**NOTICE TO ALL APPLICANTS:
EQUITY FOR STUDENTS, EDUCATORS, AND
OTHER PROGRAM BENEFICIARIES**

Section 427 of the General Education Provisions Act (GEPA) ([20 U.S.C. 1228a](https://www.govinfo.gov/content/pkg/USCODE-2020-title20/html/USCODE-2020-title20-chap31-subchapII-part2-sec1228a.htm)) applies to applicants for grant awards under this program.

**ALL APPLICANTS FOR NEW GRANT AWARDS MUST INCLUDE THE FOLLOWING INFORMATION IN THEIR APPLICATIONS TO ADDRESS THIS PROVISION IN ORDER TO RECEIVE FUNDING UNDER THIS PROGRAM.**

Please respond to the following requests for information:

1. Describe how your entity’s existing mission, policies, or commitments ensure equitable access to, and equitable participation in, the proposed project or activity.

The Department of Behavioral Health and Developmental Services (DBHDS) is the lead agency for Part C early intervention in Virginia and is strongly committed to its vision statement: A life of possibilities for all Virginians. In keeping with that vision, DBHDS promotes an environment and service system that is free from discrimination and harassment based upon economic status; gender; race; ethnicity; color; national origin; disability; age; language; migrant status; rural status; homeless status or housing insecurity; pregnancy, parenting, or caregiving status; and sexual orientation for children, families and personnel.

Virginia’s state regulations for Part C early intervention indicate that appropriate early intervention services shall be available to all eligible children and their families. DBHDS contracts with forty local lead agencies across the Commonwealth to coordinate and deliver services locally. These local lead agencies know their communities and local needs best and have the community relationships necessary to ensure equitable access to and participation in early intervention.

State regulations and Virginia’s Practice Manual provide the framework for ensuring equitable access to and participation in early intervention. Child find and public awareness coordination with and dissemination to a wide array of formal and informal referral sources and community partners that interact with and support traditionally under-served children, families and communities is required. In addition, the contract between DBHDS and the local lead agencies requires that local procedures and practices shall be implemented that provide access to culturally competent services within the local Part C system for traditionally underserved groups, including minority, low-income, homeless, and rural families. Virginia’s early intervention practices require an individualized approach to service planning and service delivery that is driven by each family’s priorities and a stated principle that all families, with the necessary supports and resources, can enhance their child’s learning and development.

Additionally, DBHDS is strongly committed to equal employment opportunities and equitable treatment of early intervention personnel. The contract between DBHDS and the local lead agencies requires an anti-discrimination assurance that includes “The Local Lead Agency shall not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, or disabilities …” Virginia’s regulations for Part C early intervention personnel include categories that support employment of persons from diverse educational and experiential backgrounds and opportunities for professional growth and development.

1. Based on your proposed project or activity, what barriers may impede equitable access and participation of students, educators, or other beneficiaries?

Inadequate data –The statewide early intervention data system in place through June 2022 collected limited data and did not connect demographic data to enough other data points (e.g., referral outcomes, services, etc.) to fully analyze and understand equity of access and participation. Although Phase 1 of a new statewide data system has launched, full implementation did not begin until December 2023 and complete data is not yet available.

Personnel shortages/lack of diversity in workforce – As is true across the nation, Virginia is seeing personnel shortages increasing in many early intervention disciplines. This trend is a threat to equitable access and participation in early intervention. In addition, Virginia’s early intervention workforce lacks diversity. Families may not see themselves and their experiences reflected in their service providers, potentially impacting engagement with services.

Insufficient information about and awareness of social-emotional red flags - Available data and anecdotal reports from local systems and other stakeholders indicate very few infants and toddlers are referred for or found eligible for early intervention in Virginia based solely on delayed or atypical social-emotional development.

Local barriers – DBHDS evaluates local lead agencies annually on the percent of the local birth-one and birth-three population served. Every year, there are some local systems below the state targets. Occasionally, the same local system will fall below the target over multiple years. The barriers that result in lower local child counts vary across local lead agencies and sometimes across years. Barriers include referral sources and/or families who prefer to seek services through private providers, temporary personnel shortages, insufficient communication with referral sources, difficulty contacting families, etc.

1. Based on the barriers identified, what steps will you take to address such barriers to equitable access and participation in the proposed project or activity?

Inadequate data – One of the broad improvement strategies in Virginia’s State Systemic Improvement Plan (SSIP) is to use data to understand who is and is not benefiting from our efforts to improve positive social-emotional skills and social relationships, what accounts for differences and how to promote equitable outcomes. Specific steps within that strategy include the following:

* Fully implement the new statewide early intervention data system, TRAC-IT *(Milestone/Timeline: Launch Phase II, full implementation of required fields, December 2023 - Completed)*
* Develop and implement a schedule and process for state-level review and analysis of child outcome data from the new data system. While the SSIP focus of this step is on child outcome data, the activity will more broadly include a schedule and process for review and analysis of all monitoring data from the new data system. *(Milestone/Timeline: Schedule is in place and added to the Monitoring Manual in 2024)*
* Address analysis and use of local child outcomes data on increasing positive social-emotional skills (including social relationships) to support data quality and program improvement through structured support in regional meetings, statewide meetings, and/or webinars *(Milestone/Timeline: Regional and statewide meeting agendas indicate child outcome data analysis and use, including data quality, are addressed with local system managers at least once a year through FFY 2025)*

Personnel shortages/lack of diversity in workforce - Virginia’s State Systemic Improvement Plan (SSIP) includes steps and timelines to address this barrier:

* Maintain Virginia’s Infant Mental Health endorsement program, with an emphasis on increasing the diversity of endorsees; improving cost-effectiveness and accessibility *(Milestone/Timeline: At least 1 new strategy for recruiting and retaining diverse candidates is implemented in 2022)*
* Identify and implement strategies to increase the diversity of the early intervention workforce *(Milestone/Timeline: At least 2 new strategies identified and implemented in 2023)*
* Identify and implement strategies to recruit and retain early intervention personnel with mental health expertise as well as personnel in other fields (OT, PT, SLP, education, etc.) with the knowledge and skills to support positive social-emotional development for all children *(Milestone/Timeline: At least 2 new strategies are identified and implemented in 2023)*
* Work with the state Medicaid agency to increase early intervention reimbursement rates overall and add licensed mental health professionals to Reimbursement Category 1 *(Milestone/Timeline: Rate Study completed by 2025)*
* Explore options, including a hub or shared services approach, for increasing access to Infant or Early Childhood Mental Health Endorsed practitioners and others with this expertise for all areas of the Commonwealth *(Milestone/Timeline: At least one new option is piloted or implemented by 2025)*

Insufficient information about and awareness of social-emotional red flags – Virginia’s State Systemic Improvement Plan (SSIP) includes steps and timelines to address this barrier:

* Examine inequities/bias in eligibility determination and assessment practices/tools *(Milestone/Timeline: Necessary training and resources identified in 2023; Practice Manual updated, as needed)*
* Understand from various communities, including those who are here as refugees and immigrants, what the concept of “social-emotional skills” means to them and what is important in their culture related to infants’ and toddlers’ skills in this area of development *(Milestone/Timeline: At least 4 minority, immigrant and/or refuges communities are engaged in addressing this activity in 2023; At least one resource is developed to share what is learned with planners and practitioners in 2023)*
* Develop, adopt or adapt educational resources and training in a variety of formats for families, other caregivers and referral sources – importance of positive social-emotional skills and social relationships, what is typical at each age level, and red flags *(Milestone/Timeline: Resource(s) available on website and widely disseminated to relevant groups and individuals, including referral sources, families and organizations that support families in 2023-2024)*
* Conduct outreach with targeted referral sources (e.g., CAPTA, domestic violence and other social service organizations) to strengthen relationships and ensure timely referrals for children with potentially delayed or atypical social-emotional development *(Milestone/Timeline: Regional or statewide meeting notes indicate outreach to multiple targeted referral sources in all regions of the state in 2023-2024; Number of referrals from CAPTA and/or other targeted referral sources within 1 year of completing targeted outreach activities)*

Local barriers – When a local lead agency is below the state child find targets, they receive technical assistance from DBHDS to identify root causes and to develop and implement strategies to address barriers. If non-compliance is identified (e.g., waiting lists due to provider shortages), that non-compliance is cited and must be corrected. Failure to meet the state child find targets impacts the local lead agency’s annual determination score. If the local lead agency falls below the state target for consecutive years, more intensive technical assistance, development of a written improvement plan, more frequent check-ins with the state technical assistance and monitoring staff, and other similar actions are required. *(Timeline: The evaluation of local child count compared to state targets occurs annually, with follow-up technical assistance occurring as needed)*

1. What is your timeline, including targeted milestones, for addressing these identified barriers?

Please see milestones and timelines embedded within the steps described in the previous section of this form.

**Notes:**

1. Applicants are not required to have mission statements or policies that align with equity in order to submit an application.
2. Applicants may identify any barriers that may impede equitable access and participation in the proposed project or activity, including, but not limited to, barriers based on economic disadvantage, gender, race, ethnicity, color, national origin, disability, age, language, migrant status, rural status, homeless status or housing insecurity, pregnancy, parenting, or caregiving status, and sexual orientation.
3. Applicants may have already included some or all of this required information in the narrative sections of their applications or their State Plans.  In responding to this requirement, for each question, applicants may provide a cross-reference to the section(s) and page number(s) in their applications or State Plans that includes the information responsive to that question on this form or may restate that information on this form.

**Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1894-0005. Public reporting burden for this collection of information is estimated to average 3 hours per response, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this individual collection, send your comments to ICDocketMgr@ed.gov and reference OMB Control Number 1894-0005. All other comments or concerns regarding the status of your individual form may be addressed to either (a) the person listed in the FOR FURTHER INFORMATION CONTACT section in the competition Notice Inviting Applications, or (b) your assigned program officer.