



Report on Workforce Challenges for Pre-K Special Education and Related Services

Compiled by the ROC the Future School Readiness Collaborative Action Network



Abstract

Early intervention is an essential component for addressing developmental delays in children. This report was compiled to examine the current ability of school districts and other early education providers to serve students with potential developmental issues. Based on survey results, findings indicate that significant structural workforce challenges exist in meeting these needs in a timely manner that is consistent with the legal mandate to provide a free and appropriate education to all children. In examining this data and conferring with experts, a set of recommendations has been developed to assist with efforts to best serve this at-risk population.

*ROC the Future School Readiness
Collaborative Action Network Organizations*



Action for a Better Community
Association for the Blind and Visually Impaired
The Children’s Agenda
Children’s Institute
City of Rochester
Early Childhood Education Quality Council
Family Resource Centers of Crestwood Children’s Center
Greater Rochester Quality Council
Ibero-American Action League
Mary Cariola Children’s Center
Monroe Community College
Monroe County
Mount Hope Family Center
Nazareth College
Rochester Childfirst Network
Rochester City School District
Rochester Early Childhood Direction Center
Rochester Hearing and Speech
Rochester Works
Society for the Protection and Care of Children
Step by Step Pediatric Therapy Center
United Way of Greater Rochester
University of Rochester
Volunteers of America



Introduction

Young children with developmental issues are one of our most vulnerable populations. With little understanding of their skills and abilities relative to other children and only emerging communication skills, identification of needs for these children falls primarily to the adults that guide their development. To that end, the importance of screening, evaluation and remediation of delays cannot be overstated.

For the Rochester community, a pilot program is underway to significantly ramp up screening efforts for three-year-old children so that potential delays can be detected well before a child enters kindergarten. Starting at age three, referrals for evaluation based on screening are made to the school district in which a child resides. It is the school district's responsibility to have a licensed or state certified professionals perform the appropriate evaluations, during the required legal timeframe, to determine if a child needs services to remediate detected issues, and to then provide these services as identified.

With systematic, comprehensive screening being undertaken, there is likely to be an increased demand upon the school districts to provide timely and appropriate evaluations and services. Complicating this however, is that education professionals have shared that the current system for working with preschool children is already stretched beyond capacity due to inequities in the system that have led to a shortage of licensed professionals to provide the evaluations and services.

During May and June, 2016, all Committee on Preschool Special Education (CPSE) chairs in New York State were invited to participate in a survey intended to assess the types and extent of service delivery problems school districts encounter when providing services to preschool children. The survey was developed with the input of CPSE chairs, directors of direction centers, directors of EPK, UPK, and PPK programs, members of the Roc the Future –School Readiness Collaborative Action Network, and evaluators from the Children's Institute, which is affiliated with the University of Rochester. Invitations to complete the on-line survey were sent directly to CPSE chairs and to school district superintendents, with a request that the invitation be forwarded to the CPSE chair. To increase the response rate, follow-up reminders were sent one week prior to, three days prior to, and on the day of the close of the survey.

This report is intended to share the findings of this survey and to make recommendations to improve the system for supporting preschool children with potential and identified developmental delays.



About ROC the Future

ROC the Future is a collaborative, community-wide initiative working to promote alignment and focus community resources to improve the academic achievement of children in the City of Rochester. ROC the Future is part of StriveTogether, a national network of communities supporting the success of every child from cradle to career through a focus on a common agenda, shared measurement, continuous communication and mutually reinforcing activities among all participants for collective impact, mobilizing resources, and increasing equity.

ROC the Future has four overarching goals:

- Every Child is School Ready
- Every Child is Supported
- Every Child is Successful
- Every Child is College and Career Ready

ROC the Future works through Collaborative Action Networks tasked with identifying appropriate measurements, goals, and detailed action plans to improve outcomes. ROC the Future is also committed to engaging parents, students, and the community in efforts to improve academic achievement.

About the School Readiness Collaborative Action Network

One of the first three networks formed by ROC the Future, the School Readiness Collaborative Action Network (SR-CAN) has been working since 2012 to understand the extremely high failure rate of children entering the Rochester City School District (RCSD) on almost every health and developmental milestone. Based on extensive research by the SR-CAN, the group identified the need for comprehensive early screening, referral and interventions for health, behavioral health and developmental problems for young children. A working group was formed to propose a pilot screening program to serve up to 2400 RCSD three-year-olds. Now funded by grants from community organizations, that project is in the implementation stage.

About the Workforce Development sub-CAN

This sub-CAN was created to better understand the issues around service needs and shortage areas, and to develop strategies to build this workforce. Research supports that with more systematic screening, a significantly higher number of children are likely to need support services. Anecdotal information suggests that there are already challenges to children receiving services, thus additional children being identified is likely to further these challenges. In examining workforce needs, the Workforce Development sub-CAN has drawn in a variety of experts from the Rochester community. Participants include speech/language pathologists, special educators, early care professionals, researchers, college professors, researchers and administrators, workforce specialists, early intervention administrators, program funders and RCSD administrators.



Survey Highlights

- Responses from 247 districts out of 738 school districts and 37 BOCES districts surveyed (32% response rate) across New York State (p.1).
- Majority of responses were provided by Committee on Pre-School Special Education Chairs, Committee on Special Education Chairs, Building Principals or District Administrators (p.1).
- For respondents, up to 22.4% preschool children receive special education services (p.2).
- Approximately nine percent (9%) of districts are potentially out of compliance due to evaluation delays (p.2).
- Shortages in staffing are affecting ability of schools to provide services:
 - Twelve percent (12%) of special education students are underserved;
 - Additional 10% not receiving needed services (p.2).
- Approximately 46% of respondents indicated that IEPs are being written based on what can be provided, not what child needs (p.3).
- Thirty-six percent (36%) of responding districts will delay requesting parent consent for evaluation so as not to be out of compliance on 60 day window for evaluation to take place (p.3).
- Approximately 32% of districts reported that pre-school children experience delays of one month or greater for evaluation (pp. 4-5).
- Approximately 43% of districts reported delays of one month or greater in pre-school children receiving needed services once needs are identified (pp.5-6).
- Respondents indicated the following issues as significant reasons for lack of professionals evaluating and serving preschool children: inadequate reimbursement rates, low salaries overall, lower salaries as compared to providing services in other settings, poor benefits, large caseloads, excessive paperwork burdens, inadequate reimbursement for work that was not direct services to child (parents, teachers, travel, etc.) and a lack of training programs (pp.8-14).
- Notably, 83% of survey participants indicated they had seen an increase in need for behavioral/mental health services for preschool children (p.15).



Case Study 1

Preschool: Talent, Passion, and a Fiscal Crisis

Christine M. Sheffer, Ed.D.

Mary Cariola Children's Center has a 67 year record of excellence in providing services to individuals with complex developmental disabilities. Our talented teachers and clinicians work collaboratively to develop individualized programs for children from ages 3 to 5 that focus on developmental milestones and early learning standards. The Center serves 84 preschoolers in a combination of full and half day programs. They come from 5 counties and approximately twenty school districts. Many have very long bus rides because the Committee on Preschool Special Education has determined that there is no preschool closer to home that meets the student's needs. Our students typically have intellectual disabilities along with other challenges including Autism, medical fragility, seizure disorders, and the need for behavioral support.

Mary Cariola's Preschool program serves an increasing number of students with behavioral challenges at intensities that are beyond what other special education programs, Head Start or UPK can accommodate. We address the communication, early learning, sensory, and functional behavioral needs of these children in a positive environment that does not exclude students because of their behavior. A BCBA licensed behavior therapist leads the team that uses positive strategies to increase school appropriate behaviors.

Our preschool also provides high quality educational and therapeutic services for children with complex medical needs. Due to medical advances, babies are living that may not of in the past. Mary Cariola takes its obligation to provide excellent preschool learning opportunities and clinical services to these children very seriously. Nurses, clinicians and teachers work together to provide an integrated program. For example, you may see a student receiving a tube feeding while working on a literacy activity that is designed to maximize their limited vision. Many children also need specialized equipment that cannot be purchased but must be created in our workshop. For those items that can be purchased, the workshop frequently makes modifications.

The needs of Mary Cariola students are significant and it takes well-trained, experienced staff to provide their programs. Our typical classroom ratio is 8 preschoolers, 1 teacher who is certified in special education to educate students from birth to second grade, and 4 teacher aides. Our preschoolers typically need two or more related services including: Occupational, Physical, Vision, and Communication therapies. Music therapy is provided to all students as a strategy to increase communication and other necessary skills. The children love it too! A social worker is involved with all families to provide support as they learn to navigate life as the parent of a child with significant disabilities.

Over the past 10 years, the average annual tuition increase provided by the NY State Education Department has been 0.8%. This flat tuition history even includes a year when the tuition rate went down. Costs, however, continue to increase. In comparison, the average annual growth in state wide education funding was 3% and for Rochester City School District reoccurring funding increased by 6%. Our governor is investing in programs for students without disabilities; yet, the necessary funding to provide appropriate services to complex preschoolers is insufficient. To illustrate this crisis let me introduce you to one of our students.



Alfredo came to us after his Spanish speaking family moved here from Puerto Rico. This very busy, impulsive four year old was difficult to engage and had no verbal communication. He was referred to Mary Cariola by the school district and we quickly determined he also needed an evaluation from the Kirch Developmental Services Center at the University of Rochester. The family's preschool social worker went with Alfredo and his mother for the evaluation to provide information and to provide a familiar support in an unfamiliar setting. As his family suspected, the diagnosis was Autism. The social worker helped the family to understand his potential and his need for specialized educational services.

Alfredo was a member of a full-day preschool class and also received speech and language services three times per week, occupational therapy twice a week and physical therapy twice a week during the 2015-2016 school year. The social worker continued to support his family. Mary Cariola provided a translator to ensure understanding of important information. We received \$33,190 in tuition for Alfredo's preschool services.

This year he has transitioned to the full-day kindergarten classroom in Mary Cariola's school-age program. Staff members continue to get to know how this complex little boy learns but his family is thrilled with his progress. His new classroom is in the same building as his preschool program. His IEP outlines similar needs and he receives exactly the same related services. As a kindergarten student, we receive \$41,641 for his tuition. The \$8,451 difference is glaring especially given Mary Cariola has exactly the same costs in providing his necessary educational program.

Inadequate funding resulted in the Mary Cariola Preschool program having a deficit of \$393,008 last year. We are luckier than some programs in that we were able to cover the deficit by using one-time reserves. Over 85% of the 16-17 expenses were for staff compensation, yet our teachers are among the lowest paid in the region despite the need for them to have a very specialized skill set. To mirror public school staff our compensation would need to increase 82%. An increase of this type is unexpected, but it is essential that tuition rates are increased so that staff compensation is increased. Without that, we will continue to have high turnover that negatively impacts student learning and safety. In the last 12 months, 57% of our teacher positions have turned over. Mary illustrates this story well.

Mary worked with us during summers while in college. She also worked as a teacher's aide while waiting for a teaching position to come open. She was thrilled to be hired and enjoyed working with young learners with significant behaviors. She has student loans to pay. She married and had a child. She wanted to buy a house. On the day she resigned, she sat in my office and cried. Her reason for leaving wasn't the bites or scratches she frequently received. It wasn't the paperwork demand. It was that she needed a higher salary and increased benefits to take care of her family. After ten years with the agency, she had to leave. Mary was quickly hired by a public district that was thrilled to have a Mary Cariola trained teacher on their team. Her ten month salary increased over \$10,000. Our students lost a patient, experienced teacher who loved her job.

Mary Cariola is committed to meeting the educational needs of our community's most complex preschoolers; however, without significant increases in our tuition rate, our passion will not be enough. We cannot continue to operate with a deficit.



Case Study 2

Rochester Childfirst Network: A Case Study

Lynn Lubecki, Ed.D. et al.

Rochester Childfirst Network (RCN) seeks to improve the quality of early childhood & special education for children in Western New York through leadership, advocacy and direct services to families. Since our founding over 150 years ago, RCN has supported the learning and development of tens of thousands of children using innovative, cost-effective program models. RCN believes that every child deserves the opportunity to grow up safe and strong, able to achieve his or her full potential.

Due to recent (2013) New York State requirements for special education and insufficient reimbursement rates, the sustainability of RCN's special education program is in question. Since 2013, the special education program at RCN has operated on a deficit. For the 2014-2015 school year, our special education program lost \$27.5K, in 2015-2016, the loss was \$93K, and this year, we anticipate a loss of \$131K. Through revenue from our endowment and sheer determination, RCN continues to provide services to children and families to help them survive. It is imperative that RCN secures additional financial support from the state in order to meet the State's requirements—and to allow our children and families to thrive.

For over 20 years, RCN has been a recognized leader in special education programs, in part due to our innovative programs developed. Our integrated program placed children with special needs into classrooms of their typically-developing peers at a ratio of 12:6. This approach allowed a child with special needs to learn and develop alongside five other students of differing disabilities and twelve of their typically-developing peers. RCN's innovative ratio enabled these children to thrive for three reasons:

- Frequent opportunities to interact with typically-developing peers
- Instruction from school-wide special education educators & speech language pathologists
- Individualized curriculum adjusted to child's specific needs

A special education teacher and a speech language pathologist rotated between classrooms to serve the children with special needs as they interacted with their typically-developing peers. In collaboration with the speech language pathologist and the certified general education teacher, curriculum was developed with adaptations tailored for individual children as needed. Every child benefited from this ratio, as each child was supported on an individual level.

In 2013, RCN's special education program was abruptly challenged. The Special Education Quality Assurance (SEQA) review created policies that required RCN to change its effective and cost-efficient model. SEQA strongly “recommended” / required a 50:50 ratio of students with special needs to typically-developing children. These recommendations were an attempt to achieve consistency across New York State, but had adverse effects on our program for three primary reasons:



- Higher volume of special education students required one special education teacher in each classroom & one additional aide in each room (4 additional hires required for RCN)
- Decreased enrollment of children in the general education program
- Reduced volume of typically-developing peers to serve as role models

More adults in each classroom, more children with special needs, and less typically-developing peer models drove our proven model into unfamiliar and expensive territory—and upended the integrated experience that RCN was known. Further, RCN experienced a reduction in revenue of the general education program and increased costs due to additional staffing combined for a loss of \$35,000 - \$45,000 annually, as stagnant and continually inadequate reimbursement rates offered no fiscal relief.

In our effort to provide the highest level of care and education to the children we served, we implemented creative staffing solutions and invested our own funds to hire critical roles not met from New York State's current reimbursement rate for pre-kindergarten special education. This past year, we invested in a full-time occupational therapist to fill the need for high-quality OT services in our area and to provide required supervision to assistant certified occupational therapy professionals who work with our special education students. We also assigned multiple roles to individual employees: our Physical Therapist provides exceptional PT services to children on site, writes grants for RCN and assumes the additional responsibility of developing & coordinating an Early Intervention Developmental Group (launched in the summer of 2015). Even assuming more responsibilities, the dedicated teachers and staff at RCN are committed to our mission—we strive to fill the need and provide essential services that are otherwise unavailable in our community.

In 2016, we continue to provide high-quality services to children with special needs. We are committed to deliver additional individualized attention to these children. We stand by the fact that those that are typically-developing alongside children with special needs have access to natural learning opportunities to develop positive life skills. We are steadfast in our belief that **all children benefit from a truly integrated classroom**. Through resilience, creativity, and collaboration, we continue to provide services to children and families that help them succeed and thrive. It is clear that the current model and NYS reimbursement rates are not financially sustainable. We need a long-term, scalable financial model in order to meet the growing needs for our children that we serve or face additional losses of \$130,000+ annually.

Before 2013, using our integrated special education model, many of our children grew up to be high school graduates, avoided suspension or adjudication, and the vast majority of our young parents learned & implemented high-quality parenting skills from our trainings. After 2013, using the state's "recommended" model, our children and parents are not getting many of the tools they need to grow and survive



Recommendations

- 1) Increase reimbursement rates for preschool providers of special education for assessments and services. Such rates must necessarily be adequate to pay for required services. One option would be for the state to reimburse Pre-K assessment teams and providers at the same rates presently used to reimburse school age assessments and services.

- 2) The rate-setting mechanisms for Pre-K special education services as promulgated by the current CFR are confusing, lack understanding, are unfair to both counties and providers and need to be rewritten. Specifically,
 - i) There needs to be differential weighting of rates that reflect the needs and complexity of children. Those children with greater needs receive more services and need higher reimbursement rates as more services cost more. Flat rate reimbursements do not recognize the fact that children with complex issues require more skilled staff and resources than those with less complex needs.
 - ii) Reconciliation adjustments (retroactive rate changes), which typically happen years later, need to be discontinued as they are impossible to understand and to realistically budget.
 - iii) Regional rates should be established so that those Pre-K providers in a certain region, e.g., Monroe County or BOCES catchment, would all get reimbursed the same for assessments and services.
 - iv) Reimbursement rate schedules based on the school year (July 1 to June 30) need to be published annually by SED by March 30 of every year and need to reflect inflation, competition (shortages) within a field, so as to accurately reflect the actual cost of services.
 - v) Efficiency ratings for Pre-K services need to reflect the added costs of necessarily working with parents and families. Otherwise put, it is good to invest time and energy with parents and families as soon as possible so they are better equipped to work with their children on an ongoing basis and such preventive services need to be reimbursed.

- 3) As there are shortages in pre-kindergarten teachers in certain areas of the state, i.e., general and special education, and many health allied fields that work with children, such as, Speech Language Pathologists, Physical Therapists, Occupational Therapists, School Psychologists, a loan forgiveness program needs to be implemented that forgives undergraduate and graduate loans after five years of service in a Pre-K environment in high need areas of the state.

- 4) The complexity and cost of the certification process needs to be reduced as it is discouraging students from going into education or the allied health fields. For those teachers and allied health professions who agree to work a Pre-K environment in high need areas of the state the costs of the certification process should be waived.



- 5) Graduate programs of allied health fields such as those training Speech Language Pathologists, Physical Therapists, Occupational Therapists, School Psychologists cost more to train such professionals than present reimbursements from the state to SUNY schools cover for such training programs. Therefore, it is recommend that reimbursement rates to SUNY schools, who are training within these allied health fields, be increased so SUNY schools can provide additional slots for these professions and providing such training will not put them in an unsustainable financial situation. It is also recommended that for the next 10 years, private universities that presently provide training for such allied health professionals be reimbursed at the same rate as SUNY schools' so they can also increase their enrollments and reduce the shortages of these needed professionals.

- 6) The present Pre-K special education system is broken and needs a major review and overhaul. While research has shown repeatedly that investments in Pre-K for special education services is a good investment, and federal law requires it, it appears that NY State, through a series of policy decisions, has repeatedly ignored such findings. The result is a broken Pre-K-special education system and that is financially unsustainable, which directly and adversely affects some of the State's most vulnerable citizens, children with disabilities. Therefore, in addition to addressing quickly the above 5 recommendations, which will directly address some of the symptoms of our failed system the following need to be addressed when conducting a systematic review:
 - Benchmarking against other states that are providing excellent services to its Pre-K children with disabilities.
 - Shift NY State funding to 90% and local funding to 10% of all Pre-K special education costs. Where children with disabilities live is not controlled by a school district or municipality and they are the responsibility of the state.
 - Evaluate transportation costs of Pre-K children with disabilities. In some situations, "transportation costs more than the cost of program."
 - Children and families who are English Language Learners (ELL) have special needs when it comes to language consideration, and providing provision and adequate reimbursement for translation services is an obvious shortfall.
 - Emphasize and incentivize schools and communities to provide comprehensive developmental screening for all three and four year old children for vision, hearing, physical, dental, speech and language, fine and gross motor, social and emotional, and cognitive development and parent / family support in navigating the CPSE process so young children with needs can be served as soon as possible.
