

National Coalition on Personnel Shortages in Special Education and Related Services

> NCPSSERS' Town Hall on Personnel Shortages in Special Education and Related Services

10/11/23

4:30-6pm ET

Participating Member Organizations

AASA: The School Superintendents Association

AG Bell Association for the Deaf and Hard of Hearing

American Art Therapy Association

American Association for Employment in Education

American Association of Colleges for Teacher Education

American Council for School Social Work

American Counseling Association

American Dance Therapy Association

American Federation of Teachers

American Music Therapy Association

American Occupational Therapy Association

American Physical Therapy Association

American Psychological Association

American School Counselor Association

American Speech-Language-Hearing Association

Autism Speaks

Conference of Educational Administrators of Schools and Programs for the Deaf

Council for Exceptional Children

Council of Administrators of Special Education

Fairfax County Public Schools

Higher Education Consortium for Special Education

Learning Disabilities Association of America

Montgomery County Public Schools

National Association of School Nurses

National Association of School Psychologists National Association of Secondary School Principals

National Association of State Directors of Special Education

National Center for Learning Disabilities

National Consortium on Physical Education for Individuals with Disabilities

National Education Association

National School Boards Association

Ohio Association of Pupil Service Administrators

Ohio Department of Education's Office for Exceptional Children

School Social Work Association of America

Seton Hall University

The Association for the Education and Rehabilitation of the Blind and Visually Impaired

The IRIS Center

NCPSSERS includes over 30 member organizations representing SISP and special education teachers.

NCPSSERS' Mission

To develop and disseminate resources and strategies at the national, state, and local level to help identify and remedy personnel shortages and persistent vacancies in special education and specialized instructional support services to improve outcomes for all children and youth.



NCPSSERS' Purpose

Bring together stakeholders to work collaboratively to address personnel shortages in special education, specialized instructional supports, and early intervention services Monitor, track, and collect related **data and information**

Develop and disseminate information and recommendations related to policy and practice for dealing with personnel shortages and persistent vacancies



Engage in advocacy at the federal, state, and local levels for implementation of strategies to remedy personnel shortages and persistent vacancies



<u>Agenda</u>

⁶State of the Union' for Shortages Strategies to address shortages:

• Grow Your Own

Share your questions with presenters using the Q & A tab in your Zoom toolbar.

- Professional Development and Compensation
- Mentorship and Workload
- Telehealth and Interagency Collaboration
- Innovation and Leadership

Q & A



'State of the Union' for Shortages

Tim Neubert, Executive Director American Association for Employment in Education





Perspectives of colleges & universities and school districts differ on educator supply and demand differ, but... ALL areas of related services and special education considered to be currently experiencing shortages (with most experiencing "considerable" Shortages)

Considerable shortage (4.21 – 5.00)	Some shortage (3.41 – 4.20)	Balanced (2.61 – 3.40)	Some surplus (1.81 – 2.60)	Considerable surplus (1.00 – 1.80)
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		Colleges and Universities	School Districts
Related Services	Audiology	4.00	4.26
	Counseling	4.31	3.97
	Gifted/Talented Education	3.74	3.79
	Library Science/Media Technology	3.80	3.83
	Occupational Therapy	3.80	4.15
	Physical Therapy	3.75	4.13
	Reading Diagnostician	4.00	4.03
	School Nursing	4.08	4.18
	School Psychology	4.02	4.32
	School Social Work	4.22	4.07
	Speech Pathology	4.15	4.34
Elem./ Middle	Intermediate Education	4.01	3.77
	Kindergarten/Primary Education	3.96	3.61
	Middle School Education	4.24	4.05
	Pre-K Education	3.99	3.80
Adm.	Central Office Administrator	3.70	3.60
	Elementary School Administrator	3.94	3.52
	High School Administrator	4.03	3.62
	Middle School Administrator	4.09	3.56
Special Education	Adaptive Physical Education	3.80	4.09
	Cognitive Disabilities Special Education	4.92	4.62
	Dual Cert (General & Special Education)	4.65	4.50
	Early Childhood Special Education	4.50	4.48
	Emotional/Behavioral Disorders Special Ed.	4.60	4.62
	Hearing Impaired Special Education	4.60	4.55
	Learning Disability Special Education	4.38	4.51
	Mild/Moderate Disabilities Special Ed.	4.65	4.54
	Multicategorical Special Education	4.74	4.64
	Severe/Profound Disabilities Special Ed.	4.57	4.74
	Visually Impaired Special Education	4.57	4.64

How do the perceived demand areas compare to program offerings from colleges and universities?



GROWYOUR OWN



Grow Your Own

Joe Kwisz

Indiana Chapter of the Council of Administrators of Special Education



ASSET Aspiring Statewide Special Education Teacher

ASSET is an approved alternative licensure program through the Indiana Department of Education and Indiana State Board of Education. ASSET falls under the Transition to Teaching umbrella, but does not award an initial teaching license, nor does it award credit hours. This ICASE sponsored program is for currently licensed Indiana educators to be able to add a special education teaching credential. Successful completion of the ASSET program, coupled with passing the appropriate licensing exams, will enable educators to add either the Mild or/and Intense Interventions endorsement to their existing license. The program is no-cost to participants. ASSET was approved for three-years of initial program approval on 4/13/2022



Approval Process

- Identification of issue
- Collaboration with IDOE and Indiana Chief of Staff
- Initial application to the Indiana State Board of Education
- Program proposal presentation to review panel
- Application feedback and revision 1
- Application feedback and revision 2
- Application feedback and revision 3
- Submission of approval to the Indiana State Board of Education
- Approval for initial three-year program license

ASSET had to fulfill the same approval requirements as any new transition to teaching program coming from an institute of higher education



How It Works

- 11 month intensive study in content and pedagogy that is aligned to the Council for Exceptional Children standards.
- Allows for local practice opportunities and skill development through the course of the program.
- Participants carry a caseload of students relevant to their license type.
- Candidates participate in a two-day in -person bootcamp in the summer.
- Monthly full day training sessions hosted via Zoom(first Tuesday of each month).
- Zoom trainings and materials are provided by active Directors in the field rated highly effective in their current role.
- School corporation is required to provide a mentor for participants who is well versed in special education practices(usually a local director or coordinator type role).
- Participant and mentor meet monthly to review curriculum, progress on work materials, and provide local guidance on covered best practices.
- All participant materials and submissions are reviewed for quality and competency-based mastery
- Additional levels of support are available monthly to differentiate instruction
 - Office hours by ASSET program director
 - Additional review session hosted by presenters the week after full-day zoom meeting
 - Collaboration between ASSET program director and local directors when needs are identified

Acceptance Criteria

Admissions Requirements

- Must hold a valid Indiana Teacher's License
- School must agree to support the teacher through the program
 - Approved release day monthly for virtual session
 - $\circ \quad \text{Approved to attend in-person bootcamp} \\$
 - Lodging/mileage/meals
 - \circ ~ Provide a qualified mentor and release time to meet monthly
 - Signed letter of support
- Must agree to teach in Indiana for two years upon program completion
- Must carry an active caseload relevant to the license being pursued
- Attendance is mandatory at bootcamp, and all virtual sessions



Outcomes!

Cohorts 1 and 2 have produced over 300 special educators!



icase.org/asset



Grow Your Own

Nicole Skaar University of Northern Iowa

Growing Our Own School Psychologist for Rural Iowa

2019 - Present

Nicole R. Skaar, Ph.D., NCSP Professor University of Northern Iowa



Our Partners

University of Northern Iowa. College of Education

Iowa's Area Education Agencies



The Program

- Master's level educators from rural areas
 - Must be living and working in the area served by the AEA partner
- Program is 44 credits
 - Mostly online synchronous
 - Some face to face instruction in assessment courses
- AEAs hire them for their one year internship
- Commit to 3 years of employment after graduation



Financial Support

- \$75 per credit
- Books
- Licensure
- Travel to instruction, regional conferences
- Opportunity for AEA employment during graduate training
 - School Psychology Assistant Position
 - Support practicum



Successes!

- Graduated 4 school psychologists who continue to serve rural areas of Western Iowa
- Currently have 4 interns serving rural areas of Western Iowa
- Started a new cohort of 5
- Course data and field evaluations suggest these students perform as well as traditional program students
- Students report they felt supported

Problems to Solve

- Practicum hours are hard
- Grad school + full time work is stressful
- LOTS of travel for faculty
- Are we solving a problem or just shifting it?



Poll – Grow Your Own

Does your school, district, or state have a grow your own program for any SISP?

Yes

No

**If you answered "yes", please share in the chat about which professionals you are "growing."



PROFESSIONAL DEVELOPMENT & COMPENSATION



South Carolina's Recruitment and Retention Initiatives for Speech-Language Pathology Personnel: Professional Development and Compensation

> Angie Neal, M.S. CCC-SLP Speech-Language Pathology Contact Office of Special Education Services

South Carolina Public Schools

- •76 public school districts
- Approximately 1,100 -1,200 speech-language pathology personnel (OSEP Related Service Table 2 data) and 185-200 vacancies in 2022 (includes vacancies being filled by contract personnel).
- Must have SC license to practice speech-language pathology
 - Three levels of state licensure
 - CCC-SLP
 - CF-SLP
 - SLP Assistant
 - *Approximately 70-75 Speech-Language Therapist being "grandfathered" (does have state department certification, does not have state license)
- Six SLP degree programs (only 4 of which are graduate level)



Grow Your Own

- •SC Create (2003-present)
 - Individuals must be employed full-time by a South Carolina public/charter school are eligible
 - Must have completed a Bachelor's degree from a regionally accredited four-year institution of higher education with a cumulative G.P.A. of 3.0 or higher
 - Commit to serving as an SLP in SC schools for at least three years following degree program completion
 - SC CREATE underwrites course tuition and textbook costs for individuals pursuing initial, alternative, and add-on licensure programs in special education and related services including SLP.



Support Your Own

- •SLP Consultant at the SC Department of Education conducts monthly meetings with Lead SLPs in districts to support consistency across the state
- Provision of critical information related to compliance with IDEA
- Professional development for both SLPs and school staff
- •Sharing current evidence-based practice information
- Direct assistance with SLP related concerns





ASHA Dues
 Licensure Dues
 CEU
 Separate Salary Scale
 CCC Stipend

Incentives

- The top three incentives utilized included ASHA and LLR dues paid, as well as financial support for CEUs.
- This was followed by Medicaid stipends, a separate salary scale from teacher scale and a stipend for CCC.
- Other incentives include:
 - Stipend for supervision
 - Reduced caseload from state cap of 60
 - Eliminate non-SLP related duties
 - Digital support (e.g., SLP Toolkit)
 - SLP specific meetings on an ongoing basis
 - A variety of caseload/workload models



Additional Information

- Statewide survey data from SC Department of Education, Office of Special Education Services to determine if there are additional targeted programs or initiatives that can be implemented to address shortages
- •CEU related support
 - Attendance at state (SCSHA) or national (ASHA Connect) conference (including hotel, travel, etc.)
 - Online CEU platform membership (ASHA Learning Pass, speechpathology.com, etc.)
 - Specified amounts for SLP to spend as they wish on CEU activities
- •2021 Medicaid revenue data
 - SLP personnel generated \$13,230,601
 - nursing \$7,356,142
 - OT/PT (combined) \$4,555,600



Pop Quiz – Professional Development

True or False---

Do teacher in-services suffice for necessary continuing education to maintain licensure and/or specialty certification for SISP?



Poll – Professional Development ANSWER

False.

SISP often have to maintain a license to practice in addition to or instead of an educational certificate to work in their discipline.

These licenses have specific continuing education requirements.

While in-services can count for some of their hours, SISP require discipline-specific information to maintain their licensure and specialty certifications that broad in-services cannot provide.





Compensation

Stacey Mathis, MS, CCC-SLP Lead SLP, DeSoto County Schools Mississippi



<u>SALARY</u> <u>SUPPLEMENTS</u>

Retaining Service Providers with National Certifications

MISSISSIPPI HAS A \$6000 SUPPLEMENT FOR ASHA CERTIFIED SLPS

- Our state organization, Mississippi Speech-Language Hearing Association (MSHA), lobbied for this supplement.
- It was approved for SLPs in our state and other certified staff members.
- Employees provide their ASHA cards each year at renewal and receive the supplement as long as it remains current.



CERTIFIED STAFF THAT RECEIVE THE SUPPLEMENT:

- NBPTS National Board for Professional Teaching Standards
- CCC Certificate of Clinical Competence issued by the American Speech & Hearing Association
- NCSC National Certified School Counselor issued by the National Counselor's Association
- NCSN National Certified School Nurse
- CALT Certified Academic Language
 Therapist
- CAT Certified Athletic Trainer
RESULTS:

The supplement raised SLP salaries in the schools to levels comparable with the medical salaries in our area. Same for school nurses, athletic trainers, and counselors.

- Counselors, SLPs, Athletic Trainers, and School Nurses get the perk of working a shortened contract (187 to 230 days) for comparable pay to those in the medical setting that work year-round.
- We have seen an increase in qualified professionals applying for these positions and then staying in the public school system due to these supplements.
- Our district also moved SLPs to a non-teacher pay scale to one with School Psychologists and Positive Behavior Specialists. This was an additional \$2500/yr. for those that complete comprehensive assessments.

STACEY MATHIS, MS, CCC-SLP

- Lead SLP for DeSoto County Schools in North Mississippi
- Vice President of Schools
 Issues for Mississippi
 Speech-Language Hearing
 Association (MSHA)
- Email me at

stacey.mathis@dcsms.org



MENTORSHIP & WORKLOAD



Mentorship

Bernadette Laughlin, MA, JD Related Services Program Specialist Ohio Department of Education's Office for Exceptional Children

Ohio's Communities of Practice

Retaining Special Educators and Related Service Providers





Unlocking Possibilities: The Mission of a Community of Practice

- Mentoring Magic
- Unleashing Potential
- Empowering Special Education Heroes
- Teamwork Triumphs
- Network Nirvana
- Thrive, Grow, Shine





The Impact of a Mentor



Poll- Mentorship

Does your school or district utilize a mentoring program to support SISP and special education teachers?

Yes

No

**Share in the chat about your mentorship program.



Workload and Mentorship in Adapted Physical Education

Brad Weiner, M. Ed. CAPE, NBCT APE, Educational Specialist Fairfax County, Virginia

Dr. Suzanna Dillon, PhD, CAPE Professor of Adapted Physical Activity and Education Texas Woman's University, Denton TX



Monitoring Workload of Adapted Physical Education Teachers Directions: In the white column, fill in the minutes you work The Total Minutes per Month should total 9000. You can use

- As a check and balance, the form on the right was created to ensure equity for teacher workload.
- A teacher's contract is 9000 minutes (including a 30 minute daily lunch).
- Teachers receive at least 1800 minutes of planning (we split planning with collaboration).
- This is essential to prevent overworking teachers in response to the shortage.

Directions: In the white column, fill in the minutes you work per month for each task listed. The Total Minutes per Month should total 9000. You can use the <u>work responsibilities</u> <u>catagorized chart</u>.

Number of Students			Number o	f Schools	
	Work Ti	ne Form of M	linutes Per I	Month	
Teacher Task	Time Towards Task (Min/Month)	Task Percentage of Total Work	Time Check Per Task	Description and No	otes
Paperwork	1200	13.33	Good		
IEP Meetings	600	6.67	Good		
Evaluations	800	8.89	High		
Travel	600	6.67	Good		
Teaching	3,100	34.44	Good		
Lunch	600	6.67	Good		
Collaboration	1200	13.33	Good		
Planning	900	10.00	Good		
Total	9000	100.00	Good		

Note: Low and High numbers are not good nor bad. It is used to guide reflection and discussion for balance. You may have a task with high numbers and another with low numbers. Depending on the task, they may balance each other out. Equally, this goes for two areas with high numbers. For example, you may have high teaching time, high planning time, and low travel time. Schedules vary, but should equal to 9000 minutes.



Mentorship in Adapted Physical Education



- National data indicate a critical shortfall in the number of certified adapted physical educators and the shortage of teachers results in a yearly high turnover.
- Mentorship and support is essential for retention of teachers to counter the shortage.
- Adapted physical educators are developing Statewide consortiums (advocacy councils) to support professional development and decrease feelings of loneliness, isolation and being overwhelmed.



Virginia's APE Consortium





- Adapted physical education teachers noticed that there were districts that are well staffed and areas that are limited in resources.
- A group of 12 APE professionals known as the organizing committee collaborated over the course of a year to structure a group.
- The consortium focuses on professional development, advocacy, collaboration, and the promotion of quality instructional practice.
- In 4 months, the organization has grown to 76 members.
- Joins other councils/task forces like those in Maryland, Maine, California, North Carolina, and New Jersey.



Did you know...

Caseload typically refers to the number of students served.

Workload refers to all activities required and performed by the special education teacher or SISP to support their students, including:

- Direct and indirect services
- Writing and managing IEPs
- Compliance and documentation tasks
- Evaluations
- Collaboration and curricular design



TELEHEALTH & INTERAGENCY COLLABORATION



Telehealth

Kindel Mason,CASE President Special Education Director Twin Falls, Idaho





Teletherapy History

- 8 years
- Speech/Language
- Occupational Therapy
- Special Education Teachers
- Counseling
- School psychologists



Barriers to Implementation

- Paradigm Shift
 - District staff
 - School board
 - Parents
 - Students
- Logistics
- Technology
- Cost



Implementation

- Communication
 - District staff
 - Parents
 - Students
- Onboarding
- Logistics
- Technology
- Flexible



Lessons Learned

- Remove barriers
- Interview the provider
 - \circ Set expectations
- Treat providers as one of you own
- Not all providers are equal
- Collaborate with staff
- Monitor
- Adjust
- Communicate



Positive Outcomes

- Meet student needs
- Positive student progress
- Staff retention
- Parents and staff learn strategies
- Positive reports



Poll – Telehealth

Does your school or district utilize telehealth for:

- IEP meetings
- Provision of direct special education services
- Consultation
- All of the above
- None of the above

**Share in the chat how telehealth has helped your students, school or district.





Interagency Collaboration

Nicole Pfirman M.Ed., OTR/L Director of School-Based Mental Health Systems Mindpeace in Cincinnati, Ohio

Mission

• The Mission of MindPeace is to ensure that every child and adolescent has access to an effective system of mental health and wellness.



Guiding Principals: System of Care



www.mindpeacecincinnati.com

School Based Mental Health Network



Student Centered Collaboration

Prevention Services and Supports

Lead Mental Health Partner School Community and Internal Mental Health Supports

Community Resources and Supports

MindPeace Collaboration

How can MindPeace Help?

Integrated resources, quality improvement & advocacy

Workforce recruitment and retention Community referral system when school-based partners are at capacity Provide collaboration and consultation in aligning internal systems

Coordinate wrap around resources as needed (i.e., grief counseling, training, community crisis response)

Hospital Transition Learning Network co-lead by CCHMC and MindPeace. State and Federal advocacy regarding appropriate financial support and reimbursement Advocating for a consultative model to assist schools in achieving whole child wellness through an interdisciplinary model of care INNOVATION & LEADERSHIP



Mobile Audiology Program of Washington

Dr. Kalani Cox, Director of Audiology



Helping students and families navigate their journey

By traveling to children and families in need of pediatric audiological care, we aim to eliminate barriers to effective intervention so every child can have equal opportunities. By providing diagnostic services to students and families, we are able to alleviate distance, time and financial burdens that create barriers to timely care.

Mission

To improve language and literacy outcomes for deaf and hard of hearing children living in WA by educating parents and providers about the potential impacts of hearing loss, auditory deprivation and language deprivation.

Ensure children and families are informed about all opportunities and resources available to them, empowering them to make informed decisions to create a language-rich home.



Goals

To ensure families have equal access to audiological services no matter where they live in Washington

To ensure the overall rate of children lost to follow-up goes down and does not disproportionately affect children in rural areas

To ensure d/Deaf and hard of hearing children in Washington achieve age-appropriate language and literacy skills

To ensure school-aged children receive timely ongoing care and management



Who's Eligible?

Children birth through 21 years of age

Children living outside of major cities that lack audiological care near their home

Children that require specialized services that can't be provided by their local clinic

Washington public school districts interested in contracting

Students attending WA State Tribal Education Compact Schools (STEC) and Tribal Schools



MAP Audiology Services

Birth-3

- Newborn hearing screening follow-up (OAE/ABR)
- Diagnostic non-sedated Auditory Brainstem Response (ABR) evaluations
- Diagnostic behavioral testing (VRA/CPA)
- Middle ear analysis
- Hearing aid management (programming, troubleshooting and verification)
- Earmold fabrication and modification
- Cochlear implant management (programming, mapping and troubleshooting)
- Family education
- Community outreach
- IFSP team support
- Transition support (children entering K-12 system)
- Management of hearing screening programs for Head Start and Early Childhood Education Programs

K-12

- Comprehensive diagnostic behavioral testing (CPA, Conventional)*
- Diagnostic non-sedated ABR evaluations (for children unable to participate in behavioral assessments)
- FM/DM and other ALD management (recommendations, set-up and troubleshooting)
- Functional Listening Evaluations
- Consultative services to school districts and Audiologists
- Evaluation and IEP team support
- Audiological counseling for students/families
- Transition Support (for students exiting K-12 system)
- Coordination of care
- Management of hearing screening programs school districts

Future Vision Fleet Expansion: Wolf, Bear, & Raven Mobile Clinics

Service Expansion:

Vision Screenings Craniofacial Screenings Developmental Screenings Oral-Motor Screenings Dental Screenings Maternal and Infant Health Screenings

Regional & National Expansion

Collaboration with state agency stakeholders (DOH, ESIT, OSPI, Seattle Children's, Washington State Native American Education Advisory Committee) Library Partnership Increased collaboration with other mobile clinics and other state programs



Partnership with Harvard University

Ke Mobile Health Map **Join the Movement** for Mobile Health Because all communities cserve access to convenient, high-quality, compassionate health care.

REGISTER YOUR CLINIC >



Chat - Innovation

In the chat, please share any innovations in special education happening in your school, district, or state.





Leadership

Kate King, DNP MS RN LSN President National Association of School Nurses

Facts & Statistics

Sources of Funding for Public School Nurses:

Department of Education Only: 41.9%

100%

Health Department Only: 5.3%

Grants Only: 3.5%

Special Education funds only: 2.8%

Medicaid Only: 0.2%

Other: 14.8%

 Multiple Sources: 31.4% [NOTE: numbers below show percentages of various entities within multiple sources]

> Department of Education: **63.6%** Medicaid: **11.5%** Special education funds: **13.9%** Health Department: **11.5%** Grants: **18.5%** Other: **30.7%**

42.3%

of respondents reported their buildings billed for Medicaid.

Medicaid offers a potential sustainable revenue stream to pay for school nurses as schools may bill for certain services performed by school nurses for Medicaid-eligible students.

26%

of schools do not have access to a school nurse according to national data

When at the table: Who's Listening?

School nurses bring the voice of health to an education setting. And often, they are the only health professional at the school. That can be lonely and challenging to navigate—as the connection between health and learning is not always well understood by non-nurses in the school. **Only 48.1%** of respondents felt they were understood and respected by their staff colleagues a majority of the time. **Only one out of four** reported satisfaction with parental support.

Most challenging factors facing school nursing efficiency:

When given a list of common challenges, and asked to select the most challenging to their work, school nurses identified the following top three challenges:



#3

Number of students with social/ emotional/environmental issues (36.4%)

#2 Number of schools I cover (18.9%)

Number of students in my school(s) (13.9%)

Willgerodt, MA, Brock, D., & Tanner, A. (2023). National School Nurse Workforce Study 2.0. Manuscript in preparation.







Leadership Innovations



Growing Leadership

- Building Expert
- Communication of Evidence Based Practice
- Volunteer for School Committees
- Point person for Community Collaboration

- Discipline
 Specific District
 Administrator
- Program Leader-Wellness, PBIS
- Professional Organization

Legislation

- Advocacy
- National Professional Organization
- Networking

Questions & Comments



Thank you!

Thank you to our panelists and attendees for sharing with the National Coalition on Personnel Shortages in Special Education and Related Services (NCPSSERS).

Visit specialedshortages.org for more information as well as the recording of this town hall.