

From: Rylin Rodgers <rrogers@AUCD.ORG>
Thu 7/9/2020 12:41 PM
To: Abigail_Duggan@brown.senate.gov
Cc: Lauren Blachowiak <lblachowiak@AUCD.ORG>; Patti Ramos

Abigail,

Great to talk to you this morning I wanted to share a few things as follow-up:

As we mentioned our top priority for COVID-4 is Fund Home and Community Based Services to meet the emergency needs of people with disabilities living in the community.

- a. *Justification:* People with disabilities rely on a network of services to remain in their homes and communities. They are currently asked to stay home, yet this results in avoiding the community organizations that serve them. Investment is needed in systems for home care workers to safely provide care and supports.
- b. *Total funding:* \$20 billion to Centers for Medicare and Medicaid, Home and Community Based Services
- c. *Action:* See Sec. Div. C of [H.R.6800](#)

We talked about the need to fund the systems that support people with disabilities, especially those with intellectual and developmental disabilities, including UCEDDS and LENDS. Disabled Americans are among those most at risk and while our existing systems have shifted to meet new and growing needs, they can't meet all needs in their current forms.

- a. *University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDD) your bosses leadership on this is hugely appreciated*
 - i. *Justification:* A network of 67 centers authorized under Section 156 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 ([P.L. 106-402](#), Subtitle D) continue to provide services modifying practices and adjusting policies as required to ensure the health and safety of the people with disabilities they serve. Emergency funds are needed to address growing needs, including support to state and local governments, assistance to service providers, and training and support to schools and others who have transitioned services to virtual delivery methods. In addition, funds are needed to collect data to evaluate the impact of COVID-19 services to ensure that the lessons learned related to pandemic response are collected and shared.
 - ii. *Total funding:* \$10 million to Administration for Community Living, Office of Intellectual and Developmental Disability Programs.
- b. [Leadership Education in Neurodevelopmental and Related Disabilities \(LEND\): letter of support from Autism Caucus attached](#)
 - iii. *Justification:* As affirmed by the [Congressional Autism Caucus](#) on March 21, 2020, the rapid shift to telehealth for assessment and treatment has a disproportionate impact on people with disabilities and their families. The 52 programs funded under the

Autism CARES Act ([P.L. 116-60](#)) provide an existing infrastructure that is pivoting to meet the critical need for continued access to evaluation and treatment, and has capacity, with emergency funds, to provide access to assessment and treatment for people with neurodevelopmental disabilities and their families.

iv. Total funding: \$20 million to Health Resources and Services Administration (HRSA), Autism and other Developmental Disabilities.

To share with your education colleague:

1. Fund Special Education and early care services to meet the emergency needs of students and young children with disabilities and their families, and the schools and service providers that support them. (attached is a brief about supporting students with disabilities in COVID world)
 - a. *Justification:* The educational services mandated by the Individuals with Disabilities Education Act (IDEA) are critical for the continued learning and future successes of children with disabilities. The disruption to education and childcare services caused by COVID-19 disproportionately impacts students with disabilities and their families, who rely upon individualized educational and developmental services from school and community providers. Additional funds for IDEA are critical to ensure that children with disabilities can continue to access necessary services in a safe and equitable manner.
 - b. *Total funding:* \$12 billion for IDEA sections Part B, Part C, and Section 619.
 - c. *Action:* See Sec. 202 and Sec. 301 of [S.4112](#)

We mentioned briefly our continued work on FY 21 funding. As a reminder our priorities:

UCEDD Appropriations Ask FY21

- [Long Version](#)
- [Short Version](#)

LEND Appropriations Ask FY21

- [Long Version](#)
- [Short Version](#)

Projects of National Significance (PNS) Appropriations Ask FY21

- [Long Version](#)
- [Short Version](#)

Transition Programs for Students with Intellectual Disability (TPSID) & TPSID National Coordinating Center Ask FY21

- [Long Version](#)

Centers for Disease Control and Prevention (CDC) Ask FY21

- [22 by 22 Version](#)

Intellectual and Developmental Disabilities Research Centers (IDDRCs) Ask FY21

- [Ad Hoc Group for Medical Research](#)

Finally, I mentioned that are involved in some research work around housing. I wanted to share the attached issues brief in support of Senator Brown's work to address the deeply troubling coming eviction crisis.

Sorry for the long email, hope some parts of it are useful to you. Thank you for your continued efforts and those of your team, they are valued by our network now more than ever!

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Unaffordable, Inadequate, and Dangerous Housing Disparities for People with Disabilities in the U.S.

Kartik Trivedi, Tatjana Meschede, and Finn Gardiner • April 2020

Introduction

Housing security is vital for the health, wellbeing, and community integration of people with—and without—disabilities. Secure housing allows people to focus on strengthening their relationships, maintaining their health and recuperating from illness, and participating in the community, rather than focusing on mitigating the ill-effects that inadequate housing can exert on them. These include financial stress, disrupted routines, the risk of contracting new illnesses or exacerbating existing ones, and other stressors that can be reduced or eliminated by improving the quality of their housing. Unfortunately, people with disabilities are less likely to have secure housing than their nondisabled counterparts.

Housing security includes three components: **affordability, housing quality, and neighborhood quality.** Households with disabled members are less likely to have housing that incorporates these components than households without any members with disabilities. **Housing security is even worse for households with disabled members who need long-term services and supports (LTSS).** The data presented here can help us understand housing disparities among people with

disabilities, especially those who need LTSS to live in the community.

Housing Disparities For People with Disabilities in the U.S.

Unaffordable Housing

High rents and other expenses can put housing out of reach for many people with disabilities. Households whose members pay 50% or more of their income (severely housing cost burdened) for housing have little left for other living expenses.¹ People in these households find themselves making hard choices between meeting their housing needs or paying for food, medical care, childcare, and essential services necessary for healthy living. LTSS households are close to twice as likely to pay over half their monthly income on housing than households with no disabled members (27% versus 15%).²



About a quarter of people with disabilities spend

half or more of their monthly income

on their rent or mortgage.

LTSS households were nearly 1 and a half times more likely to spend more than 50% of their income on housing than households with disabled members in general. About a quarter of people with all disabilities spend half or more of their monthly income on their rent or mortgage, while only 10% of non-disabled households spend a similar proportion of their monthly income on housing.

Some people with disabilities also struggle to make their rent or mortgage payments. Twice as many LTSS households are behind in paying their rent or mortgage when compared to households with no disabled members. This puts the LTSS household at greater risk of losing their home altogether. Relative to LTSS households, households with disabled members are only marginally better off in meeting their rent or mortgage obligations.

Poor-Quality Housing

People with disabilities are more likely to live in housing that fails to meet basic standards. For example, housing units may have leaky roofs, walls with cracks and holes, faulty electrical wiring or plumbing, broken refrigerators, or poorly maintained stairs. While these problems are relatively uncommon in the current housing stock in the U.S., still four times as many LTSS households face inadequate housing conditions as households with disabled members do.

LTSS households are three times as likely to face inadequate housing conditions as households without disabled members.

LTSS Households 

Households Without Disabled Members 

Unsafe Neighborhoods

Location matters. Living in safe neighborhoods with access to transportation and services is critical for people with disabilities to be supported in their communities. Yet, housing units occupied by households with disabilities are more likely to be located in neighborhoods with higher rates of crime and higher risks of natural disasters, including floods, hurricanes, and tornadoes.

In fact, LTSS households are almost twice as likely to live in neighborhoods with a higher susceptibility to natural disasters than non-disabled households.

 **13%**

of LTSS households live in neighborhoods with high rates of serious crime, compared to 5% of households without disabled members and 10% of all households containing people with disabilities.

This disparity is even greater for local crime rates: only 5% of non-disabled households report serious crimes in their neighborhood, but 13% of households whose members have LTSS needs do.

Conclusion

People with disabilities, and people with disabilities who also have LTSS needs in particular, face three major barriers to adequate housing: they must exert a greater effort to meet their housing needs, they are more likely to live in unsafe areas, and they spend a larger portion of their income to cover their housing than their nondisabled counterparts. To fully meet the housing needs of people with disabilities, we must understand the sources of these disparities and policy solutions to address them.



Endnotes

1. https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html
While the use of the term “Burden” in conjunction with disability is fraught, "Housing Cost Burdened" is a common term used among housing policy experts.
2. Data used for the analyses are drawn from the 2017 American Housing Survey (AHS).

How to Cite This Brief

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Congress of the United States
Washington, DC 20515

April 15, 2020

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
H-232, U.S. Capitol
Washington, D.C. 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
H-204, U.S. Capitol
Washington, D.C. 20515

The Honorable Mitch McConnell
Majority Leader
United States Senate
S-230, U.S. Capitol
Washington, D.C. 20510

The Honorable Charles Schumer
Minority Leader
United States Senate
S-220, U.S. Capitol
Washington, D.C. 20510

Dear Speaker Pelosi, Leader McCarthy, Leader McConnell, and Leader Schumer:

Thank you for your efforts over the last few weeks to pass essential legislation to combat the COVID-19 crisis, both to keep Americans healthy and to address the economic fallout of schools and businesses closing across the country. We particularly appreciate the additional Medicaid funds and state relief dollars included in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. As you come together on future legislation, we respectfully request that you keep Americans with disabilities in mind.

As Co-Chairs of the Congressional Autism Caucus, we have heard from constituents and families of individuals with autism spectrum disorders (ASD) and other developmental disabilities who are scared and struggling. While all Americans are facing unprecedented challenges, individuals with disabilities and their families often face additional burdens and needs. These individuals and families may face a severe “services cliff” without any warning or preparation as daily services they rely on have suddenly become unavailable. As such, we are requesting that steps be taken to protect individuals with disabilities and their families going forward. Specifically, we recommend increasing funding for Home and Community-Based Services (HCBS), increasing funding for Individuals with Disabilities Education Act (IDEA) services, and expanding telehealth.

Increased funding for Home and Community-Based Services (HCBS) is needed to support people with autism and other disabilities in their homes and communities. HCBS dollars will ensure staff are available to help support people who are quarantined or practicing social distancing and will help communities respond to and prevent the further spread of COVID. Specifically, we urge inclusion of an additional 15% increased FMAP for HCBS serving people with autism, intellectual and other developmental disabilities. States need this

investment into the systems for home care workers to safely provide care and supports to people with disabilities. This increase should allow states broad flexibility to use HCBS in a variety of ways but should focus on increasing available services, increasing provider payment rates and supporting emergency enrollment.

In addition, families and autistic individuals are searching for information and resources to help them during this time of crisis. Members of the autism community face a unique challenge during this time and are searching for information and resources across a wide range of domains – from health and safety to education and managing challenging behaviors during a time of crisis. Congress should allocate emergency funding to the Administration for Community Living to fund a national autism resource network and navigator program under Title II Family Support activities of the DD Act. This resource network would help ensure access to specially trained navigators who can provide person-centered case management across the lifespan and referrals to local providers, resources and information during this time and throughout the recovery.

Additionally, hundreds of thousands of students with autism have suddenly lost access to the individualized services and related supports that they rely upon as part of their daily education. The disruption to special education services has been catastrophic for families dealing with the current crisis. Congress must provide additional supports to ensure students and families have the resources they need to mitigate educational regression and maintain health and wellness. Furthermore, any legislation to support access to distance learning and other supports must address the unique needs of students with disabilities, including requirements under the Individuals with Disabilities Education Act (IDEA) and the Rehabilitation Act of 1973. Specifically, we urge funding to bolster IDEA system capacity, both under IDEA itself and through support for related programs such as the Assistive Technology Act. This supportive funding should enable local school districts to provide compensatory services and other supports to students with autism and other disabilities during the summer, extended breaks, and the next school year so that students with disabilities directly impacted by the COVID crisis can get back on track as soon as possible.

Finally, it is imperative that people with ASD continue to access healthcare services and much needed therapeutic intervention in order to maintain health and safety. We encourage continuing the success of expanding telehealth services available during this current crisis. Health Resources & Services Administration (HRSA) grants have led to the development of the ECHO Autism, an evidence-based tele-mentoring model which has successfully enabled autism specialty teams to support local clinicians in providing services to people with autism who may not have access to specialists in their home communities. The rapid shift to telehealth for assessment and treatment has a disproportionate impact on people with disabilities and their families. During this time of crisis, critical telehealth support is needed to develop and disseminate evaluation and treatment models for physical, mental, and behavioral healthcare needs.

Utilizing the ECHO Autism infrastructure that already exists through the HRSA-funded collaborative Autism Intervention Research Network on Physical Health (AIR-P)/Autism Treatment Network (ATN), we recommend that funds be appropriated to allow HRSA to provide emergency funding to repurpose and expand this existing infrastructure to address issues related

to COVID-19 . The ECHO Autism COVID-19 would quickly identify and disseminate best practices and resources to providers and families across the country to help ensure that individuals with autism are receiving appropriate telehealth services during the pandemic. This “tele-mentoring” model allows health care providers across the country to access leading clinicians who can provide real-time information, improve their knowledge base, and improve the quality of care that individuals on the autism spectrum are receiving.

In addition, emergency funding for the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program would bolster the critical virtual services they are already providing to the autism community during this crisis. The 52 LEND sites across the country funded under Autism CARES Act provide an existing infrastructure that is pivoting to meet this need and has capacity, with emergency funds, to provide access to assessment and treatment for people with neurodevelopmental disabilities and their families.

We thank you for your consideration of these requests and ask that you reach out to our offices if you have any questions.

Sincerely,



Mike Doyle
Member of Congress



Christopher H. Smith
Member of Congress



Inclusive Emergency Education: Promising Practices, Technical Assistance, & Policy Recommendations

Summary

Since the shift from in-person K-12 education to virtual learning in March 2020 in the midst of a national emergency, the Association of University Centers on Disabilities (AUCD) has been collecting examples from University Centers for Excellence in Developmental Disabilities (UCEDD) and Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs across the 50 states and territories regarding continuity of education for students with disabilities. This white paper summarizes promising practices from educators and parents, technical assistance from UCEDDs, and policy recommendations for government leaders at the Federal, State, and Territorial levels.

Background on AUCD

AUCD is a membership organization that supports and promotes a national network of university-based interdisciplinary programs. Currently, there are 67 UCEDDs, at least one in every US State and Territory. UCEDDs are placed in the unique position to facilitate the flow of disability-related information between communities and universities acting as a bridge between universities and the disability community. UCEDDs work with people with disabilities, members of their families, Federal, State, and local government agencies, and community providers in projects that provide training, technical assistance, service, research, and information sharing, with a focus on building the capacity of communities to support all their citizens. Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs provide long-term, graduate level interdisciplinary training as well as interdisciplinary services and care. The purpose of the LEND training program is to improve the health of infants, children, and adolescents with disabilities. They accomplish this by preparing trainees from diverse professional disciplines to assume leadership roles in their respective fields and by ensuring high levels of interdisciplinary clinical competence. LEND programs operate within a university system, usually as part of a University Center for Excellence (UCEDD) or other larger entity, and collaborate with local university hospitals and/or health care centers. This set-up gives them the expert faculty, facilities, and other resources necessary to provide exceptional interdisciplinary training and services. There are 52 LEND programs located in 44 US states, with an additional six states and three territories reached through program partnerships.

Methods

AUCD staff reached out to all UCEDDs and LENDs including family faculty and trainees via email requesting promising practices in meeting the needs of students with disabilities. In turn, our members reached out into their communities and to other partners. We heard stories and resources shared from many – teachers, parents, students, and network members – across all regions of the United States including urban, suburban, and rural areas. We continue to hear from our members, so these are a representative starting point of a nationwide status. Examples shared are anonymous.

Implementing IDEA

When the *Education for All Handicapped Children Act* ([Pub. L. No. 94-142, 1975](#)) was passed, Congress anticipated knowledgeable teams of parents, students, and professionals would come together to develop educational plans for students with disabilities. During the most recent reauthorization of the law, *Individuals with Disabilities Improvement Act of 2004* (IDEA) ([Pub. L. No. 108-446](#)), Congress reaffirmed its commitment to students with disabilities with an emphasis on learning in the general education environment. The United States Supreme Court recently added their opinion that progress for students with disabilities should be “appropriate in light of the child’s circumstances.” *Endrew F. v. Douglas City Sch. Dist.* ([Re-1, 137 U.S. 988, 2017](#)). In none of these laws or opinions are there special sections regarding how state and local education agencies should act during a global pandemic which has shuttered the vast majority of schools nationwide and forced teachers into the provision of instruction through other means. Yet, this is exactly the predicament that we find ourselves in today, and so teachers are called upon across the nation to implement and maintain free and appropriate public education (FAPE) for students with disabilities. This standard continues to be confirmed from the US Department of Education in the Secretary of Education’s recent report to Congress supporting no IDEA waivers.

These examples articulate what is possible in enforcing IDEA during an emergency. They build upon the flexibility that is already written into the law, while protecting the civil rights of the students. What is happening during the 2019-2020 school year is informing educators, administrators, policymakers, and more for providing equitable, inclusive education moving forward as we look to the 2020-2021 school year. While regions have responded to emergencies in the past and continued to deliver education for students, this is on a national scope. These innovations and promising practices are informing Universal Design for Learning (UDL) for accessibility and reaffirming the critical need to provide FAPE to all students, Individualized Education Programs (IEPs) maintaining school and parent partnerships, parents’ due process rights, and use of Federal education funds adhering to the IDEA, the Rehabilitation Act, the Americans with Disabilities Act and other civil rights laws.

Promising Practices

Northeast:

A mother with a child with Down syndrome, Attention Deficit Hyperactivity Disorder (ADHD), hearing loss, and medical and behavioral needs lives in Ithaca, NY and serves on the school board. She shared that Ithaca City School District considers the equity of all students when it comes to education, including now. “I am in discussions with the special education department who is asking for parental input for what is working and what isn’t. They are not altering Individual Education Programs (IEPs). All services remain in place. Virtual IEP meetings are being held.” Teachers are sharing visual schedules and other supports to assist families in this extreme disruption in their schedule. Tele-teaching, therapy and music is being offered, as well as, individual meetings are being offered. Technology such as Chromebooks, iPads, and other items are being sent home. “We see teachers and educational professionals doing everything they can to help our children.”

Midwest:

An elementary autism spectrum disorder (ASD) teacher for kindergarteners and first graders in a local education agency (LEA) in Southeast Michigan shared her vast strategies to continue to educate her students from her home to her students’ homes. She set up a “seesaw classroom” or virtual learning platform where she gives assignments that are tailored toward each students’ needs. Her routines have not changed and she is utilizing Zoom, an online video conferencing platform, to do morning meetings which includes calendar, weather, feelings, counting, letter identification, and story time read along. While having meetings, she includes the Speech Language Pathologist, Social Worker, and paraprofessional as “Special Guests.” “I have

weekly independent Zoom meetings with each individual student and their families and have completed one IEP virtually so far.” She even has used “snail mail” to send handwritten cards to her students.

The Indiana Retired Teachers Association (IRTA) launched a new ["Call & Learn" hotline](#) to help kids learning at home. Their tagline “No Internet? No Problem!” addresses the growing needs in rural communities to access education from home. Any K-12 student can call a toll-free number for help. Not only are members of IRTA able to help students learn in this different environment, it is a way for retired teachers to stay connected to their communities, while they too shelter at home. Students and parents can call (877) 45-STUDY (877-457-8839) to request assistance from a volunteer educator. The hotline is open weekdays from 1 p.m. to 5 p.m. ET.

A 9-year-old student with Rett Syndrome diagnosis is a 3rd grader in an Indiana neighborhood elementary school. She is non-verbal, has no hand use, and uses an eye-gaze communication device. She depends on many people for all her needs throughout her school day. Now that she's at home, she misses her school friends and teachers, and she's made it clear that her parents are not nearly as qualified as her teachers. “We



were a little panicked about how to teach our complex child. Thankfully, her school staff has stepped in to adapt learning plans to engage her and keep her working toward her learning goals. We made a plan with her teachers soon after school closure, and we have modified it as appropriate over the past month.” Every day Alia participates in a one-on-one virtual session with a teacher, aide, or therapist (pictured), and she regularly joins her entire 3rd grade class for a more social Zoom meeting. Each week she reads an e-book on a school-loaned iPad and works with additional pre-reading and evaluative resources her teachers compile for her. Her principal sends daily read-alouds and math challenges to all families, and her

classroom teacher has continued many of their daily routines during class meetings. Her urban public district has provided over 3,500 laptops to families and adopted at-home learning policies that keep equity and safety at the forefront.

Southeast:

“With the online schooling, my student is excelling. The biggest benefit is that he is not having near the anxiety he has having. His anxiety we feel has kept him from succeeding in the classroom.” A 6th grade student with ASD has been excelling in assignments that even his fellow students have been unable to complete. For example, his teacher posted a video for the students to watch that mistakenly was in foreign language. Where a majority of students commented online that they couldn't do the assignment because it was in another language, this student listened to the video, identified it as Hungarian, then proceeded to find the same video in English online, and did the writing assignment; the only student in the class to do the assignment. Overall, his online schooling because of the pandemic has been extremely successful for him with less anxiety, happier, and excelling in school.

Southwest:

The Texas Education Agency has implemented an innovative pilot with the Houston Independent School District (HISD), University of Houston and [National Center on Accessible Educational Materials at CAST, Inc.](#) using a UDL rubric to make UDL the norm even during the pandemic. Their work highlights the continued and now growing need that general education teachers will require professional development and special education skill training to support all students and remediate skills when students return to school.

West:

A Colorado Department of Education approved Facility School that serves children with ASD and other developmental disabilities (DD) from ages 2 1/2 to 21 have maintained their mission to help each individual child attain the highest quality of life. Like many other schools, staff had to very quickly, and with no experience, switch to a remote learning platform for children that require communication supports, as well as working through significant behavior needs. "We have been able to tailor the platform to fit different learners, including 1:1 parent mediated intervention with our staff, group meetings with students and their peers, online reinforcement systems specific to students and modified to be delivered online, and online academics and individualized materials sent home for families." In the Denver-metro area, families were provided with technology as needed. This school continues to look for innovative ways to meet IEP goals by mapping those goals onto skills that can be worked on in the home setting and prioritizing those skills that are the most functional in the current stay at home environment.

Technical Assistance

Since 1963, University Centers for Excellence in Developmental Disabilities (UCEDDs) have worked towards a shared vision that foresees a nation in which all Americans, including Americans with disabilities, participate fully in their communities. Independence, productivity, and community inclusion are key components of this vision. Authorized under Public Law 106-402, The Developmental Disabilities Assistance and Bill of Rights Act of 2000 or "DD Act", UCEDDs serve their state in providing preservice preparation, technical assistance, community education, direct services, research, and information dissemination. During this pandemic, UCEDDs have shifted to meet the needs of students, parents, teachers, and State Educational Agencies (SEAs) and LEAs through training and technical assistance. For example, the [Idaho Center on Disabilities and Human Development](#) included on their [Idaho Training Clearinghouse](#) Special Education Support and Technical Assistance website COVID-19 Resources and Tools. This encompasses Flow Charts and Diagrams, Forms & Planning Docs, Guidance Documents, Padlet Resources, and Behavior Tools & Resources. And across the nation, in partnership with [The Elizabeth M. Boggs Center on Developmental Disabilities](#) the [Children's Specialized Hospital](#) in New Jersey, developed a [resource](#) to help parents support their children's IEP goals without feeling unnecessarily burdened. Multiple UCEDDs have also been involved in creating and sharing a variety of child focused materials addressing the pandemic including [social stories](#).

Policy Recommendations

The [Individuals with Disabilities Education Act](#) ensures services to students with disabilities. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities. Infants and toddlers with disabilities (birth - 2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3 - 21) receive special education and related services under IDEA Part B.

Any altering or waiving of IDEA, and particularly its civil rights protections for students with disabilities, weakens IDEA's clear requirement that schools and districts must educate all students including students with disabilities. We must protect FAPE, timelines of Individualized Education Programs, and presumption of general education, because without it, we can expect to see increases in children with disabilities not being educated contradicting the clear language, intent, and established legal precedent of IDEA.

At the start of this pandemic, the US Department of Education, Office for Civil Rights, Office of Special Education and Rehabilitative Services made it very clear in their [Supplemental Fact Sheet](#) that "ensuring compliance with the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act (Section 504), and Title II of the Americans with Disabilities Act should not prevent any school from offering educational programs through distance instruction."

Also stated, “It is important to emphasize that federal disability law allows for flexibility in determining how to meet the individual needs of students with disabilities.” Given that IDEA offers flexibility by design and states, districts, communities, and families are working together to find solutions to the problems they face in the next several months, now more than ever is it imperative to uphold the civil rights protections of IDEA including:

1. LEAs must continue to provide Free Appropriate Public Education (FAPE) to students with disabilities.
2. Teams responsible for student Individualized Education Programs (IEPs) must involve parents in all decisions.
3. Parents’ due process rights must remain intact.
4. Use of Federal education funds must adhere to the IDEA, the Rehabilitation Act, the Americans with Disabilities Act and other civil rights laws.

On April 27, 2020, the Secretary of Education submitted a report to Congress as required by The Coronavirus Aid, Relief, and Economic Security Act (CARES) Section 3511(d)(4), Division A in which she also confirmed the importance of IDEA and its principles of FAPE and least restrictive environment LRE:

“The Department is not requesting waiver authority for any of the core tenets of the IDEA or Section 504 of the Rehabilitation Act of 1973, most notably a free appropriate public education (FAPE) in the least restrictive environment (LRE). The Department’s position is based on the principles that:

- Schools can, and must, provide education to all students, including children with disabilities;
- The health and safety of children, students, educators, and service providers must be the first consideration;
- The needs and best interests of the individual student, not any system, should guide decisions and expenditures;
- Parents or recipients of services must be informed of, and involved in, decisions relating to the provision of services; and
- Services typically provided in person may now need to be provided through alternative methods, requiring creative and innovative approaches.”

Students with disabilities are always served best when school leaders, teachers, specialized instructional support personnel, parents, students and advocates work as a team to address complex issues based on the individual needs of the student.