

The elementary school counseling team uses a data-driven, ASCA-aligned programming model that implements comprehensive, preventive and responsive services to support all students' social-emotional, behavioral, and academic developments. We share ASCA's vision, as described in its Position Statement (2015): *"Preventive school-based mental health and behavioral services are essential. Without planned intervention for students exhibiting early warning signs, setbacks in educational, social, and career development during later school years and adulthood can result."* This vision is reiterated in ODE's Behavioral Health and Wellness Education Advisory Committee Report by its recommendation to promote funding and efficient use of resources: *"This guidance should include a focus on early interventions and address how investment in early education and prevention can lead to sustained and long-term success for students and schools,"* (Oct 2018).

It is the position of the elementary school counseling team that the perceived rising skill deficits related to coping/resiliency and problem-solving for many secondary students, in addition to the marked increase in their 504 Plans, may be a result of these students' limited access to mental health services and early interventions at the elementary level. Prior to 2014, elementary schools received support from a school counselor only one day per week. With the addition of an FTE in 2015 and another in 2016, elementary schools received increased access to school counseling services to the current total, 2.5 days of counselor support per week.

Since that time, data collected at two elementary schools bears out that with targeted classroom, small group, and individual counseling supports, a school counselor has a positive, measurable impact upon the psycho-social and academic performance of our youngest students. Below are the summaries of EOY reporting for Franklin (current enrollment 230) and Valley View Elementary Schools (current enrollment 400), which analyze the results of dedicated responsive counseling services:

EOY COMPARISONS OF INDIVIDUAL COUNSELING SERVICES

Franklin Elementary (Enr 230)

Year	Coping/Resiliency	Social Conflict	Neglect/ Abuse	Other	TOTAL VISITS
2016-17	132 54%	103 42%	5 (2%)	46 (19%)	286
2017-18	72 38%	76 40%	4 (2%)	37 (20%)	189
% Change	(-16%)	(-2%)	--	(+1%)	(-17%)

Valley View Elementary (Enr 400)

Year	Coping/Resiliency	Social Conflict	Neglect/ Abuse	Other	TOTAL VISITS
2016-17	37%	43%	3%	17%	177
2017-18	42%	38%	5%	16%	257
% Change	+5%	-7%	+2%	-1%	+19%

ANALYSIS: The recommended ratio for school counselors to students is 1:250 with the counselor being present and available to students *five days* a week. Because Franklin and Lincoln (enr 235) have fewer students, 2.5 days of counseling services may present smaller mental health service gaps than our larger schools, Isham (enr 360), Overlook (enr 345), and Valley View experience. While the number of coping/resiliency and social conflict - related services at Franklin reduced over two years through targeted preventive and responsive supports, Valley View's results suggest that a ratio of 1:400 for 2.5 days a week may be creating a widening service gap. These service gaps have the potential to cascade into maladaptive coping with lasting implications: *"Students' unmet mental health needs can be a significant obstacle to student academic, career, and social/emotional development and even compromise school safety...Research indicates 20 percent of students are in need of mental health services, yet only one out of five of these students receive the necessary services (Kaffenberger & Seligman, 2007)."*

SATISFACTION DATA

Parent and teacher satisfaction surveys related to the school counseling program were administered at two elementary schools in 2016-17 and 2017-18:

Parent Satisfaction Survey Data

FRANKLIN	Classroom Curriculum	Drug Prevention Measures	Monthly Newsletter	Counselor Responsiveness
2016-2017	85%	85%	90%	82%
2017-2018	80%	Not measured	82%	80%

Teacher Satisfaction Survey Data

FRANKLIN	Classroom Curriculum	Small Group Curriculum	Counselor Accessibility	Counselor Responsiveness
2016-2017	100%	80%	73%	100%
2017-2018	100%	85%	75%	100%

Parent Satisfaction Survey Data

VALLEY VIEW	Classroom Curriculum	Drug Prevention Measures	Monthly Newsletter	Counselor Responsiveness
2016-2017	90%	90%	90%	90%
2017-2018	89%	Not measured	93%	92%

Teacher Satisfaction Survey Data

VALLEY VIEW	Classroom Curriculum	Small Group Curriculum	Counselor Accessibility	Counselor Responsiveness
2016-2017	100%	80%	60%	80%
2017-2018	100%	91%	78%	78%

ANALYSIS: At each school, both parents and teachers report high levels of satisfaction with classroom and small group counseling services, which are the most efficient, least costly means of providing counseling support. The only metric to consistently receive the lowest scores was Counselor Accessibility.

STUDENT REPORTING

Student surveys were administered at the end of the 2017-18 school year to measure the impact of classroom counseling, school climate, and small group/individual counseling support. Data reflects percentage of students who agreed that the classroom lessons delivered for each item helped “a lot” or “some.”

Targeted Skill	FRANKLIN	VALLEY VIEW
Conflict Resolution (2 lessons)	84%	78%
Problem Solving & Stress Reduction (3 lessons)	83%	80%
Respect and Sportsmanship (4 lessons)	68%	76%
Personal Safety (2 lessons)	90%	90%
Teamwork (2 lessons)	65%	83%
Self-efficacy and self-esteem growth in last year	78%	82%
Classroom lessons were helpful	85%	82%
Small groups were helpful	79%	78%
Individual counseling was helpful	84%	91%

ANALYSIS: These data reflect that the elementary counselors are making a quantified, positive impact upon the mindsets, behaviors, and skills of our students. Outcome data reflecting areas of sub-optimal growth (Respect/Sportsmanship and Teamwork) has been utilized to implement targeted interventions for this academic year (small groups to enhance teamwork, the creation of a Lego Club where the school counselor will be present to coach and encourage teamwork and sportsmanship behaviors while students play).

IMPLICATIONS

The data points collected from teacher, parent, and student assessments and outcomes indicate that there may be widening mental health service gaps at the elementary level:

- Dissatisfaction with counselor accessibility
- Marked increase in individual counseling accessed at the larger school
- Rise in coping/resiliency-related skill deficits at the larger school

To shore these gaps, our team recommends the investment of an additional 1.5 FTE at the elementary level. We propose that the placement of a full-time school counselor at the three larger schools for all five days a week will more closely align these buildings to the ASCA National Model standard. The data collected at the smaller school suggests that 2.5 days may be adequate for mental health support; therefore, we recommend one FTE to be divided between Franklin and Lincoln Schools. Within this structure, the following programmatic enhancements could be made:

Additional Preventive Supports: Classroom lessons remain the most cost effective and efficient means of Social Emotional Learning. Presently, counselors deliver roughly only thirty minutes of classroom instruction per month. Doubling these Tier 1 supports would expand and enhance universal skill-building. With additional classroom time, school counselors are more available to promote mindsets, behaviors, and skills to impart coping, social skills, and positive school culture at formative childhood development points. Additionally, increased time in the classroom allows school counselors to observe students within the learning environment and adds this as a valuable perspective in parent/teacher conferences, RTI meetings, and 504 considerations.

Small group (Tier 2) interventions allow students to receive coping and specific skill-building for a targeted domain or objective. This intervention is ideal for SEL instruction provided to students managing grief, anxiety, ADHD, social skill deficits, or other barriers to their academic and social success. Currently, with school counselors in elementary buildings only 2.5 days per week, our team must limit these interventions to 4-6 small groups provided for the whole school year. Student and teacher feedback collected indicate this intervention has an 80% success rate. With access to school counseling five days a week, larger schools could increase these effective Tier 2 supports and potentially offer more groups to a greater segment of the schools.

Parent Workshops: We welcome the opportunity to be a liaison between school and home by providing our families with additional insight for ways that they could successfully support their learners at home. The data from a parent workshop offered in 2018-19 supports that families need and appreciate such opportunities: At Valley View Elementary this year, the school

counselor led an orientation for parents of kindergarteners to help teach what mindsets and behaviors at home will best foster a young child's school and social success. Outcome survey data indicated that nearly 100% scaled the presentation as "very helpful" and nearly 100% scaled that they would "highly" recommend the presentation to next year's kindergarten families. This data reinforces the recommendations of the report by the Behavioral Health and Wellness Education Advisory Committee to promote consultative supports for early childhood providers *'that help them understand and problem solve challenging health behaviors,'* (Oct 2018). Additional staff resources at the elementary level will likely enable us to offer parents more support.

Teacher Education: School counselors serve as a resource for teachers to better understand student behavior. Enhanced school counseling staff at the elementary level may afford educators valuable ideas and training related to trauma-informed practices, PBIS strategies, classroom management ideas, and implications of specific conditions (ADHD, anxiety, amblyopia, etc.) upon learning, contributing to greater rates of student success. SEL training and other educator support will improve with an investment in additional counseling resources at the elementary level.

School Counselor Advisory Board (at each building): We advocate that by including our parents and local community stakeholders, we open up new avenues of resources and may be able to invoke partnerships that more greatly support our students. This aligns with the focus of *Each Child, Our Future* to create a system of supports through active collaboration.

Greater Access to Responsive Measures:

- More access to individual counseling sessions
- Increased opportunities for classroom observations (for behavioral interventions)
- Greater participation in RTI process
- Availability for home visits (in instances of truancy or home instruction)
- Change agents for bus behavior (observations, PBIS training for driver, in-school support), which will fulfill the requirements of HB 318 to implement a PBIS framework on a 'systemwide basis.'

SUMMARY: Parent and teacher data indicate that mental health service gaps may exist at the elementary level, especially at the larger schools. Outcome data collected at the elementary level supports the measurable positive impact that school counselors have upon a child's mental health well-being. This information validates that the investment of an additional 1.5 FTE to educate, prevent, and implement short-term interventions may result in even greater significant and lasting measurable gains for our youngest learners. Ultimately, these gains should present a reduction for crisis-related services required at the secondary level but more importantly, allow our youngest students access to the mental health support and social-emotional education they need *when* they need it.

Sources Cited:

The School Counselor and Student Mental Health, American School Counselor Association (2015).

Behavioral Health and Wellness Education Advisory Committee Report and Recommendations, Ohio Department of Education (Oct. 2018)