. On the surface, it appears the majority (76 percent) utilize school staff for some services, contracted community personnel for other services, or some combination of school and community personnel (see Exhibit 4.4).

Exhibit 4.4
Exclusive Delivery Arrangements for General Education Social/Emotional Supports and Services



Despite utilizing school and community staff, schools frequently provide these general education services separately. For nearly 14 percent of schools (use of both school and community personnel), none of the individualized general education services were provided jointly, that is, with school staff providing some services and community staff providing other services. In addition, such findings shed little light on the degree to which these various personnel are utilized. While most schools contract with community personnel, the majority of services are provided by school/district staff. Based on the composite score of *All General Education Services* (discussed in section 4.1), excluding the services “not provided,” respondents reported that school/district staff were responsible for 76 percent of these general education services. According to respondents, less than five percent of these services were completed by community-based staff, and approximately one-fifth (20 percent) of services were provided jointly by school and community personnel (see Exhibit 4.5).

Exhibit 4.5
Percent of ALL General Education Services Provided by Delivery Arrangement



At the individual item level, excluding the services “not provided,” the overwhelming majority of supports and services were provided by school/district staff (see Exhibit 4.6). In fact,

respondents indicated that school and district staff were the primary service providers for each of the 20 services and supports. Disciplinary alternatives, individualized interventions for classroom use, systematic monitoring of students functioning, planning for transitions, and medication monitoring were the services most commonly reported as the sole responsibility of school/district staff. In fact, over 90 percent of respondents indicated that school/district personnel are solely responsible for providing these strategies.

In regard to services provided by community staff, over one quarter (26 percent) of respondents indicated that day treatment services were provided solely by community agencies/organizations and their staff. Schools also indicated that family support services were commonly provided by community personnel. Finally, a handful of schools (six-seven percent) identified individualized interventions for parent/family use and group counseling as the responsibility of community organizations.

Respondents also indicated that various supports and services were provided jointly by school and community staff. For example, nearly half of the schools (47 percent) appear to share responsibility for the coordination of services across systems. Over a third of the schools surveyed also collaborate with community staff when reintegrating individuals from alternative programming, and when providing day treatment or family support services. A variety of schools also work jointly with community staff when developing individualized interventions for parent/family use (29 percent) and staff development for those who work with individual students (27 percent). Additional data on the delivery arrangements utilized to provide these specific individualized general education supports and services can be found in Table 4.

Exhibit 4.6 Percent of Individual General Education Services Provided by Delivery Arrangement

School/District Staff		Community Staff		Both School and Community	
Disciplinary alternatives for suspension	96%	Day treatment	26%	Coordination of services across systems	47%
Individualized interventions for classroom use (e.g., classroom accommodations)	95%	Family support services (e.g., child/family advocacy, counseling)	14%	Reintegration from hospital, residential or juvenile corrections programming	39%
Systematic monitoring of student's functioning and/or school adjustment	93%	Individualized interventions for parent/family use	7%	Day treatment	35%
Planning for transitions (e.g., grade levels, buildings)	92%	Group counseling for students	6%	Family support services (e.g., child/family advocacy, counseling)	35%
Monitoring of medication prescribed for psychological disorders	90%	Formal screening for high-risk youth	3%	Individualized interventions for parent/family use	29%
Behavior management consultation (with teachers, students, family)	89%	Coordination of services across systems	3%	Staff development for those who work with individual students	27%
	76%		4%		20%

4.3 Staff Providing Services

In order to gain a better understanding of the types of personnel providing social/emotional supports and services in Minnesota schools, the survey asked respondents to identify the specific individuals who provide these aforementioned individualized general education social/emotional learning supports. A list of 11 different types of staff was provided. In addition, an “other” box was provided so respondents could qualitatively report personnel who provide these services but were not on the list. It should be noted that administrative assistant was inadvertently excluded from the general education and special education portions of the survey.

All schools reported having at least one staff member that was responsible for providing individualized general education services. In total, the 237 schools indicated that at least 1,500 personnel were providing some degree of social/emotional supports and services to individual general education students during the 2005-2006 school year (over six staff members per school). Applying these numbers to the 1,461 public schools from which this sample was drawn means Minnesota has, by conservative estimate, over 9,250 personnel providing these general education supports and services. (It should be noted that this is a very rough estimate, and likely an underestimate as respondents were limited to selecting a single staff title – e.g., social worker. It is likely many schools have multiple titles with more than one FTE.)

As seen in Exhibit 4.7, over 50 percent of respondents indicated that seven different personnel were responsible for providing social/emotional supports and services to general education students. The school nurse, general education teacher, and school psychologist were most commonly reported. In fact, over 80 percent of schools indicated that these three personnel were responsible for providing social/emotional services.

Exhibit 4.7
Staff Providing General Education Services

School Nurse	85%
Teacher (general education)	83%
School Psychologist	81%
Teacher (special education)	72%
Principal	70%
School Social Worker	68%
School Counselor	57%
Assistant Principal	33%
Other(s) (List All)	32%
Contracted Clinical Services	30%
Chemical Health Staff	22%
Dean	13%

As noted, an open-ended question inquired about additional personnel that are responsible for providing individualized general education services, programs or strategies. Respondents provided approximately 75 qualitative responses resulting in roughly 15 additional staff titles (i.e., unique to those provided in the survey). For nearly five percent of schools, police liaisons,

educational assistants and home-school liaisons are other school personnel responsible for providing individualized general education social/emotional services. Other individuals include personnel from community agencies, culture or diversity liaisons, and hallway staff.

4.4 Summary

The individualized general education supports and services reported most frequently (i.e., one time per month or more) were individual counseling for students, individualized interventions for classroom use, and behavior management consultation. On the other hand, the common supports and services never provided by schools include day treatment services, formal screening for high-risk youth, reintegration of students from hospital, residential or juvenile corrections programming, and family support services.

While over three-quarters of schools (76 percent) utilize school staff for some services, contracted community personnel for other services, or some combination of school and community personnel, respondents reported that school/district staff were responsible for providing the overwhelming majority (76 percent) of these individualized general education services. Disciplinary alternatives, individualized interventions for classroom use, and systematic monitoring of student's functioning were the services most commonly reported as the sole responsibility of school/district staff. Day treatment and family support services were most commonly noted as the responsibility of community personnel. Finally, coordination of services across systems and the reintegration of students from alternative placement are the services most shared by school and community staff.

In terms of the specific personnel that provide these services, all schools reported having at least one staff member that was responsible for providing social/emotional supports and services to general education students. The school nurse was most commonly reported. Schools also reported general education teachers and school psychologists as being largely responsible for these services.

SECTION 5.0: INDIVIDUALIZED SPECIAL EDUCATION SOCIAL/EMOTIONAL LEARNING SUPPORTS

This chapter presents survey findings on the type and frequency of individualized social/emotional supports and services provided to special education students in Minnesota schools. In addition, data are reported on the service delivery arrangements and school personnel typically responsible for providing these services.

5.1 Type and Frequency of Services

The survey asked respondents to indicate how often their school provided a list of 21 individualized social/emotional learning supports to special education students, either directly or through a community based organization (with which the school had a contracted arrangement). The complete list of problem categories, as presented in the survey, appears in Exhibit 5.1. Respondents (i.e., teams of school personnel) rated the various items on a six point scale: "0" = never, "1" = 1x/year, "2" = 1x/semester or quarter, "3" = monthly, "4" = weekly, "5" = daily.

Exhibit 5.1 Individualized Supports and Services for Special Education Students

- Child Find
- Pre-referral screening for social/emotional risk factors (e.g., chemical health)
- Evaluation and assessment for emotional and behavioral problems or disorders
- Mental health screening as part of an evaluation for emotional/behavioral problems
- Functional Behavioral Assessment
- Behavior management consultation (with teachers, students, family)
- Systematic monitoring of student's functioning and/or school adjustment
- Positive Behavior Interventions and Supports
- Crisis/Behavior intervention plan
- Related services to meet social/emotional needs included on IEP/IIIP/IFSP
- Individual counseling as a related service
- Group counseling as a related service
- Medication monitoring as a related service
- Family support services as a related service (e.g., child/family advocacy, counseling)
- Individualized interventions for parent/family use
- Individualized interventions/accommodations for classroom use
- Day treatment
- Training and teaching of social/emotional skills (i.e., Skills Training)
- Service coordination with interagency partners
- Referral to community-based programs or services for students
- Reintegration from hospital, residential or juvenile corrections programming

By averaging the 21 individual special education items, a composite score of *All Special Education Services* can be obtained. Such a score places equal value in each of the items and is valuable for discussing individualized special education services broadly, and for national comparison. Nearly three quarters (74 percent) of respondents reported providing *All Special Education Services* once per month or more, while 13 percent never provide school-wide social/emotional supports and services.

At the individual item level, every school reported providing some individualized social/emotional supports and services to special education students. In fact, all but two services (i.e., reintegration, day treatment) were provided at least once per month by over 50 percent of responding schools (see Exhibit 5.2). And, over 75 percent of schools provide 11 of the 21 individualized special education services at least once per month. For example, at least 95 percent of schools reported providing monthly individual interventions/accommodations for classroom use, positive behavior interventions and supports, and systematic monitoring of students functioning. Over 50 percent of schools also reported providing four services daily. Nearly 70 percent of the schools provided daily individual interventions/accommodations for classroom use, as well as positive behavior interventions and supports. The majority of schools also reported daily medication monitoring (60 percent) and systematic monitoring of student functioning (54 percent). Table 5 provides additional data related to the type and frequency of individualized special education services provide in Minnesota.

Exhibit 5.2**Percent of Schools Providing Individualized Special Education Services 1x/Month or More**

Individualized interventions/accommodations for classroom use	96%
Positive Behavior Interventions and Supports	95%
Systematic monitoring of student's functioning and/or school adjustment	95%
Behavior management consultation (with teachers, students, family)	94%
Training and teaching of social/emotional skills (i.e., Skills Training)	88%
Evaluation and assessment for emotional and behavioral problems or disorders	87%
Related services to meet social/emotional needs included on IEP/IIIP/IFSP	87%
Mental health screening as part of an evaluation for emotional/behavioral problems	84%
Functional Behavioral Assessment	82%
Individual counseling as a related service	81%
ALL SPECIAL EDUCATION SERVICES	74%

In terms of services provided infrequently, a large number of schools (58 percent) indicated they never provide day treatment services directly or through a community-based organization with which they had a contracted arrangement. Again, as indicated in Chapter 4, anecdotal feedback from participating schools suggests some confusion existed around the interpretation of this question. Schools described other services, however, as being provided less frequently (see Exhibit 5.3). For example, nearly 40 percent of schools never provide family support services as a related service. In addition, just under one quarter (24 percent) of schools never provide individualized interventions for parent/family use, group counseling as a related service, or reintegration services. In addition, by examining *All Special Education Services* broadly, 13 percent of schools never provide individualized social/emotional services for special education students.

Exhibit 5.3 Percent of Schools Never Providing Individualized Special Education Services

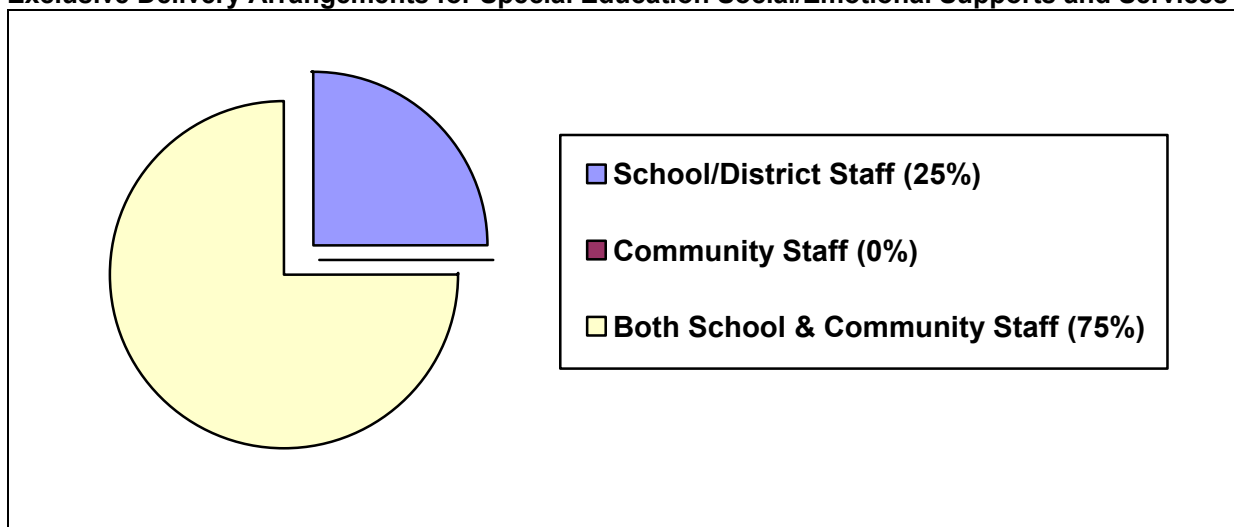
Day treatment	58%
Family support services as a related service (e.g., child/family advocacy, counseling)	38%
Individualized interventions for parent/family use	24%
Group counseling as a related service	24%
Reintegration from hospital, residential or juvenile corrections programming	24%
Child Find	22%
Pre-referral screening for social/emotional risk factors (e.g., chemical health)	20%
Medication monitoring as a related service	17%
Individual counseling as a related service	16%
Service coordination with interagency partners	9%
ALL SPECIAL EDUCATION SERVICES	13%

Respondents were again asked to describe additional services, programs or strategies utilized by their school. Approximately 90 additional qualitative examples related to individualized special education supports and services were provided. These 90 qualitative examples fell into seven broad categories. Many respondents (nearly 10 percent) reported the utilization of individual counseling and described small therapeutic groups or skill trainings (e.g., buddy group, changing family group, and young women issues group). Many schools (nearly 10 percent) also reported utilizing specific school personnel as a social/emotional support or service. According to respondents, behavior aides, family facilitators, interpreters and police liaisons are regularly utilized in their schools. While less frequently, formal programming (e.g., anti-bullying, character building, before/after school programs, vocational training) is also utilized as a social/emotional service for special education students. Finally, respondents also described utilizing environmental changes (e.g., designated quiet zone), community resources (e.g., mobile wellness center, sober school), and specific general and special education services (e.g., IEP's, behavior intervention plans, Developmental Adaptive Physical Education).

5.2 Service Delivery Arrangements

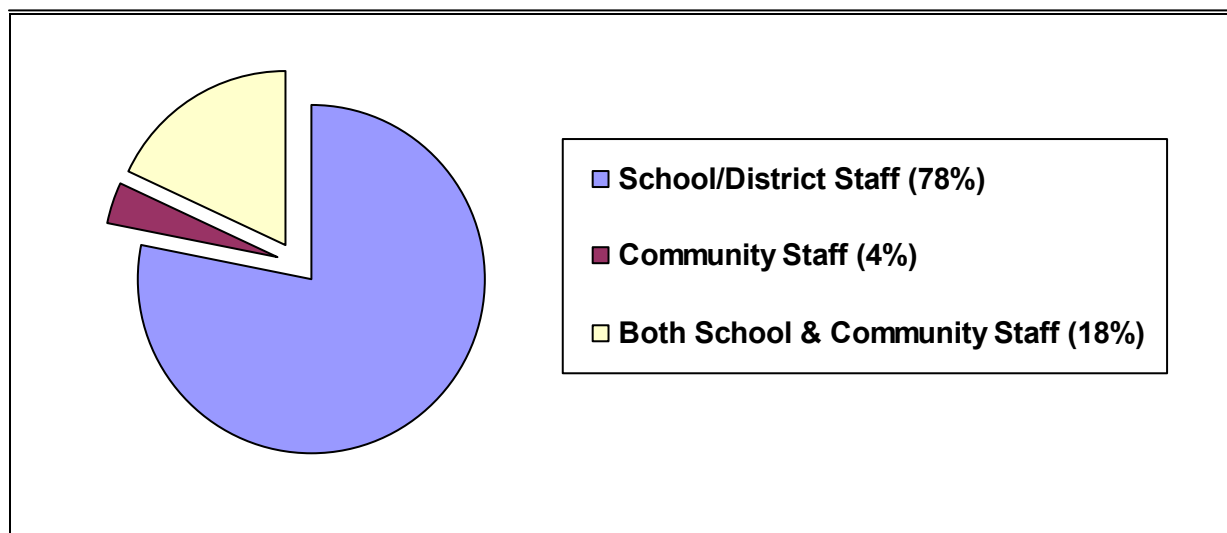
The survey asked respondents to indicate what delivery arrangements were utilized to provide the various individualized special education supports and services (see Exhibit 5.4). For each support/service provided, respondents chose from a list of arrangements, including: “1” = School/District Staff, “2” = Community Staff and “3” = Both. For supports/services not provided, the respondents selected “0” = Not Provided. One quarter (25 percent) of schools reported that they exclusively use school or district staff to provide school-wide social/emotional supports and services (i.e., no community staff or combination of school/community staff are utilized). No schools reported exclusive use of contracted community staff. The majority (75 percent) of respondents utilize school staff for some services, contracted community personnel for other services, or some combination of school and community personnel. It should be noted that these findings are generally consistent with delivery arrangements for individualized general education services.

Exhibit 5.4
Exclusive Delivery Arrangements for Special Education Social/Emotional Supports and Services



For nearly seven percent of schools, none of the individualized special education services were provided jointly, that is, school staff provide some services and community staff provide other services. Also, with regards to the general education and school-wide services, most schools contract with community personnel, although the majority of individualized special education services are provided by school/district staff. Based on the composite score of *All Special Education Services* (discussed in section 5.1), excluding the services “not provided,” respondents reported that school/district staff were responsible for 78 percent of these special education services. According to respondents, only four percent of these services were completed by community-based staff and approximately one-fifth (18 percent) of services were provided jointly by school and community personnel (see Exhibit 5.5).

Exhibit 5.5 Percent of ALL Special Education Services Provided by Delivery Arrangement



At the individual item level, excluding the services “not provided,” the overwhelming majority of supports and services were provided by school/district staff (see Exhibit 5.6). In fact, respondents indicated that school and district staff was the primary service providers for 19 of the 21 services and supports. Furthermore, over 90 percent of respondents identified six services and supports that school/district personnel are solely responsible for providing. For example, school staff is clearly responsible for functional behavior assessments, individualized interventions for classroom use, and systematic monitoring of functioning.

In regard to services provided by community staff, one quarter (25 percent) of respondents indicated that day treatment services were provided solely by community agencies/organizations and their staff. Schools also indicated that family support services as a related service were commonly provided by community personnel. Finally, a handful of schools (five to eight percent) identified individualized interventions for parent/family use, individual counseling, and group counseling as the responsibility of community organizations.

Respondents also indicated that various supports and services were provided jointly by school and community staff. For example, over half of the schools (54 percent) appear to work collaboratively when coordinating services with interagency partners. Nearly one-half of schools surveyed also collaborate with community staff when reintegrating individuals from alternative programming (46 percent) and when providing day treatment services (40 percent). Additional

data on the delivery arrangements utilized to provide these specific individualized special education supports and services can be found in Table 6.

Exhibit 5.6 Percent of Individual Special Education Services Provided by Delivery Arrangement

	School/District Staff	Community Staff	Both School and Community
Functional Behavioral Assessment	96%	Day treatment	25% Service coordination with interagency partners 54%
Individualized interventions for classroom use (e.g., classroom accommodations)	96%	Family support services as a related service	14% Reintegration from hospital, residential or juvenile corrections programming 46%
Systematic monitoring of student functioning and/or school adjustment	95%	Individualized interventions for parent/family use	8% Day treatment 40%
Positive Behavior Interventions and Supports	95%	Individual counseling as a related service	6% Family support services as a related service 34%
Medication monitoring as a related service	91%	Group counseling as a related service	5% Referral to community-based programs or services for students 34%
Behavior management consultation (with teachers, students, family)	91%	Service coordination with interagency partners	3% Individualized interventions for parent/family use 23%
	78%		4%
			18%

5.3 Staff Providing Services

The survey asked respondents to identify the specific individuals who provide the individualized special education social/emotional learning supports listed. A list of 11 different types of staff was provided. In addition, an “other” box was provided so respondents could qualitatively report personnel who provide these services but were not on the list. It should be noted that administrative assistant was inadvertently excluded from the general education and special education portions of the survey.

All schools reported having at least one staff member that was responsible for providing individualized special education services. In total, the 237 schools indicated that at least 1,450 personnel were providing some degree of social/emotional supports and services to individual special education students during the 2005-2006 school year (over six staff members per school). Applying these numbers to the total 1,461 public schools from which this sample was drawn, conservatively, Minnesota has over 8,900 personnel providing these special education supports and services. It should be noted that this is a very rough estimate and likely an underestimate as respondents were limited to selecting a single staff title – e.g., social worker. It is likely many schools have multiple titles with more than one FTE.

As seen in Exhibit 5.7, over 50 percent of respondents indicated that seven different personnel were responsible for providing social/emotional supports and services to special education students. The special education teacher and school psychologist were most commonly reported. In fact, over 90 percent of schools indicated that these personnel were responsible for providing social/emotional services.

**Exhibit 5.7
Staff Providing Special Education Services**

Teacher (special education)	93%
School Psychologist	90%
School Nurse	81%
School Social Worker	68%
Teacher (general education)	66%
Principal	54%
School Counselor	51%
Other(s) (list all)	28%
Contracted Clinical Services	27%
Assistant Principal	27%
Chemical Health Staff	19%
Dean	10%

As noted, an open-ended question inquired about additional personnel that are responsible for providing individualized special education services, programs or strategies. Respondents provided approximately 70 qualitative responses resulting in roughly 17 additional staff titles (i.e., unique to those provided in the survey). For over six percent of schools, educational assistants are often utilized for providing individualized special education social/emotional services. Schools also reported utilizing “other student support personnel” (e.g., speech pathologist). Finally, respondents reported the use of police liaisons, home-school liaisons, school-based mental health workers, and community personnel as individuals relied upon for the provision of social/emotional services to special education students.

5.4 Summary

The individualized special education supports and services reported most frequently (i.e., one time per month or more) were individual interventions/accommodations for classroom use, positive behavior interventions and supports, and systematic monitoring of students’ functioning. On the other hand, the common supports and services never provided by schools include day treatment services, family support services as a related service and individualized interventions for parent/family use.

While three quarters of schools (75 percent) utilize school staff for some services, contracted community personnel for other services, or some combination of school and community personnel, respondents reported that school/district staff were responsible for providing the overwhelming majority (78 percent) of these individualized special education services.

Functional behavior assessments, individualized interventions for classroom use, and systematic monitoring of functioning were the services most commonly reported as the sole responsibility of school/district staff. Day treatment and family support services as a related service were most commonly noted as the responsibility of community personnel. Finally, the coordination of services with interagency partners and the reintegration of students from alternative placement are the services most shared by school and community staff.

In terms of the specific personnel that provide these services, all schools reported having at least one staff member that was responsible for providing social/emotional supports and services to special education students. The special education teacher was most commonly reported. Schools also reported the school psychologist and school nurse as being largely responsible for these services.

SECTION 6.0: CONTINUUM OF SOCIAL/EMOTIONAL SUPPORTS AND SERVICES

As discussed, the Survey of Social/Emotional Supports and Services is comprised of three general sections (i.e., school-wide services, individualized general education services, individualized special education services). Each section, however, is comprised of various questions which fall into five separate categories, including: Prevention and Promotion, Early Identification, Evaluation and Assessment, Program Planning, and Coordination of Services (Adapted from the Student Services Coalition for Effective Education (SSCEE) Draft Position Statement, 2004). Minnesota schools serve the needs of students by promoting competence in social/emotional areas along a continuum of school-wide interventions (e.g., positive school climate, conflict resolution) to providing individualized supports for students with identifiable mental health disorders. Being such, this section examines social/emotional service delivery in the context of this broad continuum.

6.1 Prevention and Promotion

From the full list of social/emotional supports and services, the researchers identified specific supports and services related to prevention and promotion. Prevention and promotion supports and services were defined as: 1) strategies and programs for system-wide behavioral support, social-emotional learning and positive school climate, and 2) strategies for teaching and reinforcing problem-solving, coping, social skills and character education. In total, a list of 14 prevention and promotion supports and services was compiled (see Exhibit 6.1).

Exhibit 6.1 Prevention and Promotion Supports and Services

- Positive Behavior Interventions and Supports
- Strategies to promote positive school climate
- Restorative Measures (e.g., peer counseling/mediation/conflict resolution)
- Health and safety education
- Curriculum-based programs to enhance social and emotional learning
- Parent liaison
- Character education
- Before/After school social/emotional learning opportunities
- School-wide social skills curriculum program
- School-wide program to prevent violence
- Parent education regarding student social/emotional development
- School-wide program to prevent alcohol, tobacco or drug use
- School-wide crisis planning
- Staff development around social/emotional learning

By averaging the 14 items, a composite score of *All Prevention and Promotion Services* can be obtained. Such a score places equal value in each of the items therefore this assumption is clearly debatable. However, given the broad array of prevention and promotion data collected for this investigation and the obvious lack of preceding data, such a composite score is valuable for discussing prevention and promotion services broadly, and for national comparison. In the broadest sense, less than half (44 percent) of respondents reported providing *All Prevention and Promotion Services* once per month or more, while 27 percent never provide prevention and promotion supports and services.

At the individual item level, every school reported providing at least one prevention and/or promotion service over the course of the year. However, variation existed in the number of services available. Schools ranged from having only one prevention and promotion service, up to 13 different supports and services. The mode or most frequent value was 11 services and supports. In addition, variation existed in regard to how frequently services were provided. Some prevention and promotion supports were provided quite regularly, while others were rarely or never provided by schools. Table 7 provides complete data related to the type and frequency of prevention and promotion services provided in Minnesota.

Of the 14 services, over one-third (five services) were provided at least once per month by over 50 percent of schools (see Exhibit 6.2). For example, over 80 percent of schools reported providing school-wide positive behavior interventions and supports at least once per month (*). In addition, strategies to promote a positive school climate were also used daily by over three-quarters (75 percent) of schools.

Exhibit 6.2 Percent of Schools Providing Prevention and Promotion Services 1x/Month or More

Positive behavior interventions and supports (school-wide) ()	82%
Strategies to promote positive school climate (school-wide)	77%
Restorative Measures (e.g., peer counseling) (school-wide)	63%
Health and safety education (school-wide)	58%
Curriculum-based programs to enhance social and emotional learning (school-wide)	56%
ALL PREVENTION and PROMOTION SERVICES	44%

* When implemented with fidelity, school-wide positive behavior interventions and supports (PBIS) are not a single service, but rather a system of proactive strategies for defining, teaching and supporting appropriate student behaviors to create positive school environments.

Schools also reported that certain prevention and promotion supports and services were provided less frequently (see Exhibit 6.3). Of the 14 services, just over one-third (five services) were never provided by at least 40 percent of schools. More than half of the respondents (56 percent) reported never providing before or after school social/emotional learning opportunities and more than half (51 percent) never provided school-wide social skills curriculum. Parent liaisons, parent education regarding social/emotional development, and character education were other services available less frequently.

Exhibit 6.3 Percent of Schools Never Providing Prevention and Promotion Services

Before/After school social/emotional learning opportunities (school-wide)	56%
School-wide social skills curriculum program (school-wide)	51%
Parent liaison (school-wide)	47%
Parent education regarding student social/emotional development (school-wide)	42%
Character education (school-wide)	40%
ALL PREVENTION and PROMOTION SERVICES	27%

6.2 Early Identification

From the full list of social/emotional supports and services, the researchers identified specific supports and services related to early identification. Early identification supports and services were defined as: 1) Early recognition and identification of mental health concerns, including knowledge of related factors such as stress, chemical abuse, family/community or other environmental factors, and history of school success or failure, and 2) A referral process that facilitates family/parent/student access to services and support. In total, a list of eight early identification supports and services was compiled (see Exhibit 6.4).

Exhibit 6.4 Early Identification Supports and Services

<ul style="list-style-type: none"> • Student assistance team • Referral process to community-based programs or services for students • Systematic monitoring of student functioning and/or school adjustment • Support groups for students • Pre-referral screening for social/emotional risk factors (e.g., chemical health) • Child Find • Formal screening for behavioral or emotional problems • Formal screening for high-risk youth

By averaging the eight items, a composite score of *All Early Identification Services* can be obtained. Such a score places equal value in each of the items; this assumption is clearly debatable. However, given the broad array of early identification data collected for this investigation and the obvious lack of preceding data, such a composite score is valuable for discussing early identification services broadly, and for national comparison. In the broadest sense, nearly three-quarters (72 percent) of respondents reported providing *All Early Identification Services* once per month or more, while 19 percent never provide early identification supports and services.

At the individual item level, every school reported providing at least two early identification supports and services over the course of the year. However, variation existed in the number of services available. Schools ranged from having two early identification services, up to eight different supports and services. The mode or most frequent value was eight services and supports. In addition, variation existed in regard to how frequently services were provided. Some early identification supports were provided quite regularly, while others were rarely or never provided by schools. Table 8 provides complete data related to the type and frequency of early identification services provide in Minnesota schools.

Of the eight services, half were provided at least once per month by over 80 percent of schools (see Exhibit 6.5). For example, nearly 90 percent of schools reported providing student assistance teams at least once per month. In addition, a referral process to community-based programs or services for general education students was also utilized by the overwhelming majority (85 percent) of schools.

Exhibit 6.5 Percent of Schools Providing Early Identification Services 1x/Month or More

Student assistance team (school-wide)	89%
Referral process to community-based programs or services for students (general education)	85%
Systematic monitoring of student functioning and/or school adjustment (general education)	84%
Support groups for students (school-wide)	82%
ALL EARLY IDENTIFICATION SERVICES	72%

Schools also reported that certain early identification supports and services were provided less frequently (see Exhibit 6.6). Of the eight services, half were never provided by at least 20 percent of schools. Nearly 40 percent of the respondents reported never providing formal screening for high-risk general education students. In addition, over one-third (36 percent) never utilized formal school-wide screening for behavioral or emotional problems.

Exhibit 6.6 Percent of Schools Never Providing Early Identification Services

Formal screening for high-risk youth (general education)	39%
Formal screening for behavioral or emotional problems (school-wide)	36%
Child Find (special education)	22%
Pre-referral screening for social/emotional risk factors (e.g., chemical health) (special education)	20%
ALL EARLY IDENTIFICATION SERVICES	19%

6.3 Evaluation and Assessment

From the full list of social/emotional supports and services, the researchers identified specific supports and services related to evaluation and assessment. Evaluation and assessment supports and services were defined as coordinating with mental health professionals for diagnosis and assessment and the development of a comprehensive treatment plan. In total, a list of four evaluation and assessment supports and services was compiled (see Exhibit 6.7).

Exhibit 6.7 Evaluation and Assessment Supports and Services

- Assessment for emotional or behavioral problems or disorders
- Evaluation and assessment for emotional and behavioral problems or disorders
- Mental health screening as part of an evaluation for emotional/behavioral problems
- Functional Behavioral Assessment

By averaging the four items, a composite score of *All Evaluation and Assessment Services* can be obtained. Such a score places equal value in each of the items this assumption is clearly debatable. However, given the broad array of evaluation and assessment data collected for this investigation and the obvious lack of preceding data, such a composite score is valuable for discussing evaluation and assessment services broadly, and for national comparison. In the broadest sense, over 80 percent of respondents reported providing *All Evaluation and Assessment Services* once per month or more, while less than four percent of Minnesota schools never provide evaluation and assessment supports and services.

At the individual item level, every school reported providing two or more evaluation and assessment services over the course of the year. More specifically, over 92 percent of schools reported providing all four of the evaluation and assessment services included in this study. Like the other continuum areas, variation existed in regard to how frequently services were provided. Table 9 provides complete data related to the type and frequency of evaluation and assessment services provide in Minnesota schools.

Each of the four services was provided at least once per month by over 80 percent of schools (see Exhibit 6.8). Special education services, including evaluation and assessment for emotional/behavioral problems and mental health screening as part of an evaluation, were the most frequently reported services.

Exhibit 6.8 Percent of Schools Providing Evaluation and Assessment Services 1x/Month or More

Evaluation and assessment for emotional and behavioral problems or disorders (special education)	87%
Mental health screening as part of an evaluation for emotional/behavioral problems (special education)	84%
Functional Behavioral Assessment (special education)	82%
Assessment for emotional or behavioral problems or disorders (general education)	80%
ALL EVALUATION and ASSESSMENT SERVICES	83%

Very few Minnesota schools “never” provided evaluation and assessment services (see Exhibit 6.9). In fact, fewer than five percent of schools never utilize general education assessments for emotional or behavior problems or disorders. Additionally, no Minnesota school reported never utilizing evaluation and assessment for emotional and behavioral problems/disorders or Functional Behavioral Assessments (for special education students).

Exhibit 6.9 Percent of Schools Never Providing Evaluation and Assessment Services

Assessment for emotional or behavioral problems or disorders (general education)	5%
Mental health screening as part of an evaluation for emotional/behavioral problems (special education)	4%
ALL EVALUATION and ASSESSMENT SERVICES	4%

6.4 Program Planning

From the full list of social/emotional supports and services, the researchers identified specific supports and services related to program planning. Program planning supports and services were defined as: 1) direct intervention in the educational setting, 2) consultation with teachers regarding educational adaptations and classroom accommodations, 3) crisis planning and crisis management, 4) ongoing coordination with student, family/parent, educators and health care provider, 5) ongoing advocacy for the student with educators and health care providers in community settings, 6) medication management, and 7) transition planning for students re-entering an education setting from a more restrictive placement. In total, a list of 25 program planning supports and services was compiled (see Exhibit 6.10).

Exhibit 6.10 Program Planning Supports and Services

- Individual counseling for students
- Individualized interventions for classroom use (e.g., classroom accommodations)
- Behavior management consultation (with teachers, students, family)
- Group counseling for students
- Monitoring of medication prescribed for psychological disorders
- Disciplinary alternatives for suspension
- Individualized skills training for students
- Crisis planning for student-specific needs
- Crisis intervention
- Individualized interventions for parent/family use
- Family support services (e.g., child/family advocacy, counseling)
- Staff development for those who work with individual students
- Planning for transitions (e.g., grade levels, buildings)
- Day treatment
- Individualized interventions/accommodations for classroom use
- Positive Behavior Interventions and Supports
- Systematic monitoring of student functioning and/or school adjustment
- Behavior management consultation (with teachers, students, family)
- Related services to meet social/emotional needs included on IEP/IIIP/IFSP
- Individual counseling as a related service
- Medication monitoring as a related service
- Crisis/Behavior intervention plan
- Group counseling as a related service
- Individualized interventions for parent/family use
- Family support services as a related service (e.g., child/family advocacy, counseling)

By averaging the 25 items, a composite score of *All Program Planning Services* can be obtained. Such a score places equal value in each of the items; this assumption is clearly debatable. However, given the broad array of program planning data collected for this investigation and the obvious lack of preceding data, such a composite score is valuable for discussing program planning services broadly, and for national comparison. In the broadest sense, nearly three-

quarters (73 percent) of respondents reported providing *All Program Planning Services* once per month or more, while 14 percent never provide program planning supports and services.

At the individual item level, schools reported having anywhere between 10 and 25 different supports and services. The mode, or most frequent value, was 24 services and supports. Like the other continuum categories, variation existed in regard to how frequently services were provided. Table 10 provides complete data related to the type and frequency of program planning services provided in Minnesota schools.

Of the 25 services, over one-quarter (seven services) were provided at least once per month by over 90 percent of schools (see Exhibit 6.11). For example, over 95 percent of schools reported providing individualized interventions/accommodations for classroom use and Positive Behavior Interventions and Supports (special education) at least once per month. Other services utilized frequently by Minnesota schools include systematic monitoring of student functioning and/or school adjustment and behavior management consultation (special education).

Exhibit 6.11 Percent of Schools Providing Program Planning Services 1x/Month or More

Individualized interventions/accommodations for classroom use (special education)	96%
Positive Behavior Interventions and Supports (special education)	95%
Systematic monitoring of student's functioning and/or school adjustment (special education)	95%
Behavior management consultation (with teachers, students, family) (special education)	94%
Individual counseling for students (general education)	94%
ALL PROGRAM PLANNING SERVICES	73%

Schools also reported that certain program planning supports and services were provided less frequently (see Exhibit 6.12). Of the 25 services, one-fifth (five services) were never provided by more than 20 percent of Minnesota schools. Day treatment was the most common service not provided by Minnesota schools. However, it should be noted that anecdotal feedback from participating schools suggests some confusion existed around the interpretation of this question. Schools described other services, however, as being provided infrequently. For example, family support services (both for general education students and as a related special education service) were not provided by approximately one-third of Minnesota schools.

Exhibit 6.12 Percent of Schools Never Providing Program Planning Services

Day treatment (general education)	70%
Family support services as a related service (e.g., child/family advocacy, counseling) (special education)	38%
Family support services (e.g., child/family advocacy, counseling) (general education)	30%
Individualized interventions for parent/family use (special education)	24%
Group counseling as a related service (special education)	24%
ALL PROGRAM PLANNING SERVICES	14%

6.5 Coordination of Services

From the full list of social/emotional supports and services, the researchers identified specific supports and services related to coordination. Coordination of supports and services were defined as partnering with community services to develop a network of prevention, assessment, and intervention services and supports for students and families. In total, a list of seven coordination supports and services was compiled (see Exhibit 6.13).

Exhibit 6.13 Coordination of Supports and Services

- Coordination of services across systems
- Reintegration from hospital, residential or juvenile corrections programming
- Training and teaching of social/emotional skills (i.e., Skills Training)
- Referral to community-based programs or services for students
- Service coordination with interagency partners
- Reintegration from hospital, residential or juvenile corrections programming
- Day treatment

By averaging the seven items, a composite score of *All Coordination of Services* can be obtained. Such a score places equal value in each of the items; this assumption is clearly debatable. However, given the broad array of coordination data collected for this investigation and the obvious lack of preceding data, such a composite score is valuable for discussing coordination services broadly, and for national comparison. In the broadest sense, over half (56 percent) of respondents reported providing *All Coordination of Services* once per month or more, while 20 percent never provide coordination supports and services.

At the individual item level, every school reported providing at least one coordination support and/or service over the course of the year. However, variation existed in the number of services available. Schools ranged from having one coordination service, up to seven different supports and services. The mode, or most frequent value, was six services and supports. In addition, variation existed in regard to how frequently services were provided. Table 11 provides complete data related to the type and frequency of coordination services provided in Minnesota schools.

Of the seven services, four were provided at least once per month by over two-thirds of Minnesota schools (see Exhibit 6.14). For example, nearly 90 percent of schools reported providing Skills Training once per month or more. In addition, nearly three-quarters of schools provide referrals to community-based programming or services for special education students.

Exhibit 6.14 Percent of Schools Providing Coordination Services 1x/Month or More

Training and teaching of social/emotional skills (i.e., Skills Training) (special education)	88%
Referral to community-based programs or services for students (special education)	74%
Service coordination with interagency partners (special education)	73%
Coordination of services across systems (general education)	68%
ALL COORDINATION SERVICES	56%

Schools also reported that certain coordination supports and services were provided less frequently (see Exhibit 6.15). Of the seven services, less than half (three services) were never provided by at least 20 percent of schools. Day treatment for special education students was again the most common service not provided by Minnesota schools. As described, however,

anecdotal feedback from participating schools suggests some confusion existed around the interpretation of this question. Being such, caution should be used when drawing conclusions about this finding. Other coordination services, particularly reintegration from alternative programming, were not provided by approximately 25 percent of Minnesota schools.

Exhibit 6.15 Percent of Schools Never Providing Coordination Services

Day treatment (special education)	58%
Reintegration from hospital, residential or juvenile corrections programming (general education)	32%
Reintegration from hospital, residential or juvenile corrections programming (special education)	24%
ALL COORDINATION SERVICES	20%

SECTION 7.0: SUMMARY AND IMPLICATIONS

7.1 Summary

As discussed, this was the first statewide survey of social/emotional supports and services in Minnesota schools. Its purpose was to provide “baseline” data on the type and frequency of services, as well as delivery arrangements and school personnel utilized. It should be noted that these data, collected by survey, only provides a “snapshot” of school-based service delivery in Minnesota schools during 2005-2006. The findings of this report provide vital descriptive data to be used to advance policy, practice, training and research. However, there are limitations in regard to data interpretation. For example, it should be noted that this study does not assess the intensity or adequacy of the social/emotional supports and services provided by schools (i.e., Does the reported number of services meet the schools’ or students’ needs?). In addition, this report makes no claims as to the effectiveness of these supports and services (i.e., Are the services working or effective?).

Findings suggest that in 2005-2006, all schools provided some form of social/emotional supports and services. As suspected, however, particular types of services are utilized more frequently than others. For example, evaluation and assessment services are quite common, with over 80 percent of schools providing these services at least once a month. On the other hand, despite considerable research and literature emphasizing the importance of universal prevention and health promotion services, these services appear to be utilized less frequently than other continuum supports and services. In terms of delivery arrangements, most schools do contract with or utilize services from community agencies. However, regardless of the types of services being provided, school personnel are responsible for the overwhelming majority of services. Teachers and student support personnel were most frequently identified as the school personnel responsible for providing social/emotional services.

7.2 Implications for Research, Policy, Practice and Training

This study provides the first comprehensive, statewide analysis of social/emotional supports and services in Minnesota schools. As a result, there are many implications for further research. For example, this survey collected important baseline data about the range of social/emotional supports and services in schools. It provides a “snapshot” of service delivery during the 2005-2006 school year; a time when social/emotional supports and services are still evolving. Additional research could include qualitative “follow-up” interviews with participants from this initial study because it will be important to have a sound understanding of the study participants. Information could be collected on the participants, their schools/districts, as well as their beliefs around service delivery and their interpretation of the survey questions. It will be important to disseminate these findings broadly so that other researchers can build upon this work and ultimately advance our understanding of school-based service delivery. It will also be important to replicate this study regularly. Frequent “snapshots” of these data will allow us to examine how social/emotional supports and services change based on funding, legislation, public opinion and a host of other variables. Future research could also focus on differences in service delivery in terms of geographic location, grade level or school size. For example, the existing data could be analyzed to determine whether “before/after school programming” is more common in “urban elementary schools” compared to “out-state high schools.” Finally, as a result of this study, future research could examine the effect of social/emotional supports and services on educational, social, emotional and behavioral outcomes.

This research also has many future implications related to policy. As discussed, there is little organization or consensus related to school-based service delivery. This research - which acknowledges and examines a continuum of school-based services and supports - provides some common language and a framework for discussing social/emotional supports and services in Minnesota schools. As a result, stakeholders have a common language, as well as baseline data to initiate conversations and planning around this important topic. By disseminating this research broadly, these data could help guide future strategic planning, both at a state and local level. At the state level, policymakers, interpreters and implementers could utilize these data to guide policy discussions and planning for the development of social/emotional learning supports and services. At the local level, administrators could also utilize this research to guide strategic planning and policy in their district or specific school buildings. For example, school administrators could conduct a “self-assessment” and compare their social/emotional supports and services to the state as a whole, or to other schools of similar size and/or geographic location.

Training and practice also could be impacted by this research. To date, there has been considerable dialogue around the extent to which schools must provide social/emotional supports and services in order to aid student learning. This study provides new insight and understanding into the role of social/emotional learning in education. Furthermore, these data could provide some role clarification, both among school and community personnel. In addition, this research could serve as the foundation for better understanding how and when school-based and community-based programs could collaborate. Finally, individual districts and/or schools could utilize this continuum of services and supports to assess and improve their own services and supports. With a better understanding of “what exists” in their buildings, future training and education (e.g., staff development or pre-service training) can be directed at “what is needed.”

7.3 Conclusion

This was the first statewide survey of social/emotional supports and services. It provides valuable “baseline” data on the types and frequency of social/emotional supports and services being provided in Minnesota schools. In addition, this study provides new information about the delivery arrangements and specific school personnel utilized to provide these services. While many implications for this research are discussed, most importantly, this study provides a common language and baseline data that stakeholders could utilize to initiate conversations and planning around this important topic. These findings could serve as a starting point for dialogue between school-based and community professionals regarding providing social/emotional supports and services to students Minnesota schools. As discussed by Adelman and Taylor (2006), children do not live in a school vacuum and schools do not have all of the necessary services/answers. As a result, students benefit most when schools, families and communities work together to create an integrated continuum of social/emotional interventions that meets the needs of all students.

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