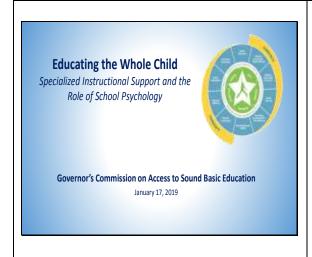
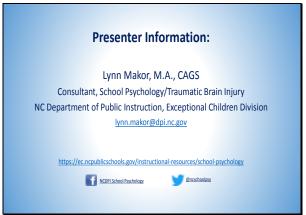
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Participant Notes







- Over the past several decades, the link between education and health has been well established.
   This has resulted in a need for a comprehensive model to change the way in which educationhealth is considered.
- The WSCC model focuses on 10 components that have been shown to have a significant impact on student outcomes while simultaneously promoting unified coordination across important groups.

The WSCC model advocates that all stakeholders

- (a) start with a common understanding about the interrelationship between learning and health:
- (b) work collaboratively to develop joint policies, processes, and practices; and
- (c) use available knowledge about the interrelationship between learning and health as guideposts over time when adjusting or adapting policies, processes, and practices to promote students' positive learning and health outcomes.
- By calling for the establishment of mutually beneficial relationships through increased coordination and collaboration among schools, families, healthcare agencies, community organizations, and other influential entities, the WSCC model transforms the way we think about both education and healthcare.

SISP Panel – School Psychology
Participant Notes



- For effective implementation of this model and truly fulfilling the charge to educate each Whole Child, the state is called on to pay close attention to the critical role that the <u>coordinated</u> services of these specialized education professionals play in the intended outcomes of the model.
- Without proportionate staffing and teaming of these providers, our education staff and administrators are largely left to "figure many things out for themselves", leading to challenges and frustrations for those not trained in these specialized areas, due to lack of understanding of many of the nonacademic barriers that exist for students
- Each profession serves a unique role on the education team and although the roles are complimentary and, at times, overlap, the work cannot be effectively carried out if:
  - providers are functioning in silos, and/or,
  - all providers are not proportionately represented
- Providers are most effective when they have regular access to one another as they work with students.
- SISP ability to work regularly together to address complicated issues facing students is paramount to students' access to a quality education and being prepared for their adult life.

## 

- Middle Column: national recommendations for effective delivery of a continuum of comprehensive services across each SISP provider type.
- Right Column: reflects how NC's professionals are actually functioning, all attempting to manage ratios that fall substantially higher than the recommended staffing formula for provision of effective services
- Without adequate numbers of all SISP positions, there are gaps in service delivery, resulting in students' needs not being fully met.

\*There is not a single district in NC that has the recommended staffing ratio for school psychologists.

SISP Panel – School Psychology
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## NC School Psychological Services - Myths and Truths

#### MYTH:

Services are limited to students suspected of, or having, disabilities

Staffing decisions based on number of students with disabilities

Services offered are limited to special education evaluations/programming

#### TRUTH:

All students *should* have equitable access to services

Staffing decisions *should* be based on <u>total student population</u>

Services offered should be aligned with National Practice Model and NC Professional School Psychology Standards

### TRUTH 1:

Although school psychologists are not intended to see and work directly with the entire student body, they should operate in a system that allows all students in that system equitable access to their services, if needed. These services go beyond the specialized services that they deliver through individualized assessment and special education programming decisions, but are often not maximized at the local level.

#### TRUTH 2:

As seen on previous slide, the role is not intended to serve a subgroup of the student population; it exists to serve the entire student population, either at the system- or direct-service level.

#### TRUTH 3:

There is substantial imbalance to most school psychologists' workloads across the state. There is a need for professional practice in alignment with the standards; however, insufficient staffing of positions leads to school psychologists having to prioritize special education duties, due to the legal and ethical obligations that must be met in fulfilling these requirements.

#### WHO WE ARE:

#### Mental Health Professionals trained to:

- work specifically within the dynamic, complex structure of the education system
- understand student acquisition of academic skills, and barriers that prevent student progress within a given curriculum
- understand the impact of instructional, curricular and environmental factors on students with academic, behavioral and emotional needs
- deliver system- and student-level social-emotional and behavioral health services



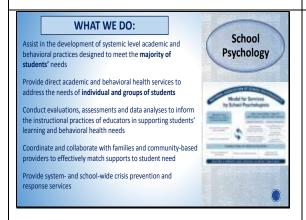
- School psychology is a specialized area within the field of psychology. These school mental health professionals are trained to be the "educators who know psychology" and the "psychologists who know education".
- In addition to <u>advanced training</u> in mental health, school psychologists understand how to effectively apply strategies related to positive outcomes for children within the context of the school environment.
- Have deep knowledge and understanding of how school systems are structured and function.
- Often assist in the <u>development of systemic level</u> <u>improvements</u> that will reach the <u>majority of</u> students in addition to <u>providing direct, targeted</u> <u>academic and behavioral health services</u> to individual and groups of students in need.

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Participant Notes

School psychology service provision is structured across 10 domains of practice delineated through a National Practice Model.

These domains are categorized by:

- 3 Foundational elements
- 2 areas of skills and practices that permeate all aspects of service delivery
- 5 focused areas of direct services provided to students, and the system as a whole (schools, families, community



- Systems-level services include assisting in the development of universal practices to support academic and social-emotional learning
- Direct student and group services include counseling, social skills instruction and direct assessment services
- In addition to direct student services, the services that school psychologists provide largely inform the instructional approaches of the education staff that they work with; also inform parents of strategies found to be effective in working with their children at home
- Coordination and collaborative planning with families and community providers to design and deliver services matched to student need is a critical role of the school psychologist

#### Sufficient, dedicated SISP funding **Proportionate SISP** represented in ALL Psychology WHAT WE School Social Counseling **NEED:** School Nursing Infrastructure to Recruit & Retain support effective talented providers teaming

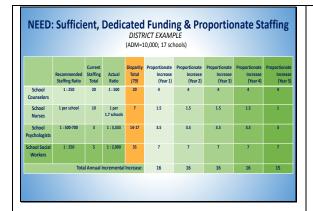
# What SISP need -

4 Critical areas of need to be effective in this work:

- Sufficient, dedicated funding of positions
- Proportionate SISP representation in ALL NC public schools
- Infrastructure that supports effective teaming
- Recruit & Retain talented providers

SISP Panel - School Psychology

**Participant Notes** 



## **NEEDS 1&2:**

- Sufficient funding short-term funding solutions or competitive grant processes are not effective; a realistic, long range plan to sufficiently fund ALL positions is required
- Proportionate staffing utilizing current ratio data to apply objective decisions and ensure that SISP are proportionately represented across the system is critical



## NEED 3:

Infrastructure that supports effective teaming

- positions alone are not sufficient; state/district/school leaders need to provide a structure that allows SISP to work in a coordinated, integrated and cohesive manner
- Unified System: Turn "my department" mentality into "our organization" mentality. Give people access to the same data. Prioritize transparency.
- Shared Priorities: Agree on a common vision for the organization (we chose Safety and Wellness and tied it directly into MH)
- Collaboration: SISP MUST be intentionally working together to make this happen
- Decision-making: avoid "group think"

## **NEED: Focused Plan to Recruit/Retain Talented Providers**

- NC recruitment efforts for educators must include SISP
- NC (school psychology) training programs are necessary, but not sufficient, to close current employment gaps
- · States where a training surplus appears to exist:
  - . California (33 programs)
  - New York (26 programs)
  - · Pennsylvania (14 programs)
  - Texas (20 programs)

## NEED 4:

- SISP should be included in the larger state and district level educator recruitment strategies; not viewed "separate and apart" re: recruitment needs
- For school psychology specifically, there were 75 position vacancies last school year; relying solely on existing training programs to close the employment gap is not sufficient
- NC needs to designate resources to targeted recruitment efforts in states where we know that a training surplus exists; intentional planning for this is necessary

SISP Panel – School Psychology
Participant Notes

## Information/Resources

- Addressing Shortages in School Psychology-Resource Guide (NASP)
- National Association of School Psychologists Practice Model
- NC Professional School Psychology Standards
- NC School Psychology Infographic
- NC School Psychology Workforce Report (2017-2018)
- Pay Scale Determination for School Psychologists (NASP)
- Research Studies: Shortages in School Psychology (NASP)



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