

Mental Health Committee Meeting  
11-28-18

Attendance:

Joyce Walker  
Gabe Tudor  
Jennifer Manos  
Lynn Decker  
Chris Sieber  
Laurie Freund  
Jodie McInnes  
Steve Moore  
Vicky Albanese  
Lauren Ross  
Kelly Rapp  
Andy Hill  
Chris Roberts  
Julie Batey  
Roger Havens  
Nance Watts  
Rich Berlin  
Nikki Farson  
Steve Brady  
Ashley Ruedisuelli  
Erin Simpson  
Mrs. Gahan  
Julie Cloonan

Discussion Point: What is the role of a school counselor? (Given current staff, what is being done to address current mental health needs? Where does school counselor role end and mental health expertise start?) The Board is aware of the changing needs of the District and interested in what this committee presents once data is gathered and discussed.

Elementary:

The 504 development process helps guide better counseling  
Given ASCA model - Counselor to student ratio is 1 to 250 - we are short-handed  
Supporting students when in crisis  
Early intervention classes/groups in a proactive manner  
Schoolwide PBIS data collection  
Only 2.5 days per week in each building  
There is always something that does not get addressed because of crisis needs

The addition of pastoral counseling has been wonderful. We need an "in between" support person

Because of schedule - they have to be OK putting kids in the hands of others.

Support of teachers - sharing techniques that may better support students in the classroom.

#### Middle School:

We are Identifying students earlier and talking with parents, which is good. We are missing a SUPPORT piece that the students need.

Management duties with pastoral counseling referrals - Getting it started can take time.

MCDAC support and Belfaire takes times to set up and go/run

The resiliency piece costs the school counselor a lot of time. With additional support, she would like to do this herself. (CIS and MS)

Lessons, small group, brief sessions around a topic

Crisis support

Collaboration/Consultation/Referring

Programming, data and evaluation

The challenge is when families do not want to consent to mental health referral so the school counselor continues to be the only support the student receives even though the student needs so much more.

#### High School:

Role is shifting. Each has a different area they are in charge of.

Social-emotional area is becoming overwhelming to the point where so many students have needs. Students are struggling to cope, in general. \*\*This is becoming the priority\*\*

Testing expectations

Social-emotional, academic, career readiness

The bizarre situations has become the norm in both counseling and administration

Experiencing a shift in family dynamics.

We want our counselors to work with kids. The 504 paperwork is shifting them from kids to paperwork.

Preparing students for what is next in their future

Major anxiety/bipolar are areas they are not able to treat

40 504's to 86 in 1 year

504 paperwork is difficult and consumes a lot of time at the beginning of the school year

Putting fire out with minimal follow through

This year was the first year counselors did not have the time to meet with every senior

Pastoral Support at the HS is at 30 and could be double.

Are there things you are doing that someone else could do?

Having no duties continues to really help.

Scholarship Night

Career Day

504 Clerical - 504 processing

504 Paperwork Process:

New 504 -

- Reach out to parents to set up evaluation meeting
- Send consent form and meeting invite,
- Request medical information, if applicable,
- Collecting teacher data for evaluation,
- Review file to support disability across time,
- Create Evaluation in Progress Book,
- Hold evaluation meeting,
- Determine eligibility,
  - If they qualify, do they have the need for accommodations?, (45 minute meeting),
- If on a plan, that is created at the meeting, Get 504 Plan out to the teachers.
- Accommodations entered for testing purposes
  - (Time study - 20% of time spend on 504 activities)

Discussion Point: What are the mental health needs that District staff is expected to address at this time? (What are we doing well? Where do we perceive there is a void?)

Anxiety

Depression

Clinic staff is seeing this as well) Rise in seizure/panic attacks/fainting

Kindergarten population is coming with serious behavior needs

Students under care of grandparent - increase in parent drug use

Younger age - mental health concerns

Preschool Trauma

Physical space to put the anxious students

Sensory Space - work with OT to determine appropriate "tools" for this area

Quantity of students and inability to follow up

Gap is follow up

Increase in home instruction/on-line learning - what role to we play

Grizzly Digital - whose responsibility is it to track/monitor these kids?

Big role - Relationship with students - Hard to give students to someone else

What are we doing well?

Communication with parents - even though the parent follow through is not always there

A licensed professional counselor can create a plan and diagnose. A school counselor does not do this, but can run groups. Of all students referred, all have qualified through the assessment process. These students and their support flows from one building to another. Some counselors feel unprepared and/or unable to handle that caseload when the outside counselors are not in the building. There can be tiers of support - but training would be needed.

Next Steps: Timeline - Clear vision by early February

Next Meeting: December 18th at 4PM

Propose a realistic model of what support is needed to address these needs. Support that need with information.

504 Resolution - Who does what?

How much time are you working on clerical tasks?