

Help Me Grow Addendum: Supporting Data and Funding Information

The following information is provided as a supplement to the Docs for Tots *Help Me Grow-Long Island* Proposal in order to clarify both the existing need and the potential sustainability of the project beyond a planning year.

The Case for Help Me Grow on Long Island:

The potential for Help Me Grow to affect individuals and families is clear. Parents want what is best for their children, yet often struggle accessing appropriate and effective services. However, there is a huge potential for Help Me Grow to affect and influence population level challenges that face Long Island.

Early childhood programs can ameliorate and even eliminate the need for future special education services (Kaufman Foundation, 2012)¹. Currently, a Nassau school district such as Uniondale serves over 9% of its K-12 population with special education services. For those children it spends at least twice as much per child as it does for general education students (\$35,091 per special education pupil compared to \$16,747 per general education pupil).² In Suffolk, Hauppauge school district spends 3.4 times the amount per child in special education than it does on children in general education.³ Even with these added costs, only 68% of children with special needs in Hauppauge graduate, compared to 98% of children in general education.⁴ Catching a fraction of the children who may need special education services and either ameliorating or eliminating the need for such services in K-12 through appropriate early intervention can result in dramatic cost savings for communities.

Currently, children needing special education services across Long Island are not being identified and assisted early enough to realize these benefits. *Help Me Grow-Long Island* can address this gap and help children and families access services as early as possible when prevention and amelioration has the greatest potential to work. (see Chart A)

CHART A

Estimated Percentage of Children Served in EI/Preschool Special Ed/ Special Education by Age Cohort by County and Long Island Totals ⁵								
	0-1	1-2	2-3	3-4	4-5	Under 5	5-6 (K)	Overall P-12
Nassau	1%	6%	6%	9%	9%	6%	10%	12%
Suffolk	1%	4%	4%	9%	9%	5%	12%	14%
LI Totals	1%	5%	5%	9%	9%	6%	11%	13%

¹ Kaufman Foundation- ReadyNation. (2012). *Early Childhood “Pay-For-Success” Social Impact Finance: A PKSE Bond Example to Increase School Readiness and Reduce Special Education Costs*. Washington, DC: ReadyNation.

² <https://data.nysed.gov/fiscal.php?year=2014&instid=800000049792>

³ <https://data.nysed.gov/fiscal.php?year=2014&instid=800000037153>

⁴ <https://data.nysed.gov/gradrate.php?year=2015&instid=800000037153>

⁵ The chart is based on the following: population under 5 in each county is evenly distributed to each age cohort, participation in EI, Preschool Special Ed are based on date for the county. Preschool special education data is for children 3-5 years old – but in this chart is evenly distributed per age cohort. Kindergarten and P-12 data is from NYS ED date website.

Although both Nassau and Suffolk serve a smaller percentage of children P-12 in special education than the state (12% and 14% compared with 17% for the state average), the chart reveals that less than half of the children that later enter special education are identified and receive services prior to entering the formal school setting. Despite the difficulty in identifying all 100% of the children needing special education services prior to the onset of formal schooling, servicing such a low fraction of children in the earliest years-when 95% of brain growth occurs and the malleability of the neuro connections is greatest- is a missed opportunity.

CHART B

Estimated Percentage of Children With Special Needs That Do Not Receive Early Services (by age cohort)							
	0-1	1-2	2-3	3-4	4-5	under 5	5-6 (K)
Nassau	92%	61%	61%	40%	40%	59%	35%
Suffolk	94%	77%	77%	37%	37%	64%	19%
LI Totals	93%	69%	69%	38%	38%	62%	28%

Chart B demonstrates the unmet need in both counties and Long Island, assuming a developmental delay rate of 15% for 3-17 year olds.⁶

Review of Existing HMG Funding Streams:

There are 26 states listed as Help Me Grow affiliates, all in various states of implementation. Ten of these are supported through a public/private partnership, while 15 appear to be coordinated by a state agency, and Western New York HMG has solely private funding. Some places, like Maine and Missouri, have struggled to move forward with implementation due to issues maintaining state funding streams. One of the most successful states, Michigan, attributes their longevity to diverse funding (both public and private) and buy-in from localities. Public funding in many of these states comes from IDEA Part C, MIECHV, ECCS, Project Launch, Reach for the Top Early Learning Challenge, Children's Trust, and MCHB. Florida and Iowa have succeeded in securing state appropriations. The majority of private funding comes from United Way and state or community specific foundations.

Big states like California and Florida serve as a good model of implementation for New York. Both have done a county-by-county approach, Florida with pure government funding and California with public and private funding. The success of programs in these large states are promising, though it must be noted that both states have benefited from board based commitment to funding early childhood initiatives that New York State has not to this point demonstrated.

⁶ 15% was chosen because of the national average of children with special education needs and epidemiological estimates of number of young children with developmental delays.
<http://www.cdc.gov/ncbddd/developmentaldisabilities/about.html#ref>

As part of this review of existing HMG states we supplemented data review by selecting specific states to speak with about their experience.⁷ The following are conclusions drawn from our conversations with HMG states:

- **FORMAL PLANNING PROCESS:** Both Maine and Western New York stressed the need for a dedicated part-time coordinator, in addition to an advisory board that meets regularly.
- **Local/State government buy-in:** is key for lasting implementation.
- **Diversity of Implementation Models:** There is no one way to start Help Me Grow. Some states have an organizing entity with a strong developmental screening background (like Maine) that start there; some, like Missouri, have a strong help line and referral system in place, but struggle to move forward in the medical community.

We believe that our planned approach to bringing Help Me Grow to Long Island acknowledges the opportunities and challenges experienced by other HMG implementation attempts and builds in supports and solutions to address them in a proactive manner. Docs for Tots' history of success with implementation of Nassau Developmental Screening Initiative makes it uniquely poised to be the organizing entity around Help Me Grow. With planning year support from yours and other foundations, we can gain the traction and diverse investment necessary for sustainable implementation.

⁷ We spoke to Maine, Massachusetts, Western New York, Missouri, and Michigan via phone about their HMG experiences.