



Advancing Equity and Inclusion for Young Children with Disabilities and Delays

State Policy Opportunities

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Introduction

Equitable inclusion for young children with disabilities and developmental delays in early childhood opportunities is rooted in a human rights framework: being meaningfully included as a member of society is a human right that all children deserve and should be able to access¹. As public sector leaders and advocates seek to advance this right for young children across state early childhood systems, their efforts are also supported by evidence-based research and federal law.

There is clear research on the benefits of inclusive early childhood programs and services. For example, while outcomes differ according to each child's disability and/or developmental delay, studies show that two out of five children who receive Early Intervention no longer need special education services when they reach kindergarten.ⁱ And, studies show that young children with disabilities who spend more time in general education classrooms alongside children without disabilities or delays are absent fewer days from school, achieve higher test scores, demonstrate stronger social-emotional skills, and have larger friend networks than children in separate settings. Importantly, studies also indicate positive developmental, social, and attitudinal outcomes for children without disabilities in inclusive early childhood programs, including greater compassion and empathy and a positive perception of children with disabilities.ⁱⁱ

Also, federal law requires it.ⁱⁱⁱ The Individuals with Disabilities Education Act (IDEA) seeks to protect the rights of children with disabilities and ensure that they have access to free and appropriate public education in inclusive, least restrictive environments (i.e., in classrooms with children without disabilities) through IDEA Part B including Part B, Section 619. This is commonly referred to as Early Childhood Special Education (ECSE). Additionally, IDEA Part C ensures infants and toddlers with disabilities, developmental delays, or a high probability of experiencing a developmental delay receive Early Intervention (EI) services in natural environments, which are settings that are typical for a same-aged infant or toddler without a disability. When IDEA passed in 1975 (originally known as the Education for All Handicapped Children Act), Congress promised to cover 40% of the extra cost of providing special education, with support for children with disabilities intended to be a shared responsibility across federal, state, and local governments.

¹ Start Early Consulting is committed to accessibility for people with disabilities. To learn more about creating accessible documents, please visit the [Web Content Accessibility Guidelines](#).

However, federal funding currently covers less than 15% of those costs, and states and communities struggle to resource EI and ECSE adequately.^{iv}

Exacerbated by inadequate funding, it is well documented that young children with disabilities and delays and their families continue to face challenges with accessing inclusive early childhood services individualized to their needs in all settings, particularly young children of color and children who are Dual Language Learners.^{v, vi}

To aid state public sector leaders and advocates in advancing equity and inclusion for young children with disabilities and developmental delays, the following report articulates key state policy opportunities.

These policy opportunities address Early Intervention (EI), Early Childhood Special Education (ECSE), and the intersection of EI and ECSE with other early childhood programs. These are actions that can be taken by either state legislative bodies or government agencies overseeing early childhood programs and are organized across five areas:

- I) Adequate and Robust Funding
- II) Stable and Diverse Workforce
- III) Governance that Enhances Coordination and Collaboration
- IV) Family- and Child-Centered Screening, Eligibility, and Evaluation
- V) Equitable and Inclusive Service Delivery

The **Alliance for IDEA Policy Initiative** developed [federal policy opportunities](#) to advance equity and inclusion for young children with disabilities and developmental delays across the early childhood system. Those federal policy opportunities are the foundation from which these state policy opportunities were developed. The development of the policy opportunities included: 1) a comprehensive review of research on what has already been identified as policy opportunities to support young children with disabilities and delays; 2) dissemination of a comprehensive survey to families and the field that garnered over 1500 responses; and 3) fifteen feedback sessions with over 120 families and direct service providers in English and Spanish.

I. Adequate and Robust Funding

All parts of the birth-to-five early childhood system including home visiting, Infant and Early Childhood Mental Health Consultation, Early Head Start and Head Start, child care, preschool, and public school systems need to have adequate financial resources so they can support the needs of young children with disabilities and developmental delays in *all settings*. This requires state legislatures to provide increased state funding for birth-to-five early learning programs, family support programs, economic security programs, local and regional education agencies, as well as EI and ECSE. Funding should allow for the reduction of caseload sizes so the early childhood workforce can provide individualized supports to all children and support the holistic needs of children with disabilities and delays. Resources are also needed to ensure programs have facilities compliant with the federal Americans with Disabilities Act requirements including the physical environments needed to support young children.

“Lack of funding – attempts to group children with different needs which may not match what the child needs”

February 2022

This quote and those that follow in blue originate from a series of feedback sessions with families and providers carried out by the Alliance for IDEA Policy Initiative between Fall 2021 and Spring 2022.

In addition to adequately funding the entire birth-to-five system, funding is specifically needed to support young children with disabilities and developmental delays. The following policy opportunities represent actions states can take to ensure adequate funding so that young children with disabilities and delays can access inclusive and responsive early childhood programs and services.

Early Intervention:

- **Increase state funding for EI** by increasing state general funds and/or by increasing reimbursement rates – including Medicaid rates and Commercial insurance rates – for EI services. In addition to expanding equitable access to high quality EI services, state funds should be used to expand eligibility to serve infants and toddlers in at-risk categories, to eliminate family fees for EI services and out-of-pocket expenses, and to extend EI services beyond the age of three to ensure smooth transitions.
- **Ensure that the State's Medicaid policy allows for an Individualized Family Service Plan (IFSP) to be a Medicaid service authorization document**, which allows Medicaid to be the payor of any eligible services identified in IFSPs.

Early Childhood Special Education:

- **Increase state funding for ECSE**, including expanding funding to community-based early care and education (ECE) settings, specifically focused on supporting inclusion of children with disabilities and delays. This may include examining state education funding formulas to ensure they cover the full cost of providing ECSE services – from evaluating children to providing inclusive services in all settings – and that any funding formulas are determined based on geographic and demographic need to better serve children who have historically been inequitably served.

Early Intervention and Early Childhood Special Education:

- **Support Medicaid billing** across the birth-to-five early childhood system for children with disabilities and delays receiving Medicaid-covered services by **establishing a state-level Medicaid Hub** focused on Medicaid billing. This state-level hub can:
 - Help increase the capacity of school districts, community-based organizations, private providers, and other contractors to bill for Medicaid-covered EI and ECSE services.
 - In collaboration with the State Medicaid Office, clarify billing policies on what can and cannot be billed to Medicaid, clarity on becoming an enrolled Medicaid provider, and provide data on how Medicaid rates align with private insurance.
- **Explore current and new funding streams** to better support young children with disabilities and developmental delays in all early care and education settings, through state child care subsidy systems, child care quality initiatives, child care contracts/grants, state-funded pre-kindergarten and state-funded Head Start & Early Head Start. Relatedly, as states conduct true cost of child care studies to inform their child care subsidy program, ensure that children with disabilities and developmental delays are explicitly included in those studies.
- **Consider modifying the state’s EI and ECSE funding formula or rate setting method** to take into account key demographic indicators to ensure equitable distribution of funds – e.g. socio-economic status, multi-lingual communities, communities historically underserved by EI, and geography.
- **Periodically conduct comprehensive fiscal analyses that include adequate workforce compensation** to understand total revenues needed to equitably deliver services to young children with IFSPs and IEPs in all settings. Ensure the fiscal analyses:
 - Offer annual adjustments to provide competitive compensation to attract and retain a qualified and diverse workforce; and
 - Identify mechanisms and provide clear guidance and technical assistance to districts and programs on how to better blend, braid, and maximize all potential federal, state, and local funding streams (e.g. IDEA, CCDF, MIECHV, Medicaid, LEA, etc.) to support service delivery for young children with disabilities and delays.

- **Expand state funding for the Parent Training and Information Center (PTI)** with a specific investment to support families with young children by requiring the PTI have at least one dedicated staff focused on supporting families with young children. State funds should bolster PTI capacity to:
 - Provide families with support related to referral, evaluation, and development of the Individualized Family Services Plan (IFSP) and Individualized Education Plans (IEP) including for families whose first language is not English;
 - Consider the holistic needs of infants, toddlers, and preschoolers with disabilities so they can access the services and supports needed to achieve key developmental milestones; and
 - Strengthen collaboration – including joint technical assistance – with state Protection and Advocacy agencies to ensure families and their young children's rights are protected.

II. Stable and Diverse Workforce

The cross-sector birth-to-five early childhood workforce needs to be stabilized and continue to grow. Because young children with disabilities and developmental delays are in all early childhood programs and services, the cross-sector early childhood workforce must be adequately prepared to support them while being competitively compensated. Thus, state funding must support a strengthened pipeline of early childhood professionals with dedicated funds to recruit, retain, and adequately compensate a diverse workforce that reflects the communities in which they serve, while also ensuring the wellbeing of the workforce. The EI and ECSE workforce specifically needs to be bolstered, as detailed by the policy opportunities identified below.

“High caseloads for providers leads to heavy turnover rates. Also high case loads lead to children not receiving the trusted supports they need.”

October 2021

Early Intervention and Early Childhood Special Education:

- **Dedicate a portion of state funds to recruit, train, and retain** a diverse, high-quality workforce prepared to work in EI and ECSE. In addition to focusing on increasing workforce wages, this funding should:
 - Support state- and community-level systems to promote personnel preparation, workforce pipelines, “grow your own” programs, and other career and professional development pathways.

- Bolster supports to community partners like institutes of higher education to attract and equitably prepare a diverse workforce that represents the communities and families in which it serves.
- **Provide and/or expand state scholarships and grants for individuals pursuing higher education** to become Early Interventionists, ECSE teachers, and related service professionals including Infant and Early Childhood Mental Health (IECMH) consultants. And, create state programs that offer pathways to reduce/eliminate student loans for individuals working in EI and ECSE.
- **Provide incentives to recruit and retain a multilingual EI and ECSE workforce** that reflects the communities in which they serve.
- **Develop and/or expand professional development registries** to be inclusive of the EI and ECSE workforce and ensure demographic data about the workforce, including race, ethnicity, languages spoken, average compensation, and retention rates, is collected and publicly reported.
- **Ensure EI and ECSE professionals have foundational competencies** and ongoing professional learning to support young children in inclusive birth-to-five early childhood programs, including child development, developmentally appropriate practices, coaching strategies, and strategies for providing itinerant or collaborative services for families and other early childhood professionals to serve children in natural and least restrictive environments.

Across all early childhood programs:

- **Facilitate cross-sector, cross-disciplinary, compensated professional learning** that leads with cultural humility, addresses implicit and explicit bias, and integrates collaborative practices to inclusively support young children with disabilities and delays in all early childhood settings, programs, and services. Ensure this type of professional learning supports annual licensing, quality rating and improvement system processes, and continuing education needs of the workforce.

“More support is needed for interdisciplinary collaboration across health care, early intervention, special education, etc.”

September 2021

III. Governance that Enhances Coordination and Collaboration

State government must incentivize and promote opportunities for collaboration across the multi-sector early childhood system to ensure all families have access to high quality inclusive birth-to-five services regardless of geographic, cultural, linguistic, or economic circumstances. This includes better coordination and collaboration within and across agencies facilitated by adequate staff time and capacity to strengthen governance, reduce fragmentation, and break down silos;

and to better align policies, guidance, data collection, and professional learning to create seamless systems of support for young children with disabilities and delays. Governing bodies must also include more diverse and authentic representation (i.e. genuine, real, and intentional and gives decision-making power) of the families of young children with disabilities and delays and the providers who serve them, bolstered by investment to support their participation.

Early Intervention:

- **Provide dedicated funding to support an effective and diverse State Interagency Coordinating Council (ICC).** In addition to funding State ICC staff, this funding should support representation by EI service providers and families of young children from diverse racial and ethnic backgrounds with equitable compensation and accommodations for participation.
- **Fund Local Interagency Coordinating Councils to support coordination, alignment, and feedback loops** between Local and State ICCs for better community-informed policy and systems changes for more equitable and higher quality EI.
- **Strive to use shared governance structures and processes** with both the Local ICCs and State ICC that rely on ongoing feedback loops between the state and communities with authentic inclusion and decision-making power of diverse family and provider voices in systems change efforts.

Early Childhood Special Education:

- **Provide dedicated funding to support effective and diverse State Special Education Advisory Panels.** States should ensure the Advisory Panel membership includes representation by ECSE service providers and early childhood educators – from both school-based and community-based programs – and families of young children from diverse racial and ethnic backgrounds, with equitable compensation and accommodations for authentic participation.
- **Strive to use shared governance structures** that rely on ongoing feedback loops between the state and communities with authentic inclusion and decision-making power of diverse family and early childhood educator/service provider voices in systems change efforts.

Early Intervention and Early Childhood Special Education:

- **Strengthen early childhood systems building and governance efforts with the state Developmental Disabilities (DD) Council,** so DD Councils consider the holistic needs of individuals with disabilities across the life spectrum including in early childhood. Consider shared membership between the DD Council with the State ICC and the State Special Education Advisory Panels for ongoing alignment.

Across all early childhood programs:

- **Conduct a periodic needs assessment** that focuses explicitly on how the early childhood systems are supporting young children with disabilities and developmental delays. Identify opportunities to improve coordination and integration efforts across state agencies for better alignment of program goals, funding streams, eligibility requirements, data collection, provision of technical assistance, and quality standards. Ensure the needs assessments:
 - Gather both quantitative and qualitative data – including case studies and key informant interviews – to truly understand the systems landscape for children with disabilities and delays, including children with special health care needs.
 - Integrate into already occurring state needs assessments such as those through the Preschool Development Grant Birth to Five, Early Childhood Comprehensive Systems, Title V Maternal Child Health Block Grant, Head Start State Advisory Council, etc.
- **Strengthen data collection for Child Find and across all early childhood programs and services** including pediatric health care and Medicaid systems to allow for better understanding of how children with disabilities and delays are identified, referred, found eligible/ineligible, and where they receive their services through early childhood longitudinal, integrated, and interoperable data systems with unique identifiers.
 - States’ early childhood integrated data systems should be disaggregated by age, race, ethnicity, income level, English learner status, immigrant or refugee status, disability status, involvement in the child welfare system, and experiencing homelessness, as well as by county/geography.
 - States should ensure data is publicly available, and that communities have funding and knowledge to provide reliable data and capacity to engage with the data to understand local quality improvement opportunities.

“Make sure educators have access to screening tools to complete them and also have the training to feel comfortable to share results with parents”

September 2021

IV. Family- and Child-Centered Screening, Eligibility and Evaluation

Across the comprehensive early childhood system, young children should be routinely screened for developmental delays and medical conditions and experience seamless referrals to EI or ECSE evaluations when needed. This means bolstering supports to the cross-sector early childhood workforce – from pediatricians to home visitors to child care teachers to family child care providers and everyone in between – so they can effectively partner with parents to screen young children and know when and how to refer families to services with cultural humility.

Early Intervention:

- **Increase awareness and understanding of automatic eligibility criteria** by providing additional guidance, training, and technical assistance opportunities to health providers (including in birthing hospitals), Early Interventionists, and families. This includes focusing on the difference between evaluation and assessment for children who are automatically eligible through the medical condition diagnoses or at-risk criteria and what types of services could be provided to children who may not yet be showing delay.
- **Explore barriers to implementing and offer guidance and technical assistance to child welfare agencies** focused on the requirement in the federal Child Abuse Prevention and Treatment Act (CAPTA) that families connected to child welfare be automatically referred to EI.
- **Explore EI eligibility criteria to include and/or expand the state's at-risk category** to include young children connected to child welfare, children experiencing homelessness, and children of parents with substance misuse.
- **Provide families at least 24 months' advance notice of any changes to eligibility** requirements under EI.

Early Childhood Special Education:

- **Provide guidance and incentives for LEAs to serve children ages 3-9 under the category of developmental delay.**

Early Intervention and Early Childhood Special Education:

- **Bolster existing programs, strategies, and guidance that promote racially, culturally, and linguistically responsive eligibility and evaluation processes**, including access to evaluations in a family's home language.
- **Adopt or maintain the same developmental delay eligibility criteria for ECSE as EI** to ensure smooth transitions from EI to ECSE. Similarly, eligibility for developmental delays should stay consistent up through the early elementary years.

Across all early childhood programs:

- **Adequately fund the development of and ensure sustainability of universal developmental screening** as part of a strong Child Find system. This includes social-emotional and trauma screening and referral systems that comprise Medicaid-funded Early and Periodic Screening, Diagnostic and Treatment (EPSDT) across all early childhood programs and services that are tracked within states' integrated data systems, including data on referral sources and when children are screened.

- **Ensure the early care and education community, including family child care and pediatric health care, can support families throughout the referral, eligibility, and evaluation process** for EI and ECSE by providing additional guidance, training, and professional learning opportunities.

V. Equitable and Inclusive Service Delivery

Across the holistic birth-to-five early childhood system, young children with disabilities and delays have the right to be in early childhood programs and services alongside their peers without disabilities or delays while receiving the individualized supports they need. All early childhood programs must be prepared and have adequate resources to accommodate and proactively include young children with disabilities and delays, including children with special health care needs. This includes removing exclusionary discipline practices that may target young children with disabilities and delays as well as partnering and collaborating with EI, ECSE, and IECMH consultants so young children, particularly children of color, can receive the inclusive and equitable supports they need to thrive. Additionally, states should routinely examine systems to identify disparities in access to EI and ECSE services and implement strategies to reduce the disparities.

“[We need to] support practitioners to work with interpreters and families whose first language is not English.”

September 2021

Early Intervention:

- **Provide additional guidance on flexibility of delivering services in the natural environment** (i.e., not only in the home), and provide incentives and support for EI providers to coach child care providers, including family child care, to support infants and toddlers with disabilities and delays.

Early Childhood Special Education:

- **Review and, as needed, update state policy, definitions, and guidance of least restrictive environment (LRE) for 3-5 year-olds** to clarify that LRE means children receive their services in settings with peers without disabilities or delays where they would have been educated were they not disabled, including community-based settings such as Head Start and child care. This means ensuring children can receive their ECSE services where their family would prefer they spend their day – that’s inclusive of all options including home-based child care – rather than requiring children be transported to school-based sites to receive services. To support transition to fully implementing this clarified definition of LRE:

- Give Local Education Agencies (LEAs) a transition period with financial resources, technical assistance, and guidance on itinerant models, blended classrooms, and other staffing models to support broad implementation.
- Consider beginning implementation with a cohort of interested and ready LEAs to increase their capacity to provide services to young children with disabilities and delays in their LRE in community-based settings. Share lessons learned from the initial cohort with other LEAs to support their transition to providing services to more children with IEPs in community-based settings.

“Get rid of preschool special education classrooms and have services delivered in community early childhood settings.”

September 2021

- **Strengthen data collection methods on preschool environments/LRE.** This should help states better understand: a) where preschoolers receive their special education services (e.g., school-based vs. community-based settings) and if families had to forego a preferred early care and education program to access ECSE services; b) the types of ECSE services children receive including which, if any, services identified on IEPs are not being received; c) all early care and education programs they are involved with (i.e. whether students are dually enrolled); and d) reasons why families decline ECSE services. In analyzing this data:
 - Ensure data is disaggregated by key demographics in addition to race, ethnicity, and Dual Language Learners; and
 - Pair the quantitative data with routine reviews of qualitative data to understand any potential challenges with providing LRE that data alone cannot elevate.
- **Support smooth transitions to Kindergarten** by providing clear guidance and technical assistance to LEAs to strengthen the process for supporting children receiving ECSE services and their families during the transition. This includes:
 - Ensuring clear transition plans are developed in partnership with the family, ECSE and preschool providers, Head Start and/or other community-based service providers, and Kindergarten and elementary school staff (if possible);
 - The transfer of all key records that describe the child's development; and
 - Support for family members on advocating for their child's rights under IDEA in the elementary school setting.

Early Intervention and Early Childhood Special Education:

- **Improve data collection methods to identify exclusionary disciplinary practices** used in early care and education, including suspension, expulsion, and other removals from the learning environment. Data collection methods should facilitate disaggregation by factors such as race, ethnicity, gender, disability category, family income, and setting.
- **Collect data and publicly report on average wait time** between development of IFSPs and IEPs and receipt of services, including reporting of barriers that cause delay of receipt of services. Share statewide data as well as localized data.

- **Require LEAs to ask all families receiving IDEA services about their satisfaction with their child's services**, including where services were received and any perceived bias experienced. Offer the Part C family outcomes survey and any other family-facing surveys in multiple formats (e.g. paper, digital, text message) and in multiple languages. Ensure survey findings are made publicly available, including qualitative data such as family quotes.
- **Create a plan to eliminate any transitional gap between EI and ECSE, and support an extended Part C or extended IFSP option.** The extended Part C or extended IFSP option – the name varies by state – would allow children to stay in EI past their third birthday to allow for a more natural transition to Early Childhood Special Education. For example, a state that implements an extended Part C/IFSP option could allow a child who turns three in the spring to remain in EI until the beginning of the new school year in the fall rather than lose services for multiple months. As states develop this plan:
 - Give families the flexibility to choose between the extended Part C/IFSP option or transition to ECSE;
 - Ensure families and providers are part of the process to develop the state plan including the State ICC; and
 - Put this plan into state rules and regulations.

Across all early childhood programs:

- **Promote and increase access to professional learning and guidance from Infant Early Childhood Mental Health (ECMH) consultants** in early care and education programs; and incentivize the use of models such as Project LAUNCH, the Pyramid Model, universal design for learning, and other inclusion supports to improve social emotional supports and be responsive to all children's strengths and needs.
- **Provide funding for assistive technology devices, equipment, and services** for children in all early care and education settings.

Conclusion

These state policy opportunities represent important steps that state leaders can take to advance equity and inclusion for young children with disabilities and developmental delays. Public sector leaders and advocates, together with families and providers – particularly those of color – can leverage this report to identify their state's most urgent policy priorities to improve services and program delivery. Doing this work well will involve meaningfully including families and providers in the identification and advancement of policy priorities, continuous improvement efforts of program implementation, as well as ensuring feedback loops through ongoing engagement. If states can make progress to advance equity and inclusion for young children who have disabilities and developmental delays through policy and systems changes – particularly for children of color with disabilities and developmental delays – all children will benefit from stronger state early childhood systems.

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About Start Early

[Start Early](#) is a nonprofit public-private partnership advancing quality early learning and care for families with children, before birth through their earliest years, to help close the opportunity gap. Bringing expertise in program delivery, research and evaluation, professional development and policy and advocacy, Start Early works in partnership with communities and other experts to drive systemic change so that millions more children, families and educators can thrive.

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