



How American Rescue Plan Act (ARPA) Funds Can Support Children with Disabilities and Their Families

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The American Rescue Plan Act (ARPA) contains significant, and in many cases historic, short-term investments in early care and education programs. Considering the size of these investments, and the complexity of administering them in a short time frame, this resource outlines strategies for how to use these funds to assist states' COVID-19 recovery and lay the groundwork for long-term transformation of early childhood systems to best support children with disabilities and developmental delays as well as their families.

Individuals with Disabilities Act (IDEA) Part B - Section 619 (\$200 Million) and IDEA Part C (\$250 Million)

While official guidance is forthcoming, it is understood that ARPA funds can be used for anything that is currently an allowable expense under Part C-Early Intervention (EI) or Part B-Preschool Special Education or Early Childhood Special Education (ECSE). The Division for Early Childhood has released their [recommendations for stakeholders on how to use IDEA ARPA funds](#), which are organized around the following areas: child find and evaluation, services to eligible children, family engagement, mental health, service innovation and evaluation, and personnel preparation. Below are some specific ideas for states to consider.

Identification of children and provision of services:

- Expand messaging about suspected delays and relevant services that are available for families in states' public awareness campaigns, and ensure it is available in multiple languages.

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- Direct specific public awareness efforts to families and referral sources (early childhood providers, pediatricians and others) about the importance and availability of developmental screenings, referral processes, and available services for children with suspected delays or disabilities. Include messaging to mitigate implicit bias when diagnosing and referring families to services, and ensure messaging is culturally relevant and provided in multiple languages.
- Provide training for providers on conducting virtual developmental screenings in partnership with families.
- Support both local education agencies (LEAs) and the EI system to add capacity for the expected increase in referrals and evaluations, while they continue to address COVID-related backlogs in evaluations and transitions, as families re-enroll in early childhood programs.
- Provide professional development for staff to scale up evidence-based practices for identifying and evaluating children with disabilities.
- Pilot demonstration projects informed by state-specific data on areas of improvement (e.g., specialized teams testing out innovative service delivery models and strategies for engagement of families with complex needs).
- Provide guidance to LEAs on initiating demonstration projects to improve inclusion in school and community-based programs, allowing the opportunity to develop innovative models for scaling.
- Continue to make technology devices and internet access available to providers and families to support evidence-based practices for improved outcomes to support ongoing remote learning and live video visits as a part of the service-delivery ecosystem.
- Develop and increase the availability of culturally diverse and linguistically appropriate child find and evaluation resources.
- Develop strategies to gather data on modes of service delivery (virtually, in-person or hybrid) and impact on child outcomes.
- Plan summer enhancement activities both in-person and virtually to address current learning needs and mitigate future learning loss for preschool children with IEPs.
- Provide personal protective equipment and sanitation supplies to settings where children and their families are offered services in-person.

Workforce Investments, including Mental Health Consultation:

- In connection with other early childhood workforce investments, support preparation of and pathways for Early Intervention (EI) and Early Childhood Special Education (ECSE) practitioners with a focus on supporting professionals of color.

- Support the workforce with obtaining — where available in states — an Infant/Early Childhood Mental Health (I/ECMH) endorsement or credential, including stipends and/or scholarships to complete the endorsement/credential.
- Provide Social-Emotional Consultants within EI and make them widely available to the providers directly meeting with families.
- Develop or continue to provide statewide I/ECMH training to EI and ECSE staff and providers.
- In addition to I/ECMH training, provide [DC:0-5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood \(DC:0-5\)](#) training to EI and ECSE staff and providers so that proper diagnostic tools can be used.

Supplemental Child Care and Development Block Grant (\$14.99 Billion) and Child Care Stabilization Funds (\$23.98 Billion)

The [Administration for Children & Families Office of Child Care \(OCC\) guidance regarding the child care stabilization funds](#) encourages multiple ways for states to financially support more inclusive child care programming for children with disabilities.

- States will likely be implementing stabilization funds to child care programs based on operating expenses. However, we know that inclusion of children with disabilities and developmental delays varies and funds are often insufficient to meet the needs of children with disabilities. Ensuring that stabilization grants adequately support the financial needs for child care programs to provide inclusive programs for children with disabilities is encouraged and, in fact, the OCC guidance explicitly mentions bonus payments to programs that serve children with disabilities.
- Stabilization funds can be used for facilities improvements including physical accommodations to support the needs of children with disabilities and/or their family members.
- Lead agencies can use child care stabilization funds to support activities — such as start-up grants and other incentives — that would expand the supply of child care, and specifically expand the supply of child care options for children with disabilities and children with disabilities living in historically under-resourced communities including communities of color.
- Stabilization funds can also be used to support the child care workforce by bolstering wages and benefits, and better supporting the compensation of the workforce is particularly helpful for members of the child care workforce supporting children with disabilities. Workforce supports should be extended across the continuum of the early childhood system, including

using other flexible dollars to meet the needs of the EI/ECSE workforce while federal stabilization funds can target the child care workforce.

While guidance is not yet available regarding the **supplemental Child Care and Development Block Grant (CCDBG) funds**, it is anticipated that these funds will fall under the same rules and regulations as traditional CCDBG dollars. Thus, states have flexibility to shift their child care subsidy reimbursement rates to increase support for low-income families needing child care assistance for their children with disabilities or developmental delays. Additionally, contracts and grants could be offered to child care programs for slots that support children with disabilities, particularly in under-resourced communities including communities of color; and built into these contracts and grants could be requirements to increase salaries for those child care teachers that are providing inclusive early learning programs. Finally, quality improvement efforts through the CCDBG funds can be used to enhance the quality of care provided to children with disabilities through various mechanisms such as enhanced professional development and job-embedded professional learning opportunities for early educators across multiple settings, making classroom environments more inclusive, and ensuring QRIS-related training and technical assistance prioritizes the needs of supporting children with disabilities.

[Mental health supports for children and employees](#)

Supporting the mental health needs for children and employees is an allowable and recommended use of both the stabilization and supplemental CCDBG funds. Allowable expenses include workforce development expenses for clinicians, consultants, and/or allied professionals. Importantly, the Office of Child Care offered clarifying guidance and encourages states to pool Infant/Early Childhood Mental Health Consultation (I/ECMHC) funds to offer more streamlined, centralized and accessible I/ECMHC services; multiple provisions of ARPA include a prioritization of allowable expenditures in mental health and trauma supports. Additionally, ARPA funding streams like Coronavirus State and Local Fiscal Recovery Funds, the Community Mental Health Services Block Grant, the Substance Abuse Prevention and Treatment Block Grant, and the Child Abuse Prevention and Treatment Act grants all contain priorities for mental health, trauma and substance use services that could be applicable to early childhood programs and its workforce. States could consider these as sources for a standalone project, or as discussed above in Office of Child Care guidance, pool resources to streamline accessibility of supports. Following are recommendations for use of these funds to support I/ECMH:

- Support the infrastructure — where available — of state Associations for Infant Mental Health's I/ECMHC including:
- Supporting I/ECMH endorsement/credential, including stipends, scholarships and paid internship/mentoring opportunities for practitioners to complete the endorsement/credential. Consider endorsement/credential-based bonuses for professionals living and working in communities where there are very few consultants, particularly in communities of color.

- Increase supports to I/ECMH consultants, including expanding access to reflective learning groups, and providing paid job-embedded professional learning opportunities.
- Create/maintain states' I/ECMH Consultant database.
- Establish or expand access to tiered systems of support focused on social-emotional development of young children in child care settings, such as Pyramid Model, the LOOK (Learning to Objectively Observe Kids) Program, Conscious Discipline, or others.
- Assist in the development of DC:0-5 billing guidance for providers.

Elementary and Secondary School Emergency Relief Fund, aka ESSER (\$122.77 Billion)

[ESSER funds](#) are provided to State Educational Agencies (SEAs) and local school districts (LEAs) to help safely reopen and sustain the safe operation of schools and address the impact of the pandemic on students, and there is a lot of flexibility with these funds to support children with disabilities under IDEA Part C and Part B.

At the local level, at least 90% of the ESSER funds must go to LEAs using the Title I formula, and LEAs must reserve at least 20% of their funds to address learning loss through the implementation of evidence-based interventions and ensure that those interventions respond to students' social, emotional, and academic needs and address the disproportionate impact of COVID-19 on underrepresented student subgroups *including children with disabilities*. The remainder of the funds can be used for a wide range of activities to address needs arising from the pandemic, including any activity authorized by IDEA and the Elementary and Secondary Education Act. This leaves a lot of leeway for LEAs to leverage these funds to bolster preschool special education services and provide more inclusive programs, including where LEAs and EI collaborate on Part C, particularly for students of color who have disabilities. In fact, many of the recommendations above under IDEA Part B and Part C would also apply at the LEA level. Some specifics for consideration include:

- Ensuring ECSE services for children are provided through the summer months.
- Adding preschool classrooms in under-resourced communities — particularly communities of color — that are inclusive of children with disabilities.
- Supporting transitions for children from early childhood special education classrooms to kindergarten.

- Bolstering services fundable under Title I such as developmental screenings, comprehensive services and supports such as transportation and other services that support students with disabilities, and social-emotional supports.
- Increasing EI/ECSE teacher salaries and expanding professional learning opportunities for teachers related to identification and support for children with special needs.

At the state level, 7% of State funds are for activities and interventions that respond to students' academic, social, and emotional needs and address the disproportionate impact of the pandemic on underrepresented student subgroups, including children with disabilities. This includes requirements to implement evidence-based interventions specifically aimed at addressing learning loss. Some opportunities to support children with disabilities include:

- Enhancing IDEA Part C services with more robust funding, particularly where state education agencies are the state lead for Part C.
- Requiring year-round preschool special education — including during the summer months — in response to children who may have either had to pause services or shifted to a virtual option that may have been less than ideal for their development.
- Expanding preschool at the state-level with additional funds and technical assistance to support inclusive classrooms, particularly in under-resourced communities including communities of color.
- Other uses the state deems essential to ensure that children with disabilities — particularly students of color with disabilities — are provided the opportunities to mitigate any potential set-backs as a result of the pandemic.

Head Start Funds (\$1 Billion)

Head Start funds are allocated by the U.S. Secretary of Health and Human Services to meet the needs of children and families impacted by the pandemic. All Head Start, Early Head Start, and Early Head Start-Child Care (EHS-CC) Partnership agencies are eligible to receive one-time grants which will be proportionally based on funded enrollment levels. Grantees have the flexibility to determine which one-time investments best support the needs of staff, children, and families, while adhering to federal, state, and local guidance. [The Office of Head Start \(OHS\)](#) encourages grantees to prioritize programs for children with disabilities along with children experiencing food or housing insecurity, children that were not able to receive any in-person services this year, rising kindergartners, or other areas determined by community needs. Some recommendations for use of Head Start funds to support children with disabilities include the following.

- Programs can use funds to purchase services, materials, and technology to ramp up recruitment and enrollment efforts to enroll eligible children and families, including children with disabilities.
- Extending the program year or offering summer enhancement activities could be used to address current learning needs and mitigate future learning loss for children with disabilities.
- Expand family supports by utilizing evidence-based coaching practices to support families of children with disabilities.
- Employ additional mental health professionals to assist families with adverse circumstances and to collaborate with special education and ECE professionals.
- Expand training for teachers and families and support for families, including a focus on supporting children with disabilities. Remodel classrooms and playgrounds to be accessible.
- Address unique needs within communities, such as providing internet access and technology devices to families to support extended learning.
- Provide professional learning experiences on key topics such as inclusion, bias, trauma-informed approaches, family engagement, support, and service delivery in diverse settings where children with disabilities are served.

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