



## Ensuring Access for All Children: Inclusion

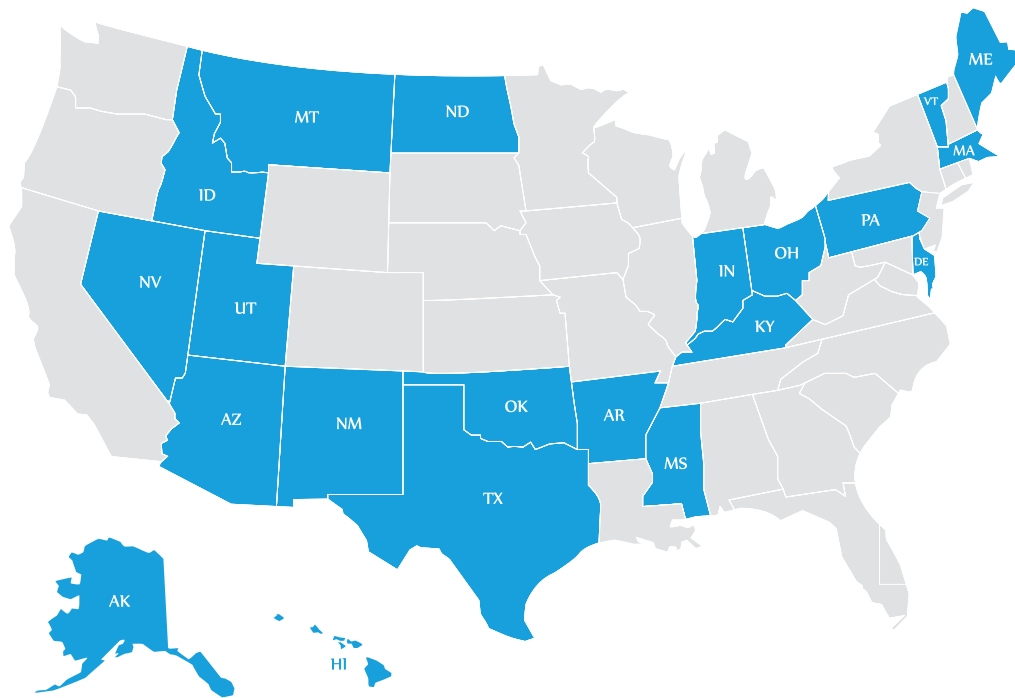




# Introduction to *In Brief: Learning from the New Round of PDG B-5 Systems Building Grants*

Twenty-one states are drawing on the Preschool Development Birth through Five Renewal Grant (PDG B-5 Renewal) to advance their early childhood care and education (ECCE) systems. These states are undertaking a rich and broad variety of work with this infusion of resources. The BUILD Initiative, ZERO TO THREE, and Start Early, all of whom are members of the National TA Collaborative to Maximize Federal Early Childhood Investments, collaborated on these briefs to share critical early childhood issues that states and their partners are addressing by using the information available in the PDG B-5 Renewal applications. These grants not only provide immediate benefits and long-term systems implications for the states and their communities; they also shed light on the state of the field, which we attempt to outline through this set of briefs.

**Figure 1 Map of PDG B-5 Renewal States 2023**



PDG B-5 Renewal Grants are being used by states across a wide range of content areas in the early childhood care and education system, and in a variety of ways. The federal funding provides a systems framework and seeks to offer flexibility within that framework. The federal funding came with overall guidance focused on coordinating the programs and services within the early childhood care and education system. It aimed to help young children enter kindergarten prepared and ready to succeed by targeting support to populations the states deem priorities based on their assessments of need, particularly their new understanding of the impact of COVID on families and communities. The guidance placed significant emphasis on the early childhood care and education workforce and doing what it would take to attract, train, and retain the workforce needed to maintain high-quality and supportive environments that promote child development and can meet families' unique logistical, linguistic, cultural, and financial needs. Within that broad framework, however, states had enormous latitude. This series of briefs will make clear that states are charting their own course, with many strategies being used to develop and improve their early childhood systems.





States are using the federal funding to build capacity, create infrastructure, provide direct services, and pilot work that is new for them. This work is occurring within a broad framework provided by the federal government. As the review of the grant applications in this series of briefs will make clear, states chart their own course when it comes to early childhood systems development. States are working in many varied and exciting ways as they use these resources to take action to improve their ECCE systems; they are undertaking many different projects and initiatives and, often, multiple projects under each of the required activities.

**States are using the federal funding to build capacity, create infrastructure, provide direct services, and pilot work that is new for them.**

Our review suggests that states seem hesitant to take too long a view for their PDG B-5 Renewal plans. There are many possible explanations for this. Perhaps it is because each iteration of the federal PDG B-5 competition has been different, and states do not see PDG B-5 as a stable, continuous funding source. It could also be that state decisions that seem to focus on the shorter term could stem from the need to manage expectations and produce near-term results. There could be a lack of confidence amongst the state and territory grantees that state funding will be available to sustain the work. Or it may be that the broad framework used in the PDG B-5 competition, with so many possibilities identified with each of the required activity areas, detracts from states' ability to have a sharp focus, and leads to many responsive, diffuse strategies. We must ask: Would the children and families who want and need early childhood care and education, the workforce that delivers it every day, and the states be better off if the states understood that they could choose to have a concentrated focus on a few projects rather than on so many?

This series of briefs focuses attention on several topics within PDG B-5 Renewal implementation activities. Not all critical topics or aspects of PDG B-5 Renewal plans are covered, such as updates to needs assessment and strategic plans, but we anticipate that other organizations will continue to analyze this rich set of plans and share their analyses. We note, as well, that the briefs are grounded in the plans submitted by the states to the federal government. States may modify their plans, and their grant submissions did not allow for the states to provide in-depth information.

To access the full set of briefs in this series, which are being produced throughout 2023, please visit: <https://buildinitiative.org/learningfrompdgb-5systemsbuildinggrants/>

## Acknowledgements

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## Why Ensuring Access for All Children

Inclusive systems provide better quality learning opportunities for all children and are instrumental in changing discriminatory attitudes. Early childhood care and education (ECCE) settings provide a context for a child’s first relationship with the world outside their families, shaping their understanding of social interactions. Respect and understanding grow when students of diverse abilities and backgrounds play, socialize, and learn together. When children with developmental delays, disabilities, special health needs, and children who have or are experiencing trauma are excluded and segregated from early childhood experiences, discrimination and bias against traditionally marginalized groups is perpetuated.

For the purposes of this brief, we consider inclusion from the perspective of all children who are excluded from programs due to needing more individualized support than other children. Over the years there has been consistent data pointing to children with disabilities being excluded from programs, with many families having difficulty finding and maintaining consistent inclusive early learning experiences for their children.<sup>1</sup> Using PDG B-5 Renewal funds along with other resources, states have begun to explore policies aimed at reducing suspension and expulsions from ECCE programs, with a significant focus on improving the capacity of the ECCE workforce to support children displaying challenging behaviors. This work stems from the recognition that children and their families who have experienced or are experiencing trauma deserve support and consistent early learning experiences, and the workforce deserves support and consistent professional learning to increase their expertise in trauma-informed practices. The impact the COVID pandemic has had on our children and families is also an important consideration, as it has created a cohort of young children who have not had access to the usual socialization opportunities in their community and with extended family or friends that they might have had previously. Such a reduction in social interactions has an impact on children’s social and emotional development and can exacerbate some developmental delays. Adverse experiences such as these early in life, particularly for vulnerable children, predict the emergence of later physical and mental health problems.<sup>2</sup>

The focus on increasing access for children with disabilities and improving the capacity of the workforce to serve all children successfully is woven throughout the PDG B-5 Renewal Funding Opportunity Announcement (FOA). This brief provides a high-level review of how PDG B-5 Renewal plans are addressing inclusion in ECCE work. We focus on strategies proposed specifically to improve or increase access to early learning opportunities for children with developmental delays, disabilities, special health needs, and/or children who have or are experiencing trauma.

### Discussion of Inclusion Strategies

PDG B-5 Renewal plans were most likely to address inclusion in three categories: 1) trauma-informed practice, 2) professional learning and coaching, and 3) access to early childhood care and education. Table 1 provides an overview of the three areas and thirteen strategies that are addressed by state plans for PDG B-5 Renewal. Discussion of each of these areas, with highlights from the strategies being used, is found after the table.

<sup>1</sup> Cristina Novoa. (2020). *The Child Care Crisis Disproportionately Affects Children with Disabilities*. Center for American Progress, retrieved <https://www.americanprogress.org/article/child-care-crisis-disproportionately-affects-children-disabilities/>

<sup>2</sup> National Scientific Council on the Developing Child. (2008/2012). *Establishing a Level Foundation for Life: Mental Health Begins in Early Childhood: Working Paper No. 6*. Updated Edition. Retrieved [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu).



**Table 1. Inclusion Strategy Overview**

INCLUSION STRATEGY	AK	AZ	AR	DE	HI	ID	IN	KY	ME	MA*	MS	MT	NV	NM	ND	OH	OK	PA	TX	UT	VT	
<b>Infant Early Childhood Mental Health (IECMH)</b>																						
Analyze supports and make recommendations																						
Build IECMH capacity		•				•																•
Expand IECMH consultation	•											•					•					•
Expand IECMH virtual hours																			•			
Implement IECMH cross sector				•																•		
Pilot IECMH											•											
<b>Professional Learning and Coaching</b>																						
Invest in micro credentials and/or badges						•		•	•							•						
Use inclusive classroom/community assessment tools		•						•			•											
Implement training and/or coaching	•	•		•	•		•	•	•		•	•	•			•	•	•	•	•	•	•
<b>Access to Early Childhood Care and Education</b>																						
Provide financial incentives to serve children with disabilities						•		•						•	•	•	•		•			•
Increase slots in early childhood care and education programs											•		•			•						
Address expulsion/suspension policies in Quality Improvement Systems								•														
Advance universal screening and referral	•			•	•	•			•		•	•		•		•	•		•			•

\* NOTE: Although Massachusetts is not funding any inclusionary or trauma informed practices strategies with the PDG funding, the state does have several initiatives in support of children with disabilities and children who have or are experiencing trauma funded with other resources.



# Infant Early Childhood Mental Health (IECMH)



Table 2. Infant Early Childhood Mental Health

	AK	AZ	DE	ID	MS	MT	OK	PA	TX	VT
Analyze supports and make recommendations									•	
Build Infant IECMH capacity		•		•						•
Expand IECMH consultation	•					•	•			•
Expand IECMH virtual hours								•		
Implement IECMH cross sector			•						•	
Pilot IECMH					•					



States proposed the following trauma-informed strategies, based on infant early childhood mental health, in their PDG B-5 Renewal applications:

- Analyze existing supports and making recommendations** - *Texas* plans to provide two reports: one will offer an infant early childhood mental health consultation (IECMHC) landscape, providing details on the current landscape of children’s mental health infrastructure and resources across the state; the other will focus on the implementation science of infant and early childhood mental health consultation, including best practices, case studies, and impact. This second report will also include recommendations for a statewide structure to provide early childhood information to families and ECCE providers, as well as administrative oversight for the IECMH consultants.
- Build IECMH capacity** – *Arizona, Idaho, and Vermont* propose capacity-building activities, with *Arizona* focusing on internal staff capacity in the Program for Infant/Toddler Care (PITC) Train-the-Trainer model and *Idaho* building statewide capacity to support IECMH best practices via a partnership with AIM Early to support foundational IECMH training and hire trainers/coaches to conduct training for educators and families. They will also increase the number of ECCE workforce members with the Association for Infant and Early Childhood Mental Health (AIM) endorsement by using PDG-R funds to cover both the costs of the endorsement and membership in AIM. *Vermont* seeks to implement three Parent Child Interaction Therapy sites; deliver clinician training; provide access to trainer supervision; send clinicians to the national conference; and provide supplies/equipment for implementation. Additionally, *Vermont* will expand Child Parent Psychotherapy access to public mental health centers and more private practice clinicians.
- Implement and expand IECMH consultation** – *Alaska, Montana, Oklahoma, and Vermont* aim to implement and expand infant and early childhood mental health consultation. In addition to expanding the consultant workforce, *Montana* will issue subgrants to fund a cohort of mental health providers through an IECMH credentialing course, and *Oklahoma* will partially fund eight full-time regional consultants that will supplement PDG B-5 dollars with a fee-for-service delivery structure. *Vermont* will implement IECMHC as a strategy to promote inclusion in the classroom and reduce suspension and expulsion.





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- **Implement IECMH cross sector** – Two states (*Delaware* and *Texas*) will venture into cross-sector efforts, with *Delaware* piloting mental health consultation into each of the state's four home visiting programs. The integration will be evaluated on four



**Two states will venture into cross-sector efforts, with Delaware piloting mental health consultation into each of the state's four home visiting programs.**

measures: increased home visitor knowledge of child and adult mental health, increased home visitor knowledge and use of community resources to support mental health, reduced home visitor stress, and increased family engagement and retention within the program. *Texas* will leverage an existing IECMH/Early Childhood Intervention pilot. Early Intervention contractors throughout *Texas* will have access to IECMH consultants who assist in identifying possible social-emotional/mental health concerns and needs; providing guidance and consultation to help providers support positive, nurturing parent-child relationships; and offering strategies and guidance for prevention and mitigation of social-emotional/mental health delays. Based on the success of this pilot, *Texas* plans to expand this effort for Years 2 and 3 to child care providers and home visitors.

- **Offer IECMH virtual office hours** – In *Pennsylvania*, where virtual office hours have become the universal tier of the established statewide IECMH Program, the state will use PDG B-5 Renewal funding to hire additional staff to provide this support to families and other ECE systems partners.
- **Pilot IECMHC** - *Mississippi* will use funds to support a pilot IECMHC program by making professional consultants and a psychologist supervisor available to early learning programs participating in Pyramid Implementation across the state.



Table 3. Professional Learning and Coaching

	AK	AZ	DE	HI	ID	IN	KY	ME	MS	MT	NV	OH	OK	PA	TX	UT	VT
Invest in micro credentials and/or badges					•		•	•				•					
Use inclusive classroom/ community assessment tools		•					•		•								
Implement training and/or coaching	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•

- Invest in micro credentials and badges-** Four states (*Idaho, Kentucky, Maine and Ohio*) are investing in inclusion and trauma-informed micro credentials or badges in their Quality Improvement System (QIS). *Idaho* plans to address inclusion as one of the Provider Quality Improvement Badges linked to its QRS payment structure. *Kentucky* plans to pilot incentives tied to the achievement of badges in areas such as inclusion, trauma-informed care, behavior and mental health, or parent and family engagement. *Maine* will invest in supporting providers to engage in a professional development cohort that will result in an inclusion credential. *Ohio* will create an inclusion-focused micro credential that will expand the state's career pathway model and recognize the experience of nontraditional professionals in the field by evaluating a combination of experience and credentials.
- Use inclusive classroom and community assessment tools-** *Kentucky and Mississippi* are using inclusive classroom observation and assessment tools as a measure for establishing a baseline of inclusive practices currently implemented, and then developing coaching and other supports to increase the capacity of providers to implement inclusionary practices. *Kentucky* will implement a pilot project that provides assessment-based coaching and mentoring to sites serving children with special learning and developmental needs. There are at least two assessments available to guide practice: SpecialLink Early Childhood Inclusion Quality Scale and the Inclusive Classroom Profile. Both are designed to assess the quality of sites and classrooms for children who have special learning or developmental needs. Partners at Child Care Aware will work with private child care sites to administer assessments, develop training and technical assistance plans that respond to needs, and help professionals ensure high-quality inclusive settings are available. Grants for participating facilities may also be available, to help offset the costs of inclusive settings. *Mississippi's* coaching program will provide support to teachers in child care settings that serve children with disabilities. Special education coaches will support child care providers interested in specific strategies and accommodations to increase opportunities for children with disabilities to be served in inclusive settings. General education coaches will provide support in developmentally appropriate practices, including diagnostic services, for all children, including those with identified disabilities.
- Implement training and coaching-** Sixteen states (*Alaska, Arkansas, Delaware, Hawaii, Indiana, Kentucky, Maine, Mississippi, Montana, Nevada, Ohio, Oklahoma, Pennsylvania, Texas, Utah, and Vermont*) are using PDG Renewal funds to provide training and coaching focused on trauma-informed practices. Thirteen of those 16 states (*Alaska, Arizona, Delaware, Idaho, Kentucky, Mississippi,*







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Montana, Nevada, North Dakota, Oklahoma, Pennsylvania, Utah, and Vermont) are continuing or scaling Pyramid Model training and classroom coaching. In addition to the Pyramid Model, Vermont is funding Touchpoints training for professionals across the early childhood system including child care educators, family child care providers, home visitors, pediatricians and pediatric nurse practitioners, early interventionists, and child welfare workers. Maine is working with the Maine Resiliency Building Network to provide training to providers and family leaders and implementing a training model through the state professional learning system, Healthy Outcomes from Positive Experiences (HOPE), developed at Tufts University. Alaska is funding a staff position to provide training for home visitors. Arizona plans to use PDG B-5 funds to continue supporting the Itinerant Teacher Model, providing coaching and support to community programs serving children with disabilities and ensuring individualized instruction occurs for children throughout their school day. Delaware's Inclusion Coach Program provides coaching, training, and technical assistance to early childhood providers caring for and supporting children with developmental delays. Ohio will offer guidance and discipline training to providers as well as increase the opportunities for family leaders to participate in parenting education. Mississippi will continue training and support around the Itinerant Model and will support professional learning opportunities such as statewide family engagement and transition conferences and the creation of an early childhood version of Mississippi Leading Innovative Teaching Environments in Early Childhood (MS L.I.T.E. Institute) for Head Start and child care.

“Vermont is funding Touchpoints training for professionals across the early childhood system including child care educators, family child care providers, home visitors, pediatricians and pediatric nurse practitioners, early interventionists, and child welfare workers.”

**Table 4. Access to Early Childhood Care and Education**

	AK	DE	HI	ID	KY	ME	MS	MT	NV	NM	ND	OH	OK	TX	VT
Provide financial incentives to serve children with disabilities					•					•	•	•	•	•	•
Increase slots in early childhood care and education programs							•		•			•			
Address expulsion/suspension policies in Quality Improvement Systems					•										
Advance universal screening and referral	•	•	•	•		•	•	•		•		•	•	•	•

- **Provide financial incentives to serve children with disabilities** - Seven states (*Kentucky, New Mexico, North Dakota, Ohio, Oklahoma, Texas, and Vermont*) are providing financial incentives for programs serving children with disabilities. These incentives are provided through a tiered reimbursement rate within the state Quality Improvement System (QIS) or with subgrants to programs. *Kentucky* will be funding incentives attached to the completion of badges or stacked trainings focused on inclusion, infant/toddler care, trauma-informed care, behavior and mental health, or parent and family engagement. *New Mexico* will provide incentive grants to assist Head Start grantees and rural school districts to ensure children served by Part B 619 preschool special education can fully participate in typical preschool programs in their communities. *North Dakota* will provide funding to Local Education Agency (LEA) special education units to support children with challenging behaviors, disabilities, and/or developmental delays and to increase family engagement. *Ohio* will add a new payment incentive to programs with staff who have attained the inclusion credential, in addition to the existing tiered reimbursement in their Quality Improvement System (QIS), to support programs increasing the number of children with special needs they are serving. *Oklahoma* will provide program grants to fund purchases for adaptive equipment to support inclusion of children with disabilities in early learning settings. *Texas* will provide funding to programs that provide IDEA Part C Early Intervention services for assessments and early intervention activities, as well as training and support to strengthen partnerships between Part C Early Intervention providers and child care providers. *Vermont* will provide grants to high-quality ECCE programs to support the safe and successful inclusion of a child(ren) with special needs to maintain placement in the ECCE program.
- **Increase slots**-Three states (*Mississippi, Nevada, and Ohio*) plan to use funding to increase slots for children with disabilities and/or developmental delays. *Mississippi* will increase the number of inclusive pre-K programs by four classrooms, for a total of 80 seats. *Nevada* plans to fund an expansion of an Early Head Start home visiting services program that supports incarcerated women and their partners. This focus on a priority population can help address the trauma these children experience, hopefully alleviating the possibility of future mental health and behavioral challenges. *Ohio* is expanding an American Rescue Plan Act (ARPA) initiative to develop therapeutic child care, creating settings for children with social and emotional development needs in partnership with six behavioral health organizations, for a total of 13 therapeutic child care centers. PDG B-5 Renewal funding will be used to increase the number of children served in these settings by 200 slots.





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- **Address expulsion/suspension policies in Quality Improvement Systems-** *Kentucky* plans to revise their QIS and other policies to better reflect best practices regarding suspensions and expulsions.
- **Advance universal screening and referral-** Twelve states (*Alaska, Delaware, Hawaii, Idaho, Maine, Mississippi, Montana, New Mexico, Ohio, Oklahoma, Texas, and Utah*) are using PDG B-5 Renewal funds to implement, expand, and improve screening and assessment systems, increasing the supports to families with navigators, targeting populations such as refugee and immigrant communities, and training family leaders to conduct assessments such as the Ages and Stages Questionnaire (ASQ). While the majority of states will be implementing or expanding their Help Me Grow systems, *New Mexico* will establish a Coordinated Intake and Referral system for home visiting and early intervention. The goal is to improve coordination of services for families, prioritizing their needs and preferences and minimizing duplication of services.



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## Looking Forward



**State Opportunities.** References to collaboration across state agencies to eliminate systems siloes are plentiful throughout every PDG B-5 Renewal application. As states work to ensure better scaffolding across departments, finding ways for those collaborations to have impact at the community level is also essential. Stronger collaboration across the agencies responsible for Part C Early Intervention and Part B 619 preschool special education could include shared guidance to programs on best practices for inclusion, promoting inclusion with administrative policies, shared professional learning between early learning professionals and early interventionists, and ensuring early learning professionals have the capacity to participate in the development of Individual Family Services Plans (IFSPs) and Individual Education Plans (IEPs). Many states also referenced ensuring representation of children with disabilities or developmental delays and their families on advisory councils and as special populations to include in their needs assessment revisions. As states move forward with these plans, it is essential to consider the timing and place of such meetings, ensuring family leaders are available and have supports such as child care and transportation. Additionally, the valuable expertise of individuals with lived experience deserves compensation, commensurate with rates paid to other types of experts.

“As states incorporate coaching into the professional learning systems, it is essential that ECCE professionals receive credit for coaching in the same manner they would for a training session.”

As states incorporate coaching into the professional learning systems, it is essential that ECCE professionals receive credit for coaching in the same manner they would for a training session. For these coaching initiatives to be successful, ECCE professionals must have the capacity to participate in the coaching, it must be job embedded, and it must be evidence based. States will need to revise their professional development registries to better align with coaching and job-embedded professional development.

Financial incentives for serving children in inclusive settings should be paired with training and coaching and be structured in such a manner that providers can use the funds to individualize the learning environment, purchase adaptive equipment, and pay for time to participate in Individual Family Service Plan/Individual Education Plan (IFSP/IEP) meetings or for additional staff if necessary. Instituting cost modeling to determine the true costs of ensuring an inclusionary practice, rather than relying on a percentage or tiered reimbursement rate, is key to ensuring that families of children with disabilities or developmental delays will have reliable, consistent quality child care. Using grants and contracts based on cost modeling to promote more inclusive classrooms is a more stable and equitable funding strategy for programs.

**Federal Opportunities.** Just as cross-departmental collaboration is essential at the state level, such efforts are needed at the federal level as well. The Departments of Education and Health and Human Services have a foundation for collaboration on inclusion. Past efforts have included the [policy statement on inclusion](#) released in 2015 and 2017, and [Dear Colleague letters](#) about IDEA in Head Start and supporting access to the least restrictive environment. Additional leadership is necessary to assist states in finding shared approaches to ensuring inclusionary practices.



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PDG B-5 Renewal has the potential to strengthen and improve state early childhood systems. The work on inclusion is important but we note that states have been cautious, tending towards pilots and small programs, both from the perspective of supporting inclusion and in other parts of the state ECCE system. States are being offered many choices in their PDG B-5 work. It may be helpful to have the Administration for Children and Families place a greater emphasis on guiding states to focus on a smaller number of specific aspects of the system that are identified in their needs assessment and go deeper rather than trying to create a pilot or small program for every possible component of the system.

Lastly, as with all early childhood funding, the amount available to states through PDG B-5 Renewal opportunity is insufficient for the need. Advocates at the national level must persist in their support of continued funding of PDG B-5 as well as consistent increases over time.



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