



Commission on Equitable Early Childhood Education and Care Funding

Inclusion Working Group
Meeting 2 – 2/28/2020

Inclusion Meeting 2 Goals

As it pertains to ***Early Childhood Special Education and Early Intervention Services***:

1. Identify necessary changes to cost model and approach to **calculating adequacy**
2. Identify **pros and cons of current funding mechanisms** that we have control over
3. Align on a **process for developing M&O recommendations** for inclusion

Inclusion Meeting 2 Agenda

Item	Time
Goals and agenda and revisit outcomes of prior meeting	9:30 - 9:45
Funding Adequacy for Inclusion	9:45 - 10:30
Funding Mechanisms for Inclusion	10:30 - 11:00
Management & Oversight for Inclusion	11:00 – 11:15
Next Steps	11:15 - 11:25
Public Comment	11:25 – 11:30

Workplan and Timeline

Approximate Timeline	Meta-Topics
February (completed)	<ul style="list-style-type: none">• Validate Work Plan and Timeline• Review current modeling and understand current mechanisms, structures
March (Today)	<ul style="list-style-type: none">• Opine on relevant cost modeling inputs• Develop future M&O / funding mechanism system requirements• Review research available to inform recommendations, including other states
April 6	<ul style="list-style-type: none">• Analyze future system options
May - July	<ul style="list-style-type: none">• Discuss interdependencies with other working groups and validate potential recommendations

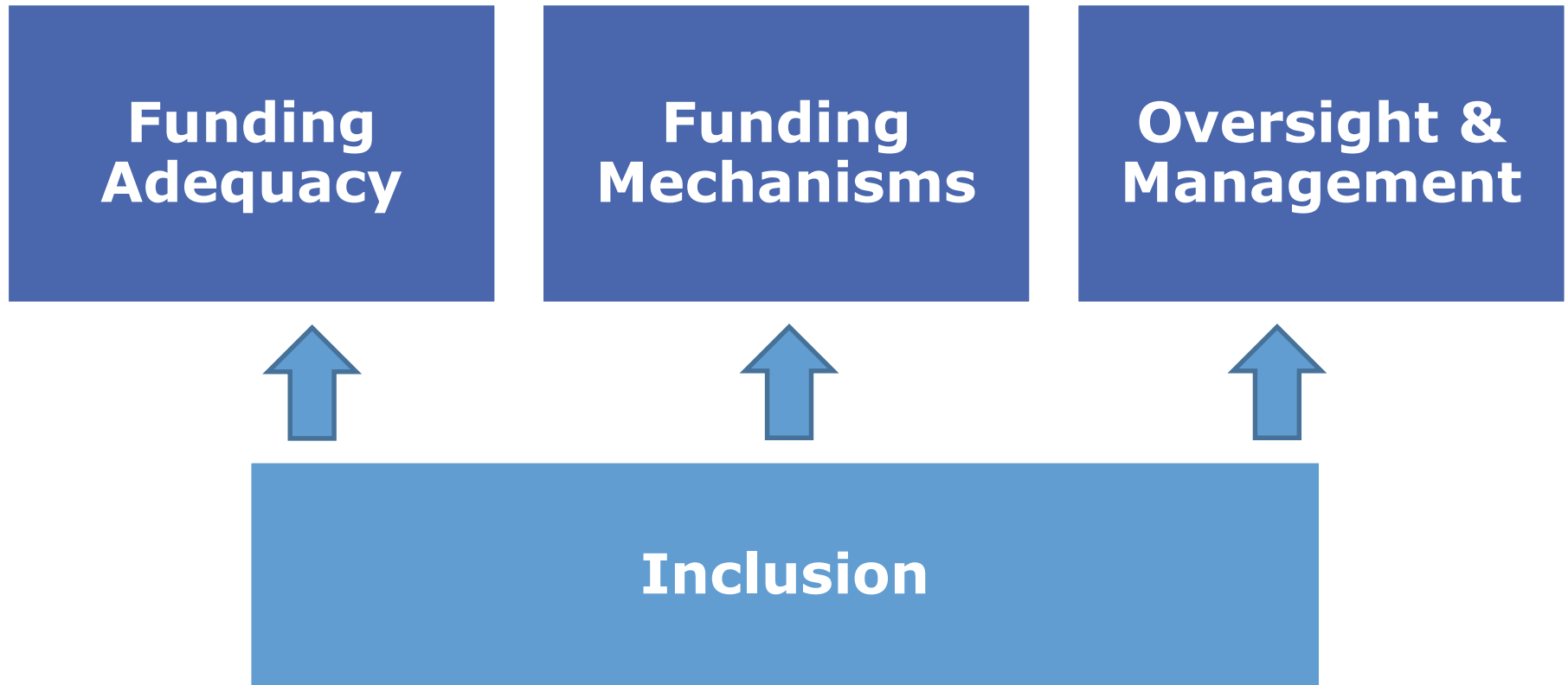
Inclusion Charge

Goal: *Inform the work of other Working Groups and the full Commission as it relates to children receiving special education and early intervention services, in alignment with the Commission's guiding principles*

Key Questions to Answer:

- What is the cost for identifying students in need of special services and for serving children in inclusive environments? (Funding Adequacy)
- How should funding sources particular to Special Education / Early Intervention interact with other funding sources? (Funding Mechanism)
- How will funding particular to Special Education/ Early Intervention move from various sources to recipients? (Funding Mechanism)
- How do we ensure funding promotes seamless supports from identification to receiving services? (All three working groups)
- How do we ensure transparency, efficiency, effectiveness, and greater coordination in the system to enable state-level and community-level planning and accountability?

Commission Working Groups



Key Questions for this Group

Funding Adequacy

- What is *adequacy* for ECSE?
- How must the cost model be updated to include EI?

Funding Mechanisms


- Should ECSE be funded through EBF, separately, or in multiple ways?

Management & Oversight

- What process should we use to develop our Management & Oversight recommendations?

Funding Adequacy

Common understanding of “Adequacy”

- ECEC is not adequate today
 - Too few served and not enough capacity
 - Under-resourced programmatic offerings compared to student needs
 - Underpaid staff
- Adequate = *setting a floor of high quality, for what must be provided to meet children and family needs with high quality*
- Adequate  All things for all children

Reactions?

What does this mean for our work?

\$360M is included specifically for ECSE in CBOs,
about 3% of the draft cost model

TOTAL STATEWIDE COST		
Center-based		\$5,085,236,569
	Infants	\$638,217,659
	Toddlers	\$1,117,696,797
	Two year olds	\$1,071,763,574
	Preschool	\$2,257,558,540
School-based Settings (3-and 4-year olds only)		\$2,393,401,283
Additional Costs for Dual Language Learners (in CBOs)		\$48,270,065
Additional Costs for Special Needs/Inclusion (in CBOs)		\$359,385,413
Licensed Family Child Care		\$1,746,786,704
Relative Care		\$292,074,395
Direct Services Total		\$9,925,154,429
Infrastructure (8% of direct service costs)		\$794,012,354
Home Visiting*		\$531,217,701
TOTAL COST		\$11,250,384,485

**Home Visiting model already incorporates infrastructure costs.*

Current cost model inclusion assumptions

Children with IEPs in
public schools
\$0

- EBF includes these children as 0.5 child in all major costs except core teachers
- Therefore, ***the ECEC cost model does not include additional costs for children served in school district settings***

Children enrolled in
community-based
child care
\$360M

- Comprehensive program staffing pattern is already intensive enough to account for supporting needs of children with mild delays
- Additional cost of providing supports (instructional aides, adaptive environment, professional development, etc.) for ***children with moderate to severe needs estimated at \$15,000/child***
- Estimated 10% of children need these additional supports = ***\$360M in cost model***

Early Intervention
\$0

- No additional costs for clinicians
- Home visiting is included for 50% of births

What do we know is missing or needs to be refined?

- Incremental costs for Early Childhood Special Education in District settings (included in K12 funding formula “EBF” and not in cost model)
 - Note: How does this relate to the \$360M included in the cost model for CBO’s?
- Early Intervention
 - Costs of clinicians
 - Cost of identification
- *Does anything else come to mind?*

Early Childhood Special Education

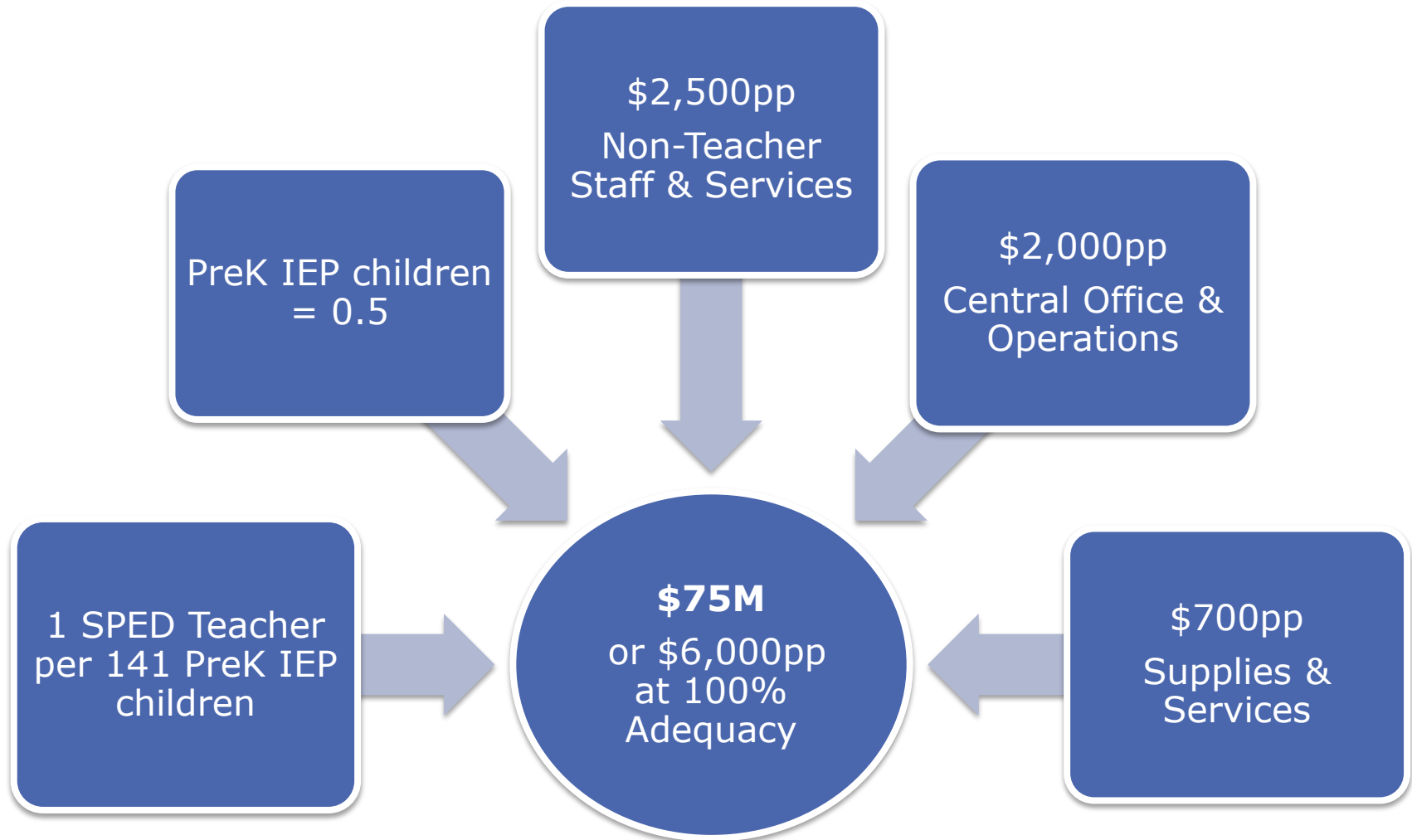
What are the services?

- Services provided by school districts and cooperatives
 - CBOs provide services under the purview of districts
- Various program formats
 - Blended classrooms
 - Self-contained classrooms
 - Itinerant services
 - Therapeutic play groups
 - Child care
 - Walk-in therapy
- Types of personnel providing services
 - Teachers
 - Teacher Assistants
 - Clinicians
- Other service aspects
 - Transportation requirements
 - 70/30 blended requirement

Our Goal:
Understand the cost
of adequate services

First stop: Evidence Based Funding

*The K12 Funding Formula (EBF) includes Pre-K students with IEPs.
What is included in EBF for ECSE services?*



Cannot possibly represent adequacy

How else might we understand ECSE Adequacy?

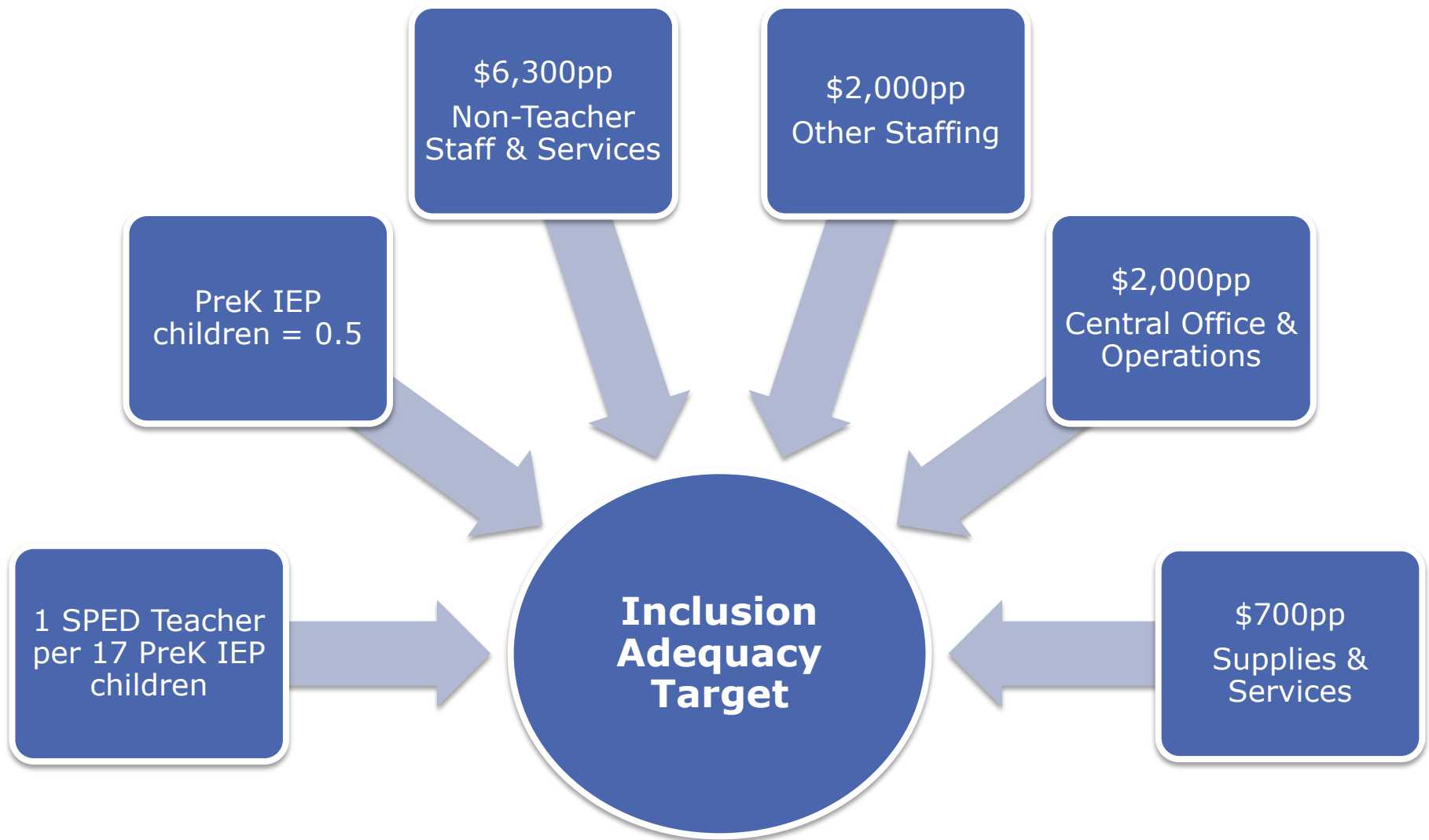
Ideas...

- What would EBF calculate as adequacy with more sufficient teacher ratio and ECSE service cost assumptions?
- What other approaches can we take?

Considerations...

- How do we balance the desire for accuracy with the reality of time constraints and data availability?

Example inputs to get to ECSE adequacy



Early Intervention – what are the services?

- Access:
 - Families access the Part C EI Program through one of 25 local Child and Family Connections (CFC) offices
 - They are assigned a Service Coordinator (sometimes called a Case Manager in other social service programs)
- Services:
 - The EI Program provides 16 EI services and other family supports through a variety of individual and agency providers, some not-for-profit and some for-profit
 - The providers enroll and sign provider agreements with DHS
 - The most frequently provided services are speech therapy and developmental therapy

How might we understand EI Adequacy?

What research is needed?

How might we approach this?

Funding Mechanisms

ECSE Funding Sources

Purpose

- Supports educational services for children with disabilities ages 3 to 5 so that they may receive a high-quality education

Population served

- Ages 3-5 with IEPs
- # of children served = ~24,000 (2018)

Governance

- ISBE

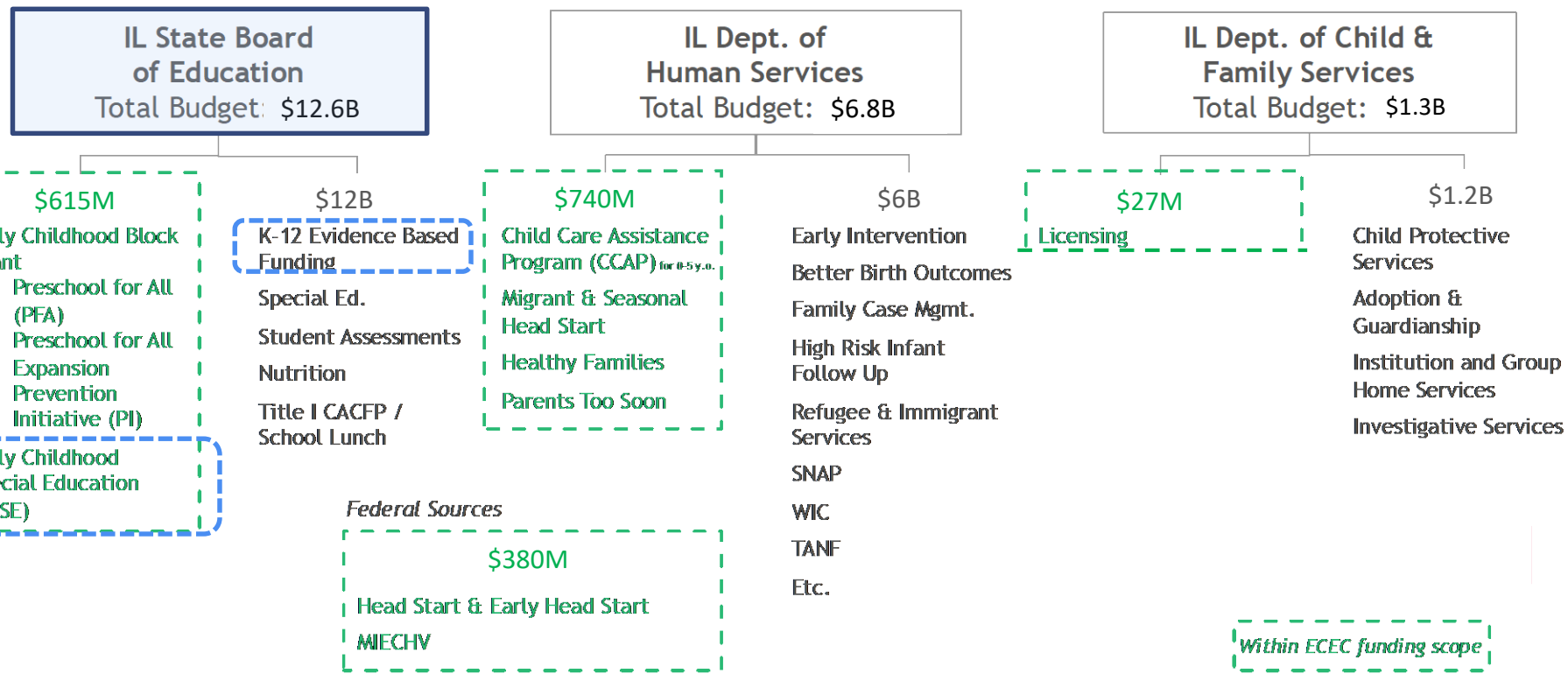
Funding Sources

- IDEA Part B Section 619 = ~\$18M
- Evidence-Based Funding (EBF) = ~\$75M*
- Federal Medicaid Reimbursements = ???
- Grant & Local Funding = ???

*Adequacy amount; not funding. Each LEA receives a different portion of state funding vs local contributions based on their ability to pay (property tax value)

ECSE funding oversight

2020 allocations



Source: IL FY 2017 Budget; assuming funding spread evenly across 0-5 y.o., 6-12 y.o.

Revise EBF to include true adequacy for ECSE?

Create ECSE funding mechanism separate from EBF?

Mechanism strategy	+	-
Revise EBF	<ul style="list-style-type: none">• Aligns with mandate for LEA responsibility• “Forces” local contribution from LEAs• Simplicity for LEAs• Formula approach	<ul style="list-style-type: none">• LEAs don’t “see” this funding in the formula• Revising EBF will increase EBF adequacy target but not funding allocation• Does not account for specific student needs
Separate from EBF	<ul style="list-style-type: none">• Brings attention to true cost	<ul style="list-style-type: none">• Complicates existing local contribution

What do you see as pros and cons?
Open questions?

Early Intervention funding sources

Purpose

- The Early Intervention (EI) program provides screening and treatment for developmental disabilities for children from birth to age 3

Population served

- Ages 0-3
- # of children served = ~42,000 (2018)

Governance

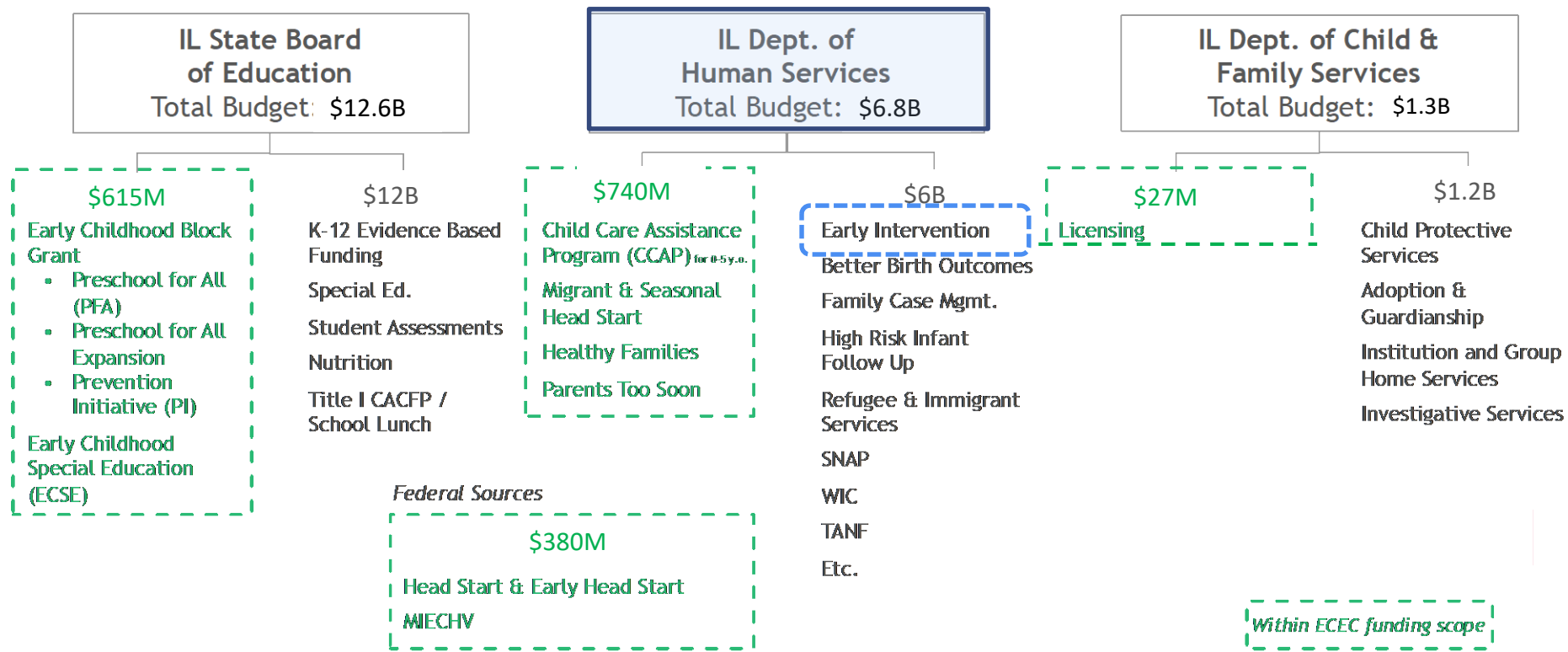
- IDHS

Funding Sources

- State Appropriations = ~\$108M
- IDEA Part C = ~\$17.5M
- Medicaid Reimbursements = ~\$50M
- Family Participation Fees = ~\$5M

Early Intervention funding oversight

2020 allocations



Source: IL FY 2017 Budget; assuming funding spread evenly across 0-5 y.o., 6-12 y.o.

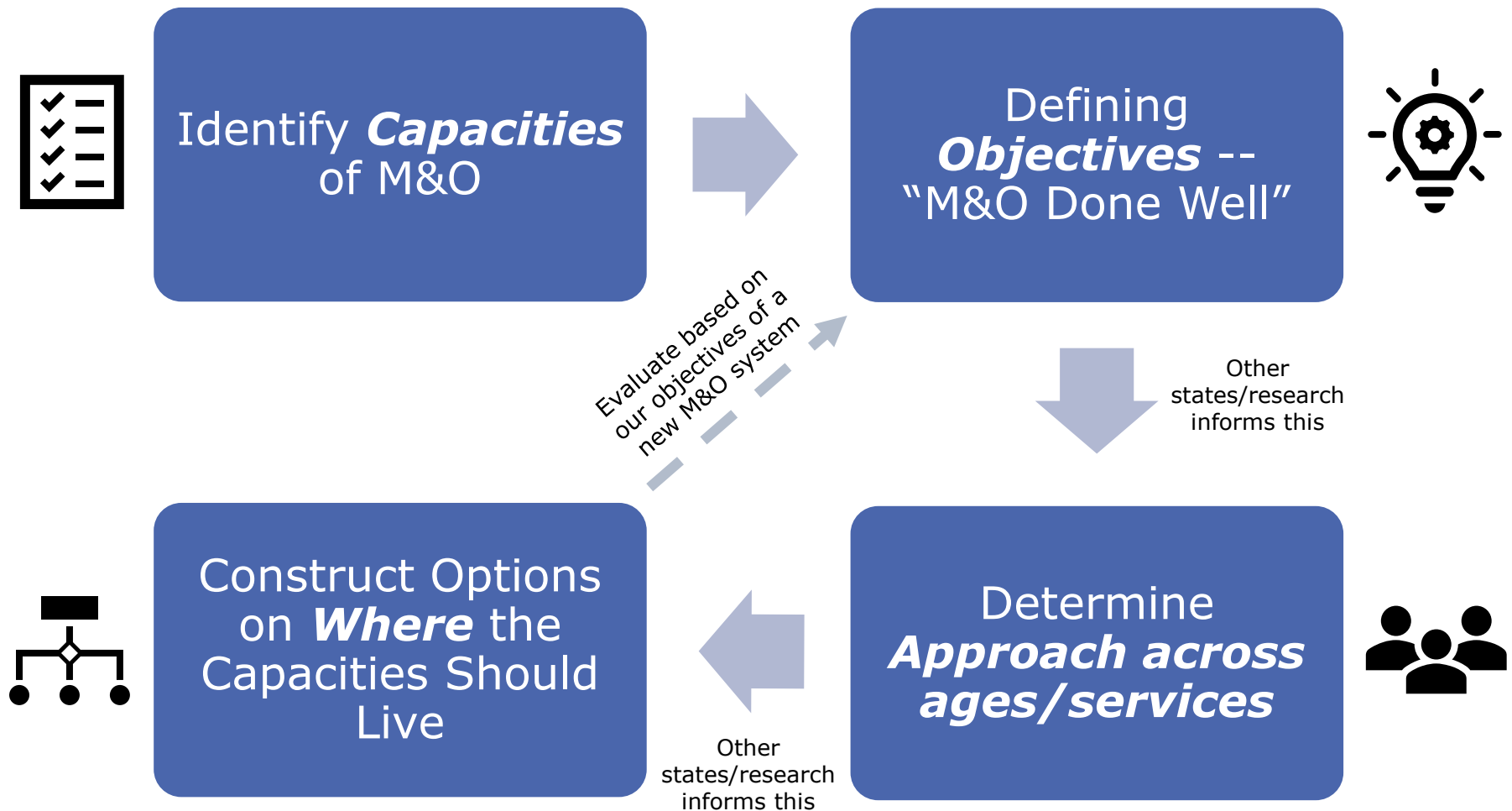
How does Early Intervention funding flow?

- Majority of EI funding comes from state General Revenue Funds and Medicaid reimbursement
- Additional funding comes from billing eligible families' private insurance and charging families who can pay a participation fee - which is permissible under federal law

What, if any, concerns do we have about EI funding mechanism?

Management & Oversight

Decision process being used by M&O to get to M&O recommendations

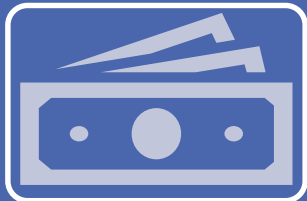


Management & Oversight Capacities



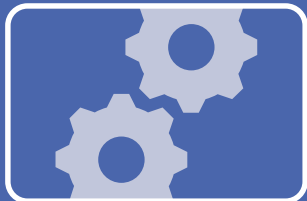
Policy Leadership

- Set & maintain statewide vision & goals
- Set quality standards
- Develop and implement system rules & regulations
- Inform policymakers



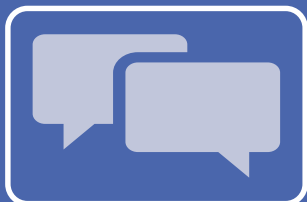
Funding & Oversight

- Make funding allocation decisions
- Administer funding distribution
- Conduct monitoring and compliance



Infrastructure

- Collect, analyze, and evaluate systemwide data
- Manage continuous quality improvement
- Administer professional development and workforce development



Communications

- Report systemwide data
- Provide stakeholders with clear information
- Create opportunities for input from families and providers

Defining M&O Objectives



M&O done well will...

Plan Cohesively for Sustainable ECEC

- Unify vision, decision making, communication
- Unify the definition of quality
- Meet regulatory requirements
- Navigate political and administrative changes

Improve Access to High Quality & Promote Equitable Outcomes

- Ensure sufficient capacity at regional/local level
- Use data to inform decisions on resource allocation to meet system-wide and community-level goals
- Funds and incentivizes high quality ECEC services

Improve System Transparency, Accountability & Efficiency

- Unify monitoring, data collection & reporting
- Send funding allocations to providers with time to plan
- Implement systems to support simplified funding distribution and reduce duplication of effort

Respond to Family Need and Earn Public Trust

- Unify family engagement and community systems strategies
- Implement accountability that is focused on family perspectives and data

Reminder: anything we create for recommendations will be assessed using these objectives.

How would we define “M&O done well” specific to inclusion?



- Research tells us?
- Experience tells us?

M&O Inclusion Next Steps

- Finalize objectives for M&O for inclusion
- Identify what M&O options exist for inclusion
- Determine interdependencies with M&O working group direction
- Evaluate options based on our objectives for “M&O done well for inclusion”

Next Steps

Next Steps

- Determine update for March 10 Commission meeting
- Next steps identified today for:
 - Adequacy
 - Mechanisms
 - Management & Oversight

Revisit Work Plan & Timeline

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THANK YOU

