

# MEMORANDIUM

Date: May 21, 2021

To: Dr. Theresa Hawley, First Assistant Deputy Governor, Education, Office of Governor J.B. Pritzker  
Grace Hou, Secretary, Illinois Department of Human Services  
Dr. Carmen Ayala, State Superintendent, Illinois State Board of Education  
Bethany Patten, Associate Director, Office of Early Childhood, IDHS  
Oriana Wilson, Executive Director of Programs, ISBE  
Carisa Hurley, Director, Early Childhood, ISBE  
Dr. Jamilah Jor'dan, Executive Director, Governor's Office of Early Childhood Development

From: Ireta Gasner, Vice President, Illinois Policy, Start Early

Re: **Use of American Rescue Plan Act (ARPA) funds to support services for children ages 0-5**

The American Rescue Plan Act (ARPA) contains significant, and in many cases historic, short-term investments in state and local government, including early care and education programs. Considering the size of these investments, and the complexity of administering them in a short-time frame, Start Early respectfully provides the following recommendations for use of these funds that will assist in the state's COVID-19 recovery and lay the groundwork for long-term transformation of the system.

We appreciate that state agencies are wrestling with the question of how to distribute these funds in the most impactful ways that also align with the federal requirements and the state's fiscal practices. We stand ready to undertake further research or to provide more detailed thoughts about implementation on any of these strategies that might be of interest.

## I. Supplemental CCDF and Child Care Stabilization Funds

### Workforce priorities

Start Early previously submitted funding priorities for the significant child care funds coming to Illinois from ARPA and are happy to provide those again if needed.

Funding to support our workforce shortage is one of our top priorities for the child care relief funds, and our focus is on ensuring that the incumbent workforce sees some direct benefit from these resources – with a focus on access to credential and degree attainment through substantial, flexible scholarships that support not only tuition and materials costs, but also other barriers like child care and transportation. We also support direct financial assistance to the field through one-time payments and significant efforts to expand the use of payment mechanisms that provide stable funding to programs and increase compensation.

We also recommend that, to the extent allowable by federal guidance, IDHS extend workforce supports across the continuum of the system, including using other flexible dollars to meet the needs of home visitors and Early Interventionists while federal funds can target the child care and related workforce. See following sections on other funds that can be leveraged for the benefit of the broader workforce, including MIECHV and IDEA.

### System improvement

As Illinois undertakes next steps to transform the governance and financing of our early childhood system, we remain confident that the Early Learning Council (ELC) and its committees can continue to provide support to the governor's office and state agencies. The ELC has a long history of contributing to system reforms, beginning with the development of Preschool for All through the Race to the Top Early Learning Challenge and beyond, and ELC committees have conducted research, developed recommendations, and created opportunities for stakeholder engagement to improve the early childhood system for nearly two decades.

Federal funds have long played a role in supporting the Governor's Office of Early Childhood Development and its support for the ELC, but only private and in-kind funds have supported the work of committee co-chairs and staff. The ELC is the largest early childhood statewide stakeholder body and brings provider voice to inform policy change across the breadth of early learning and care issues, including community engagement, health, data, and inclusion. The ELC has more recently undertaken work to strengthen its approach to center racial equity and family voice in its work. Given this key moment of time, with state and federal opportunities to create transformational change across the early childhood system, providing financial support to the ELC, its committees and its internal capacity at GOECD is needed to ensure that ELC committees are resourced to support implementation activities over the next few years.

- Final guidance on the CCDF supplemental funds has yet to be released, though we expect the use of funds will align closely with current rules, meaning that states will be able to use these funds to support improving state systems related to child care, as they can now. As such, we recommend an investment of \$500,000 into staffing the ELC committee structure and the additional funding needed to strengthen GOECD for its roles in convening the ELC and in related work coordinating with state agencies on actions from approved ELC recommendations.

### Mental health supports for children and employees

Supporting the mental health needs for children and employees is an allowable use of both the Stabilization and supplemental CCDF funds. Allowable expenses include workforce development expenses for clinicians, consultants, and/or allied professionals. Importantly, the Office of Childcare offered clarifying guidance and is encouraging states to pool Infant/Early Childhood Mental Health Consultation (I/ECMHC) funds in order to offer more streamlined, centralized and accessible I/ECMHC services; multiple provisions of the ARPA include a prioritization of and

allowable expenditures in mental health and trauma supports (additional provisions are included later in this memo).

Recommendations for usage of these funds:

- Expand access to I/ECMHC by either adding consultant capacity in the existing I/ECMHC infrastructure and making those consultants available to providers across the range of early childhood programs or giving additional funds to providers to hire consultants (e.g., add additional hours or purchase of consultant services).
- Increase the number of reflective learning groups for consultants, particularly the independently contracted consultant workforce, by funding the facilitation of RLGs and compensation of consultants to attend.
- Support the infrastructure of the Illinois Association for Infant Mental Health ILAIMH (ILAIMH)'s Infant/Early Childhood Mental Health Credential, including stipends, scholarships and paid internship/mentoring opportunities for practitioners to complete the credential.
- Expand access to the Pyramid Model within childcare by funding more childcare sites to become Pyramid Model sites with an Implementation Coach.

See below for more information and recommendations regarding other ARPA provisions that direct funds to mental health and trauma supports, specifically IDEA Parts B and C, the Coronavirus State and Local Fiscal Recovery Fund, the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant. Those provisions were previously shared with IDHS.

## **II. Maternal, Infant and Early Childhood Home Visiting**

Recommendations on the use of the first disbursement of MIECHV supplemental funds were already provided to IDHS and we would be happy to provide those again, if needed.

Those recommendations prioritized activities in the following categories:

- Recruitment activities across a range of allowable use categories
- Provision of PPE to families returning to in-person visits and to staff
- Support hiring and training costs, particularly for programs under capacity due to staff turnover

In addition to ARPA dollars earmarked for MIECHV, additional pools of federal funding could support the home visiting system more broadly. The State should identify other flexible ARPA funds, or other state funds that could support similar investments in non-MIECHV funded home visiting programs for the purpose of equity and cross-funder parity. Specific additional sources of funding could include the TANF Emergency Fund and the Coronavirus State & Local Fiscal Recovery Fund.

Start Early has also already submitted recommendations for the broader early childhood care and education workforce funding under ARPA. While we know that

the use of those funds may be limited by federal guidance, many of the same needs and pressures apply to the home visiting workforce. Therefore, we encourage using those funds to address workforce credentialing and degree attainment, increasing compensation and paid internship/mentoring opportunities.

### III. IDEA Parts B and C:

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 or Part B-Preschool Special Education.

Start Early would prioritize the following investments:

#### Identification of children and provision of services:

- Incorporate messaging about suspected delays and relevant services that are available for families into the state's enrollment campaign.
- 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.
- Provide training for providers on conducting virtual developmental screenings in partnership with families.
- Support both LEAs and the EI system to add capacity for the expected increase in referrals and evaluations that will increase as families re-enroll in early childhood programs and services, while they are already addressing COVID-related backlogs in evaluations and transitions.
- Provide professional development for staff to scale up evidence-based practices for identifying and evaluating children with disabilities.
- Implement innovative pilots contained in PA 101-654 (specialized teams that can test 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, as remote learning and live video visits will remain 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. As has been included in earlier GEER recommendations, 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 and Early Childhood Special Education practitioners.
- Support the infrastructure of the ILAIMH Infant/Early Childhood Mental Health Credential, including stipends and/or scholarships to complete the credential.
- Add additional Social-Emotional Consultants within EI and make them more widely available to the providers directly meeting with families.
- Provide reflective supervision to EI providers and expand Communities of Practice.
- Provide statewide I/ECMH 101 training [developed by the ILAIMH and the Children's Mental Health Partnership (ICMHP)] to Early Intervention staff and providers.
- Following I/ECMH 101 training, provide DC0-5 training to EI staff and providers.

#### **IV. Additional Funding for Mental Health/Trauma Supports**

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. The state 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. Allowable uses for these funds that apply to early childhood were previously shared with IDHS. Following are recommendations for use of these funds, based on the federal guidance.

#### Recommendations for usage of Coronavirus State and Local Fiscal Recovery Funds:

- Counseling and mental health services for early childhood staff through the creation of an Employee Assistance Program specific to early childhood staff.
- Maintenance of the I/ECMHC database in Gateways, currently being covered by PDG and private funding, which is time-limited and not extensive.
- As discussed above under child care, support the infrastructure of the ILAIMH credential, including stipends and/or scholarships for practitioners to complete the credential.
- Expand access to I/ECMHCs to child welfare case agency staff using existing IL I/ECMHC infrastructure and consultant workforce (see reference in CAPTA funding below)

#### Recommendations for usage of Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant:

- Provide trauma and recovery supports that are accessible and available to providers across the system by engaging National Child Traumatic Stress Network-funded centers to access resources/training to build capacity for I/ECMH and trauma-informed care in the state, and to encourage child-serving public and private nonprofits to apply for SAMHSA funds and include

a focus on perinatal, infant and early childhood mental health in their activities.

- Provide statewide I/ECMH 101 training (developed by ILAIMH and ICMHP) to clinicians at Certified Community Behavioral Health Clinics (CCBHCs), Federally Qualified Health Centers (FQHCs), and pediatric primary care providers.
- Following I/ECMH 101 training, provide DC0-5 training to clinicians at CCBHCs and FQHCs.
- Assist in the development of DC0-5 billing guidance for providers.
- Increase supports to I/ECMHCs, including expanding access to reflective learning groups for consultants, especially independent consultants, and providing paid internship or mentorship opportunities.
- Create partnerships between clinicians at CCBHCs/FQHCs and early childhood programs to provide mental health supports for early childhood staff.
- Expand access to I/ECMHCs to primary care providers, CCBHCs, and FQHCs.

#### Recommendations for CAPTA Emergency Funding:

- Expand access to I/ECMHCs to child welfare case agency staff using existing IL I/ECMHC infrastructure and consultant workforce.
- Provide statewide I/ECMH 101 training (developed by ILAIMH and ICMHP) to child welfare case agency staff.
- Support the infrastructure of the ILAIMH Infant/Early Childhood Mental Health Credential and support stipends and/or scholarships for the child welfare workforce to complete the credential.