

Supporting Prenatal-to-Three with Federal Relief Funds

July 2021

Acknowledgements

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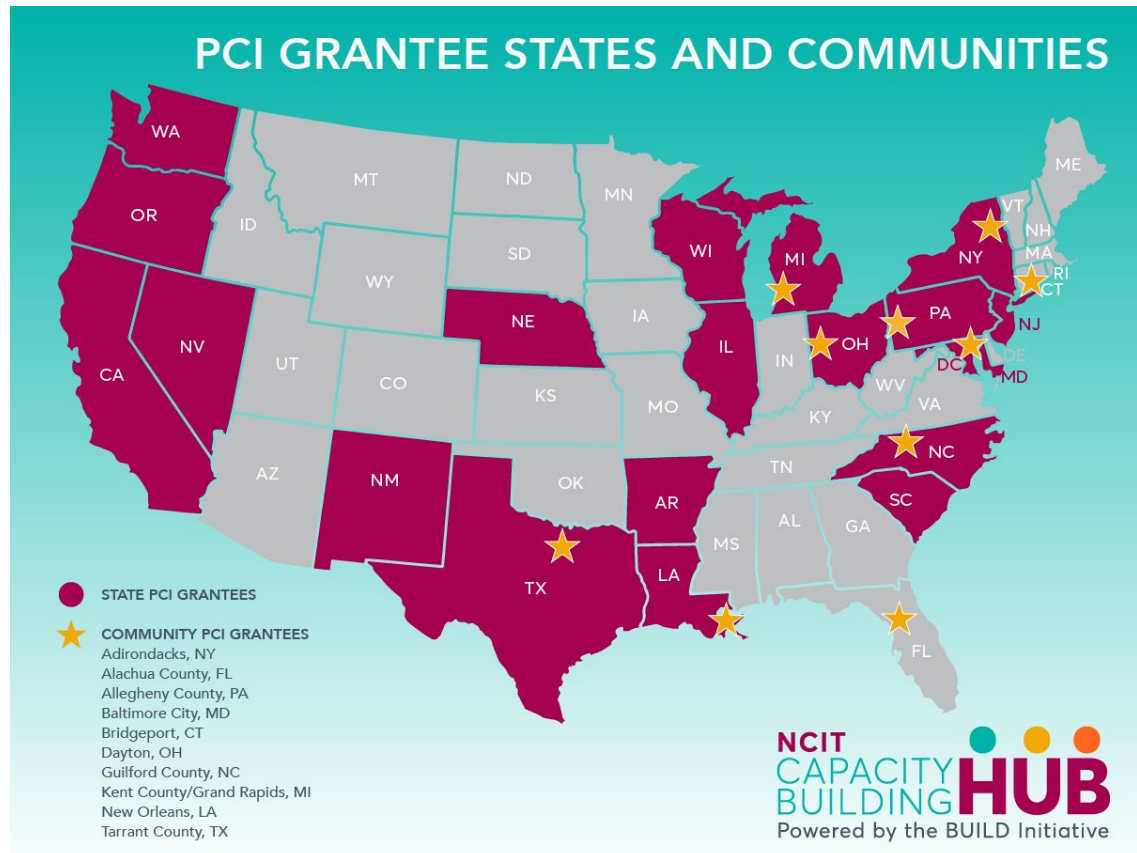
We express enormous gratitude to the Pritzker Children's Initiative for its funding of the National Collaborative for Infants & Toddlers Capacity-Building Hub and prenatal-to-three efforts more generally. The Capacity-Building Hub, powered by the BUILD Initiative, supports the Pritzker Children's Initiative (PCI) state and community grantees to build their coalitions, identify gaps and opportunities in their efforts to support infants and toddlers, and clarify their funding needs. *Supporting Prenatal-to-Three with Federal Relief Funds* was developed by the Capacity-Building Hub for use by the PCI coalitions as well as the National Collaborative for Infants & Toddlers.

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Introduction

Prenatal-to-three coalitions in 20 states and 10 communities, with funds provided by the Pritzker Children's Initiative (PCI), are seeking to maximize the impact of federal relief funds to help realize their vision of equitable access to quality programs and services for pregnant women, infants, and toddlers.



These coalition efforts encompass work in critical areas of early care and education, family support, and maternal and infant/toddler health. *Supporting Prenatal-to-Three with Federal Relief Funds* is designed to respond to the strategies that prenatal-to-three networks have identified as core to their goals and support coalitions as they leverage the range of federal relief funds going to state and localities to support priority strategies for each prenatal-to-three coalition. The federal relief funds represent significant — often unprecedented — investment, providing champions with new opportunities to move beyond just understanding the impact of this critical period to acting on that knowledge.

To prepare this document, the National Collaborative for Infants and Toddlers Capacity-Building Hub reviewed all of the prenatal-to-three coalition plans created by each coalition to identify its goals and approach. We then aligned these across the 20 states and 10 communities. Working with partner organizations, we matched these plans to the federal relief funding streams. The result is this high-level resource, organized around the main areas of focus for the prenatal-to-three coalitions, intended to show the alignment between the goals and strategies articulated by the prenatal-to-three coalitions and federal relief funds.

How to Use this Document

Several of the federal relief funds have significant flexibility and may support work across prenatal-to-three goals. You may identify funding streams that you did not realize were available to support your work. Within funding streams already known to you, you may see new opportunities to support your work, or new opportunities to work with additional partners and allies to advance services for pregnant women, infants, toddlers, and their families. There may be funding streams that have relevance to your work that you did not previously know about, or that enable you to show how state and local prenatal-to-three coalition priorities are critical to achieve the goals of that funding stream.

We note that the ARPA State/Local Fiscal Relief resources have relevance across all three of the focus areas of early care and education, family support, and maternal and infant/toddler health, and federal guidance in this area calls out early childhood development strategies. We urge prenatal-to-three coalitions to review this funding and assess opportunities to direct resources to coalition goals.

Within each of the focus areas for the prenatal-to-three coalitions, you will find an overview of relevant federal relief funding. Over 30 different provisions are available to support the plans across the prenatal-to-three coalitions. Each funding profile includes the following information: name and link to the federal relief fund; total amount available and time period for spending it; who gets the money; federal memo, summary of policy guidance, and a link to full guidance; applicability to prenatal-to-three coalition strategies; and who may influence use.

Click on an icon below to jump to that focus area. Within the document, use the tabs on the left to navigate between focus areas.



Early Care
and Education



Family
Support



Maternal and
Infant/Toddler Health

Final Note

A searchable version of the [American Rescue Plan Act](#) is available [here](#).

Please reach out to your Hub Lead if you need more assistance in thinking through and leveraging the federal relief opportunities.



Early Care and Education

P7 // [ARPA Child Care Stabilization Fund](#)

P9 // [ARPA CCDBG Supplemental](#)

P13 // [ARPA Elementary and Secondary School Emergency Relief Fund](#)

P15 // [ARPA Head Start Supplemental](#)

P16 // [ARPA Higher Education Emergency Relief Fund](#)

P17 // [ARPA State/Local Fiscal Relief](#)

P19 // [CRRSAA CCDBG Supplemental](#)

P23 // [CRRSAA Elementary and Secondary School Emergency Relief Fund](#)

P25 // [CRRSAA Head Start Supplemental](#)

P26 // [CRRSAA Higher Education Emergency Relief Fund](#)

ARPA Child Care Stabilization Fund, American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, Session 1 (03/11/21)

available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

Total amount and time period	<p>\$24 billion to state child care agencies.</p> <p>Funds must be obligated by September 30, 2022, and liquidated by September 30, 2023. States must notify the ACF if any funds cannot be obligated by September 30, 2022. Funds identified in this way will be recaptured by ACF and reallocated to other lead agencies.</p>
Who gets the money	<p>State and Territory CCDBG administrators State and Territory Child Care Agencies</p> <p>Funds are allocated to state and territories based on the CCDBG statutory formula.</p>
Federal memo, policy guidance, etc.	<p>10 percent of the funds in the stabilization program are designed to be used for administrative expenses, supply building, and technical assistance. The remainder goes to providers through the state's stabilization program. ARPA Child Care Stabilization Funds, Information Memo (US Department of Health and Human Services, Office of Child Care: 2021). Full guidance</p>
Applicability to prenatal-to-three coalition strategies	<ul style="list-style-type: none"> • Increase provider rates to reward high-quality providers as measured by state's quality system. <ul style="list-style-type: none"> • For this purpose, the funds must come from the 10% administrative set-aside, which can be used for a variety of quality and supply-building activities, including "efforts to increase access to licensing or participation in quality rating and improvement systems." • States should also ensure they have stabilization grant strategies that reach providers who have experienced barriers to achieving quality ratings, so they are building the supply of higher-quality programs and not reinforcing existing inequities. • Reduce family co-pays for high-quality infant/toddler child care to no more than 7% of family income. <ul style="list-style-type: none"> • For equity considerations states should consider setting all family copayments at or below 7% of household incomes. It is important when reducing or eliminating parent copays that the cost is not passed on to providers, but covered by the state using relief or other funds. States that allow providers to charge additional parent fees beyond those covered should consider covering those costs by raising payment rates instead. • Improve the compensation of infant/toddler educators through a wage supplement/bonus program. <ul style="list-style-type: none"> • Allowable use under Child Care Stabilization Fund rather than the 10%. • Provide higher grants for programs with bi- or multilingual providers and programs that serve emerging bilingual learners. <ul style="list-style-type: none"> • Allowable use under Child Care Stabilization Fund rather than the 10%.

Applicability to prenatal-to-three coalition strategies

- Increase the number of **early childhood mental health consultants**.
 - Allowable use under Child Care Stabilization Fund, rather than the 10%, to provide mental health supports for children and employees.
- Increase the number of early childhood providers that are **endorsed in infant mental health**.
 - Allowable use under Child Care Stabilization Fund, rather than the 10%, to provide mental health supports for children and employees.
- Support **home-based child care providers who serve immigrant and marginalized populations** and their parents in **navigating the child care assistance system**.
 - Allowable use under the 10%.
 - To meet increased demand for home-based child care, particularly in areas hardest hit by the pandemic, including immigrant communities, states can use relief dollars to outreach to and facilitate inclusion of home-based providers in the child care assistance program.
 - People in immigrant communities were particularly hard hit by the pandemic and are disproportionately likely to be in jobs that require nontraditional and unpredictable work hours. In addition, home-based child care within the community may be more likely to meet linguistic and cultural needs of immigrant communities.
- Expand or create a **network of family child care providers** that focuses on pedagogical and business supports for quality infant/toddler care.
 - Allowable use under the 10%.
- **Recruit more home-based providers** who serve infants and toddlers into the **child care assistance program**.
 - Allowable use under the 10%.
- Provide **grants to support improved health and safety**.
- Provide **support to move from regulation-exempt Family, Friend, and Neighbor (FFN) to family child care (regulated)**.
 - Allowable use under the 10%.
- Provide **scholarships to access higher education or credentials**.
- Provide **grants for materials, technology, supplies**.

Who may influence use?

Governors
 State legislators
 State secretaries of education
 State health and human services secretaries
 Provider groups representing center, family, and home-based
 Professional associations, advocacy organizations, unions, business associations, culturally specific organizations

ARPA CCDBG Supplemental, American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, Session 1 (03/11/21)

available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

Total amount and time period

\$15 billion to state child care agencies.
Funds must be obligated by September 30, 2023, and liquidated by September 30, 2024.

Who gets the money

[State and Territory CCDBG administrators](#)
[State and Territory Child Care Agencies](#)
Funds are allocated to state and territories based on the CCDBG statutory formula.

Federal memo, policy guidance, etc.

ARPA CCDBG supplemental funds can be used for all allowable uses of base CCDBG funds, including all allowable use of quality funds, as well as child care assistance for essential workers regardless of income.
CCDF Final Rule (US Department of Health and Human Services, Administration for Children and Families: 2016): Allowable quality activities can be found on [Section 98.53 of the CCDF final rule \(page 67523\)](#).
[ARPA guidance](#)

Applicability to prenatal-to-three coalition strategies

- **Improve the quality** of infant/toddler slots through **voluntary or required participation in state's quality improvement initiative**; increase in slots for infants and toddlers that meet higher quality standards.
 - ARPA guidance recommends that lead agencies should examine opportunities to build the supply of child care for historically-underserved populations such as infants and toddlers.
 - Building the supply of care for infants and toddlers is a priority for the core CCDBG law. The existing infants and toddlers set-aside and the quality set-aside in the base grant can and should be used for these purposes. To effectively build the supply of infant/toddler care, states must recognize that many of these children are disproportionately served in home-based child care. States should adopt appropriate strategies to include these providers.
 - Ensure that quality improvement programs are equitable and adequately funded to enable all providers to participate.
- Use a **cost of quality model** to establish and improve **child care assistance rates**.
 - From ARPA CCDBG guidance: "Lead agencies are encouraged to use funds to conduct cost of quality studies and use cost information (which may be based on the narrow cost analysis) as part of their overall strategy to set payment rates at the levels necessary to cover the actual cost of operating a quality child care program. Market rates are more reflective of what parents can afford to pay than what it costs to deliver high-quality care. As a result, the historic approach of using market rates as the sole basis for subsidy payments reduces parent choice and access to care, undermines program quality important to child development, leads to an insufficient supply of care, produces an underpaid workforce, creates an unstable sector, and undercuts the employment of working parents. Thus, lead agencies are strongly encouraged to use these funds to implement policies that move away from the current market rate structure and toward payment policies that reflect the cost of providing care. Lead agencies may use the Provider Cost of Quality Calculator or similar model to help estimate these costs."

Applicability to prenatal-to-three coalition strategies

- In FY 2022-2024 CCDF State Plans, states have the option to request a waiver for their rate-setting study and can elect to use that time to conduct an alternative methodology such as cost modeling. Lead agencies are reminded that advance approval from the Administration for Children and Families (ACF) is required to conduct an alternative methodology instead of a market rate study.
- Increase provider **rates** to **reward high-quality providers** as measured by state's quality system.
 - Tiered reimbursement rates based on QRIS level is allowable under CCDBG law § 98.53(a)(3). CCDF Final Rule (US Department of Health and Human Services, Administration for Children and Families: 2016): As described on [page 67524 of CCDF final rule](#).
- Initiate or expand use of **provider contracts for the purchasing of infant/toddler services**; may be combined with quality improvement strategy or compensation strategy or limited to stabilizing supply.
 - Relief dollars can be used for direct service and quality activities normally allowed under CCDBG (e.g., professional development, program quality improvement, tiered reimbursement, licensing and monitoring, health consultation) and can include contract requirements targeting dollars to increased compensation or other specific strategies.
 - Contract process and requirements should be designed to be accessible to providers in different settings and of different sizes. Contracts can target underserved communities and can include additional requirements to ensure care is inclusive and equitable. Contracts should be multi-year and pay in advance to promote stability.
- Increase the numbers of infants and toddlers gaining **access to child care assistance**.
 - CCDBG allowable use to expand access.
- Fund **community-based organizations/culturally specific organizations** serving immigrant and other marginalized populations and provide support to **conduct outreach and enrollment of families in child care assistance**.
 - To be effective, states should connect to local parents and providers to understand who and where trusted and accessible connectors/messengers are. In immigrant communities, states should emphasize that children are eligible for assistance through CCDBG based on their own residential status, not that of their parents.
- **Pay on the first day of the month, regardless of absences** (i.e., another way to pay for enrollment).
 - Under the federal law, states are encouraged to pay providers receiving CCDBG funds in ways that are similar to the private child care market, including paying for services prospectively on a monthly basis, and regardless of absences. From the preamble of the CCDF final rule: "The final rule at § 98.45(l)(1) requires Lead Agencies to ensure timeliness of payment. This provision is based on Section 658E(c)(4)(iv) of the Act, which requires Lead Agencies to describe how they will provide for the timely payment for child care services provided by CCDF funds. Under the rule, Lead Agencies must ensure timely provider payments by either paying prospectively prior to the delivery of services or paying providers retrospectively within no more than 21 calendar days of the receipt of a complete invoice for services." [p. 67516](#)
- Add **new infant/toddler slots**.
 - CCDBG allowable uses to expand access and support supply building.
- **Modify unused or underutilized public spaces** to meet demand for infant/toddler care.
 - Federal funds can be used for facility modifications, especially if related to needed improvements to address COVID concerns.
- **Expand income eligibility for child care assistance.**
- Expand programs to be **full day and year**.
 - Enable working families to access care that meets their needs. This is an allowable use of CCDBG and ESEA.

Applicability to prenatal-to-three coalition strategies

- **Reduce family co-pays** to no more than 7% of family income.
 - Regardless of the source, when using CCDBG funds for child care assistance, states always have the option to set parent copayments at minimal levels. Copayments are a major barrier to access for families, and the federal CCDF guidance recommends that all parent copayments be set at or below 7% of household incomes for affordability.
 - For equity considerations states should consider setting all family copayments at or below 7% of household incomes. It is important when reducing or eliminating parent copays that the cost not be passed on to providers, but actually covered by the state using relief or other funds. States that allow providers to charge additional parent fees beyond those covered should consider covering those costs by raising payment rates instead.
- Increase the number of **infant/toddler educators that hold a credential or degree**.
 - ARPA guidance recommends that lead agencies examine opportunities to build the supply of child care for historically underserved populations such as infants and toddlers.
- Improve the **compensation of infant/toddler educators through improved rates**.
 - ARPA guidance recommends that lead agencies should examine opportunities to build the supply of child care for historically underserved populations such as infants and toddlers.
- Improve the **compensation of infant/toddler educators through a wage scale embedded in child care assistance contracts**.
 - Quality activities allowed under CCDBG, including improved rates.
 - Consider who is receiving the increased compensation via this method — all providers at a program or only related to those serving children from families with low incomes through child care assistance; determine core purpose and audience for compensation increase.
- Improve the **compensation of infant/toddler educators through a wage supplement/bonus program**.
 - Quality activities allowed under CCDBG, including improved rates.
 - Consider who is receiving the increased compensation via this method — all providers at a program or only related to those serving children from families with low incomes through child care assistance; determine core purpose and audience for compensation increase.
- Provide a **retention incentive** to teachers with young children that could offset the cost for child care in order to retain those teachers.
- Provide **coaching and TA on-site** to improve knowledge and skills of infant/toddler educators.
- Support **home-based child care providers** who serve **immigrant and marginalized populations** and their parents to **navigate the child care assistance system**.
 - To meet increased demand for home-based child care, particularly in areas hardest hit by the pandemic, including immigrant communities, states can use relief dollars to reach out to and facilitate inclusion of home-based providers in subsidy programs.
 - People in immigrant communities were particularly hard hit by the pandemic and are disproportionately likely to be in jobs that require nontraditional and unpredictable work hours. In addition, home-based child care within the community may be more likely to meet linguistic and cultural needs of immigrant communities.
- Expand or create a **network of family child care providers** that focuses on pedagogical and business supports for quality infant/toddler care.
- **Recruit more home-based providers** who serve infants and toddlers into **the child care assistance program**.
- Pilot and expand efforts to **engage Family Child Care (FCC) providers in the state's QRIS**.

**Applicability to
prenatal-to-three
coalition strategies**

- Increase the **supply of high-quality family child care** in low-income communities with limited or no access to regulated child care.
- Develop **pathways to bring unregulated child care programs into the regulated system** through incentives and consultation.
 - CCDBG allowable uses to expand access.
- Provide **grants to support improved health and safety.**
- Provide **scholarships to access higher education or credentials.**
- Provide **quality improvement supports including coaching, cohort groups, etc.**
- **Expand QRIS** approach to include **non-regulated providers.**
- Provide **grants for materials, technology, supplies.**
- Provide **assistance and resources for providers to participate in child care assistance program.**
- Improve **grants to support improved quality.**
- Increase the number of **infants and toddlers in relative care.**
- **Prioritize** infants and toddlers experiencing **homelessness for child care assistance.**
- Provide navigators and liaisons to work with families **experiencing homelessness** to identify available infant/toddler child care.

**Who may
influence use?**

Governors
State legislators
State secretaries of education
State health and human services secretaries
State budget officials
Provider groups representing center, family, and home-based
Professional associations, advocacy organizations, unions, business associations, culturally specific organizations

ARPA Elementary and Secondary School Emergency Relief (ESSER) Fund, American Rescue Plan Act 2021, P.L.117-2, 117th Congress, First Session (03/11/21)

available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

Total amount and time period	<p>\$122 billion to State Education Agencies. 90% must be distributed to Local Education Agencies; a minimum of 20% must be used to address learning loss.</p> <p>ARPA ESSER funds must be obligated by September 30, 2023, and liquidated by January 2025.</p>
Who gets the money	<p>ESSER funds will be sent from State Educational Agencies (SEAs) to Local Educational Agencies (LEAs). LEAs will ultimately have the decision-making authority over how funds are being used.</p> <p>Funds are distributed via formula based on the LEAs Title I allocation.</p>
Federal memo, policy guidance, etc.	<p>ESSER and Governor's Emergency Education Relief (GEER) Use of Funds FAQs (US Department of Education: 2021) includes allowability of funds for "Implementing evidence-based activities that meet the comprehensive needs of students;" and to "address the academic impact of lost instructional time through the implementation of evidence-based interventions;" and encourages that "LEAs invest in evidence-based practices to support learners, including in early literacy." "Funds may also be used for parent training and family literacy services in the use of early learning strategies that bring in the child's environment and experiences to promote literacy skills"; includes allowability of funds for any allowable activity under the Elementary and Secondary Education Act. See Department of Education guidance.</p>
Applicability to prenatal-to-three coalition strategies	<ul style="list-style-type: none"> In general, ESSER funds are intended to support students and children who have been disproportionately impacted by the pandemic. The US Department of Education (USED) has placed a strong emphasis on supporting students and children of color, those from families with low incomes, English learners, students and children with disabilities, those in foster care, and those experiencing homelessness. When applying for funds, state educational agencies (SEAs) must describe how they will use funds to attend to the needs of the above outlined groups. USED State Plan for ARP ESSER Fund Template (USED, April 2021). Increase the numbers of infants and toddlers gaining access to child care assistance. <ul style="list-style-type: none"> ESSER Funds can be used to support increased access for infants and toddlers with disabilities (e.g., IDEA, Part C). Add new infant/toddler slots. <ul style="list-style-type: none"> ESSER Funds can be used to support changes to facilities, including modifications that can support young children in unused/underutilized school spaces. Modify unused or underutilized public spaces to meet demand for infant/toddler care. <ul style="list-style-type: none"> Federal funds can be used for facility modifications, especially if related to needed improvements to address COVID concerns. Expand programs to be full day and year. <ul style="list-style-type: none"> Enables working families to access care that meets their needs. This is an allowable use of ESEA.

Applicability to prenatal-to-three coalition strategies

- Improve the **compensation of infant/toddler** educators through a **wage supplement/bonus** program.
- Provide a **retention incentive** to teachers with young children that could offset the cost for child care to retain those teachers.
 - Allowable use of funds under part A of title II of the ESEA, if teacher retention is a challenge due to the COVID-19 pandemic.
- Provide **coaching and TA on-site** to improve knowledge and skills of infant/toddler educators.
 - Allowable uses under Title I and Title II of ESEA can support educator development.
- Increase the number of **early childhood mental health consultants**.
 - Allowable uses under IDEA, Part B to provide mental health supports for preschoolers with disabilities; allowable uses under ESSA to provide mental health supports for early childhood programs. The Department has emphasized the importance of attending to students' and children's mental health needs.
- Increase the number of early childhood providers that are **endorsed in infant mental health**.
 - Allowable uses under IDEA, Part B to provide mental health supports for preschoolers with disabilities; allowable uses under ESSA to provide mental health supports for early childhood programs. The Department has emphasized the importance of attending to students' and children's mental health needs.
- Expand a **network of family child care providers** that focuses on pedagogical and business supports for quality infant/toddler care.
- Provide **professional learning and materials** for providers working with **dual language learner families**.
- Provide **navigators and liaisons** to work with **families experiencing homelessness** to identify available infant/toddler child care; see specifically ARP ESSER Fund (Education for Homeless Children and Youth Supplemental), [American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, Session 1 \(03/11/21\)](#); ARPA ESSER Fund (EHY Supplemental): \$800 million allocated to SEAs. Must be obligated by 09/30/23.

Who may influence use?

Under guidance from the US Department of Education, SEAs and LEAs are required to engage in "meaningful consultation" with stakeholders during the planning process for use of ARP ESSER funds. The Department includes the following as required stakeholders: students; families; tribes (if applicable); civil rights organizations; school and district administrators; superintendents; charter school leaders; teachers, principals, other educators, school staff; unions; stakeholders representing the interests of children with disabilities, English learners, students experiencing homelessness, children and youth in foster care, migratory students, justice-involved youth, and other underserved students.

ARPA Head Start Supplemental, American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, Session 1 (03/11/21)

available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

Total amount and time period	<p>\$1 billion to Head Start grantees.</p> <p>Under the law, the designated project period to spend funds is April 1, 2021, to March 31, 2023. Programs may request no cost extensions to liquidate funds.</p>
Who gets the money	<p>Head Start grantees</p> <p>Funds are awarded proportionally based on grantees' previous Head Start awards. Applications must be submitted to receive supplemental funds.</p>
Federal memo, policy guidance, etc.	<p>ARPA Head Start guidance (Office of Head Start: 2021) recommends that grantees use funds to address the unique needs of their communities, which could mean converting slots to serve children birth to three years of age.</p> <p>Full guidance</p>
Applicability to prenatal-to-three coalition strategies	<ul style="list-style-type: none"> • Convert Head Start slots serving children three to five years of age to Early Head Start slots for children birth to three years of age. <ul style="list-style-type: none"> • Funding is not part of the base funding, so need to ensure that base funding is adequate to cover costs. • Families with infants and toddlers may have less access to services than before the pandemic. • Expand Early Head Start-Child Care Partnership (EHS-CCP) to serve additional infants and toddlers. <ul style="list-style-type: none"> • Funding is not part of the base funding, so need to ensure that base funding is adequate to cover costs. • Families with infants and toddlers may have less access to services than before the pandemic. • Provide quality improvement supports including coaching, cohort groups, etc. <ul style="list-style-type: none"> • Funding is not part of the base funding, so need to ensure that base funding is adequate to cover costs. • Families with infants and toddlers may have less access to services than before the pandemic. • Provide navigators and liaisons to work with families experiencing homelessness to identify available infant/toddler child care. <ul style="list-style-type: none"> • Funding is not part of the base funding, so need to ensure that base funding is adequate to cover costs. • Families with infants and toddlers may have less access to services than before the pandemic.
Who may influence use?	<p>National Head Start Association</p> <p>State Head Start Associations</p> <p>Head Start Collaboration Office</p>

ARPA Higher Education Emergency Relief (HEER) Fund, American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, Session 1 (03/11/21)

available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

Total amount and time period	<p>ARPA Higher Education Emergency Relief (HEER) Fund:</p> <p>\$20 billion to institutions of higher education.</p> <p>\$20 billion for direct grants to students. Must be obligated within one year of receipt with liquidation closely tied to obligation.</p>
Who gets the money	Funding will be distributed directly to institutions of higher education based on a formula. Institutions must use at least 50% of their allocation for emergency aid to students. The remaining funds can be used to offset costs incurred by the institution due to the pandemic.
Federal memo, policy guidance, etc.	For ARPA/CRRSAA Higher Education Emergency Relief (HEER) Funds: There is no explicit allowable use to support an increase in educators with credentials or degrees. But institutions can use funds to provide emergency aid to students, which may include those currently enrolled in credential or degree programs. HEER Fund III FAQs (US Department of Education: 2021)
Applicability to prenatal-to-three coalition strategies	<ul style="list-style-type: none"> • Increase the number of infant/toddler educators that hold a credential or degree. <ul style="list-style-type: none"> • Institutions have flexibility in how they allocate emergency grants to students, as long as they use at least 50% of allocation on student grants. "Emergency financial aid grants may be used by students for any component of their cost of attendance or for emergency costs that arise due to coronavirus, such as tuition, food, housing, health care (including mental health care) or child care. Students determine how they may use their emergency financial aid grant within the allowable uses." HEER Fund III FAQs (U.S. Department of Education: 2021) • Initiate micro-credentialing program (badging). <ul style="list-style-type: none"> • Institutions have flexibility in how they allocate emergency grants to students, as long as they use at least 50% of allocation on student grants. "Emergency financial aid grants may be used by students for any component of their cost of attendance or for emergency costs that arise due to coronavirus, such as tuition, food, housing, health care (including mental health care) or child care. Students determine how they may use their emergency financial aid grant within the allowable uses." HEER Fund III FAQs (U.S. Department of Education: 2021)
Who may influence use?	<p>Institutions of higher education</p> <p>State higher education boards or agencies (for public institutions)</p>

ARPA State/Local Fiscal Relief (SLFR), American Rescue Plan Act, P.L.117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

Total amount and time period

ARPA: State, County & City Funds:

- States and District of Columbia - \$195.3 Billion
- Counties - \$65.1 Billion
- Metropolitan Cities - \$45.5 Billion
- Tribal Governments - \$20 Billion
- Territories - \$4.5 Billion
- Non-Entitlement Units of Local Governments - \$19.5 Billion

Must be obligated by December 31, 2024.

Funds must be expended by December 31, 2026.

Who gets the money

Funds will be distributed via formula from US Treasury Department to eligible state, territorial, metropolitan city, county, and tribal governments. Governments will need to apply for supplemental funds.

Federal memo, policy guidance, etc.

US Treasury, Coronavirus SLFR (State and Local Fiscal Recovery Funds) (interim final rule: 2021): (12) Disproportionately impacted populations and communities, (iii) Programs or services that address or mitigate the impacts of the COVID-19 public health emergency on education, including: (A) New or expanded early learning services. [See page 26822, Federal Register Vol 86 No 93.](#)

Applicability to prenatal-to-three coalition strategies

- **Increase** the numbers of infants and toddlers gaining access to **child care assistance**.
 - ARPA state/local fiscal relief can be used to expand early learning services, including new or expanded child care.
- Add **new infant/toddler spaces**.
 - ARPA state/local fiscal relief can be used to expand early learning services, including new or expanded child care.
- **Modify unused or underutilized public spaces** to meet demand for infant/toddler care.
 - Federal funds can be used for facility modifications, especially if related to needed improvements to address COVID concerns.
- Expand programs to **full day and year**.
 - Expansion of programs is an allowable, not mandatory, use of funds.
- Improve the **compensation of infant/toddler** educators through **improved rates**.
- Improve the **compensation of infant/toddler** educators through a **wage supplement/bonus program**.
- Expand a **network of family child care providers** that focuses on pedagogical and business supports for quality infant/toddler care.

Applicability to prenatal-to-three coalition strategies

- **Recruit more home-based providers** who serve infants and toddlers into the **child care assistance program**.
- **Increase the supply of high-quality family child care** in low-income communities.
- Provide **grants to support improved health and safety**.
- Provide **support to move from regulation exempt FFN to family child care (regulated)**.
- Provide **grants for materials, technology, supplies**.

Who may influence use?

Governors and Local Executive Leaders
 State and local legislators
 State and local financial officers (including budget officers)
 Provider groups representing center, family, and home-based
 Professional associations, advocacy organizations, unions, business associations, culturally specific organizations

CRRSAA CCDBG Supplemental, Coronavirus Response and Relief Supplemental Appropriations Act 2020, P.L. 116-260, 116th Congress, Session 2 (12/27/20)

available at <https://www.congress.gov/bill/116th-congress/house-bill/133/text>

Total amount and time period

\$10 billion to state child care agencies.
Funds must be obligated by September 30, 2022, and liquidated by September 30, 2023.

Who gets the money

[State and Territory CCDBG administrators](#)
[State and Territory Child Care Agencies](#)

Funds are allocated to state and territories based on the CCDBG statutory formula.

Federal memo, policy guidance, etc.

CRRSAA CCDBG supplemental funds can be used for all allowable uses of base CCDBG quality funds.
CCDF Final Rule (US Department of Health and Human Services, Administration for Children and Families: 2016): Allowable quality activities can be found on [Section 98.53 of the CCDF final rule \(page 67523\)](#).
CRRSAA Office of Child Care guidance recommends that lead agencies examine opportunities to build the supply of child care for historically underserved populations such as infants and toddlers.
[Full guidance](#)

Applicability to prenatal-to-three coalition strategies

- **Improve the quality** of infant/toddler slots through **voluntary or required participation in state's quality improvement initiative**; increase slots for infants and toddlers that meet higher quality standards.
 - Building the supply of care for infants and toddlers is a priority for the core CCDBG law. The existing infant/toddler set-aside and the quality set-aside in the base grant can and should be used for these purposes. To effectively build the supply of infant/toddler care, recognize that many of these children are (disproportionately) served in home-based child care and include strategies that are appropriate to these providers.
 - Ensure that QI programs are equitable and adequately funded to enable all providers to participate.
- Use a **cost of quality model** to establish and improve **child care assistance rates**.
 - In FY 2022-2024 CCDF State Plans, states have the option to request a waiver for their rate setting study and can elect to use that time to conduct an alternative methodology such as cost modeling. Lead agencies are reminded that advance approval from the Administration for Children and Families (ACF) is required to conduct an alternative methodology instead of a market rate study.
- Increase provider **rates** to **reward high-quality providers** as measured by state's quality system.
- Establish a **pilot in state pre-K for family child care** that enhances the rate for pre-K if the provider agrees to serve two infants under two years of age.
 - Could be allowable as a quality expense under regular CCDBG and flexible CRRSA rules. CCDF quality uses are here: § 98.53(a)(3), as described on page 67524 of the [CCDF Final Rule found here](#).

Applicability to prenatal-to-three coalition strategies

- Consider targeting this strategy to communities that demonstrate need for additional infant/toddler care, and where there is infrastructure in place to provide sufficient supports for home-based providers to fully participate in pre-K system.
- Initiate or expand use of **provider contracts for the purchasing of infant/toddler services**; may be combined with quality improvement strategy or compensation strategy or limited to stabilizing supply.
 - Relief dollars can be used for direct service and quality activities normally allowed under CCDBG (e.g., professional development, program quality improvement, tiered reimbursement, licensing and monitoring, health consultation) and can include contract requirements targeting dollars to increased compensation or other specific strategies.
 - Contract process and requirements should be designed to be accessible to providers in different settings and of different sizes. Contracts can target underserved communities and can include additional requirements to ensure care is inclusive and equitable. Contracts should be multi-year and pay in advance to promote stability.
- Increase the numbers of infants and toddlers gaining **access to child care assistance**.
 - CCDBG allowable uses to expand access.
- Fund **community-based organizations/culturally specific organizations** serving immigrant and other marginalized populations and provide support for **outreach and enrollment of families in child care assistance**.
- **Pay on the first day of the month, regardless of absences** (i.e., another way to pay for enrollment).
 - Under the federal law, states are encouraged to pay providers receiving CCDBG funds in ways that are similar to the private child care market, including paying for services prospectively on a monthly basis, and regardless of absences. From the preamble of the CCDF final rule: “The final rule at § 98.45(l)(1) requires Lead Agencies to ensure timeliness of payment. This provision is based on Section 658E(c)(4)(iv) of the Act, which requires Lead Agencies to describe how they will provide for the timely payment for child care services provided by CCDF funds. Under the rule, Lead Agencies must ensure timely provider payments by either paying prospectively prior to the delivery of services or paying providers retrospectively within no more than 21 calendar days of the receipt of a complete invoice for services.” [p. 67516](#)
- Add **new infant/toddler slots**.
 - Allowable use to support supply building.
- **Expand family income eligibility** for child care assistance.
- **Reduce family co-pays** for high-quality infant/toddler child care to no more than 7% of family income to ensure families can afford high-quality care.
 - States always have the option to set parent copayments at minimal levels. Copayments are a major barrier to access for families, and the federal CCDF guidance recommends that all parent copayments be set at or below 7% of household incomes for affordability. For equity considerations, states should consider setting all family copayments at or below 7% of household incomes.
- When reducing or eliminating parent copays, ensure that the cost is not passed on to providers, but covered by the state using relief or other funds.
 - States that allow providers to charge additional parent fees beyond those covered should consider covering those costs by raising payment rates instead.
- Increase the number of **infant/toddler educators that hold a credential or degree**.
- Improve the **compensation of infant/toddler educators through improved rates**.

Applicability to prenatal-to-three coalition strategies

- Improve the **compensation of infant/toddler educators** through a **wage scale embedded in child care assistance contracts**.
 - Consider who is receiving the increased compensation via this method - all providers at a program or those serving children from families with low incomes through child care assistance; determine core purpose and audience for compensation increase; address equity issues.
- Improve the **compensation of infant/toddler educators** through a **wage supplement/bonus program**.
 - Consider who is receiving the increased compensation via this method - all providers at a program or only related to those serving children from families with low incomes through child care assistance; determine core purpose and audience for compensation increase; address equity issues.
- Provide **coaching and TA on-site** to improve knowledge and skills of infant/toddler educators.
- Support **home-based child care providers** who serve **immigrant and marginalized populations** and their parents in **navigating the child care assistance system**.
 - To meet increased demand for home-based child care, particularly in areas hardest hit by the pandemic, including immigrant communities, states can use relief dollars to outreach to and facilitate inclusion of home-based providers in subsidy programs.
 - People in immigrant communities were particularly hard hit by the pandemic and are disproportionately likely to be in jobs that require nontraditional and unpredictable work hours. In addition, home-based child care within the community may be more likely to meet linguistic and cultural needs of immigrant communities.
- Expand or create a **network of family child care providers** that focuses on pedagogical and business supports for quality infant/toddler care
- **Recruit more home-based providers** who serve infants and toddlers into the **child care assistance program**.
- Pilot and expand efforts to **engage family child care providers in the state's QRIS**.
- Develop **pathways to bring unregulated child care programs into the regulated system** through incentives and consultation.
- Increase the **supply of high-quality family child care** in low-income communities with limited or no access to regulated child care.
- Provide **scholarships to access higher education or credentials**.
- Provide **quality improvement supports including coaching, cohort groups, etc.**
- **Expand QRIS** approach to include **non-regulated providers**.
- Provide **grants for materials, technology, supplies**.
- Provide **assistance and resources for providers to participate in child care assistance program**.
- Improve **grants to support improved quality**.
- **Increase** the number of infants and toddlers in **relative care**.
- Provide **navigators and liaisons** to work with **families experiencing homelessness** to identify available infant/toddler child care.
- **Prioritize** infants and toddlers experiencing **homelessness for child care assistance**.

**Who may
influence use?**

Governors
State legislators
State budget officials
State secretaries of education
State health and human services secretaries
State offices of immigrant and/or refugee services
Civic, culturally specific and business leaders
Legal services organizations
Families
Providers of early care and education services

CRRSAA Elementary and Secondary School Emergency Relief Fund (ESSER), Coronavirus Response and Relief Supplemental Appropriations Act 2020, P.L. 116-260, 116th Congress, Session 2 (12/27/20)

available at <https://www.congress.gov/bill/116th-congress/house-bill/133/text>

Total amount and time period	<p>\$54.3 billion allocated directly to Local Educational Agencies.</p> <p>Funds must be obligated by September 30, 2023, and liquidated by January 2024.</p>
Who gets the money	<p>ESSER funds will be sent from state educational agencies (SEAs) to Local Educational Agencies (LEAs). LEAs will ultimately have the decision-making authority over how funds are being used.</p> <p>Funds are distributed via formula based on the LEAs Title I allocation.</p>
Federal memo, policy guidance, etc.	<p>ESSER, GEER use of funds FAQs (U.S. Department of Education: 2021) includes allowability of funds for any allowable activity under the Elementary and Secondary Education Act. See Dept of Education guidance.</p> <p>ESSER funds are intended to support students and children who have been disproportionately impacted by the pandemic. The US Department of Education (USED) has placed a strong emphasis on supporting students and children of color, those from low-income families, English learners, students, and children with disabilities, those in foster care, and those experiencing homelessness. When applying for funds, state educational agencies (SEAs) must describe how they will use funds to attend to the needs of the above outlined groups. USED State Plan for ARP ESSER Fund Template (USED, April 2021).</p>
Applicability to prenatal-to-three coalition strategies	<ul style="list-style-type: none"> • Increase the number of infants and toddlers gaining access to child care assistance. • Add new infant/toddler spaces. <ul style="list-style-type: none"> • ESSER Funds can be used to support changes to facilities, including modifications that can support young children in unused/underutilized school spaces. • Modify unused or underutilized public spaces to meet demand for infant/toddler care. • Expand programs to full day and year. • Improve the compensation of infant/toddler educators through a wage supplement/bonus program. • Provide a retention incentive to teachers with young children that could offset the cost of child care to retain those teachers. <ul style="list-style-type: none"> • Allowable use of funds under part A of title II of the ESEA, if teacher retention is a challenge due to the COVID-19 pandemic. • Provide coaching and TA on-site to improve knowledge and skills of infant/toddler educators. <ul style="list-style-type: none"> • Allowable uses under Title I and Title II of ESEA can support educator development.

**Applicability to
prenatal-to-three
coalition strategies**

- **Increase** the number of **early childhood mental health consultants**.
 - Allowable uses under IDEA, Part B to provide mental health supports for preschoolers with disabilities; allowable uses under ESSA to provide mental health supports for early childhood programs. The Department has emphasized the importance of attending to students' and children's mental health needs.
- Increase the number of early childhood providers that are **endorsed in infant mental health**.
 - Allowable uses under IDEA, Part B to provide mental health supports for preschoolers with disabilities; allowable uses under ESSA to provide mental health supports for early childhood programs. The Department has emphasized the importance of attending to students' and children's mental health needs.
- Provide **professional learning and materials** for **providers working with dual language learner (DLL) families**.
- Provide **navigators and liaisons** to work with **families experiencing homelessness** to identify available infant/toddler child care.

**Who may
influence use?**

Under guidance from the US Department of Education, SEAs and LEAs are required to engage in "meaningful consultation" with stakeholders during the planning process for use of ARP ESSER funds. The Department includes the following as required stakeholders: students; families; tribes (if applicable); civil rights organizations; school and district administrators; superintendents; charter school leaders; teachers, principals, other educators, school staff; unions; stakeholders representing the interests of children with disabilities, English learners, students experiencing homelessness, children and youth in foster care, migratory students, justice-involved youth, and other underserved students.

CRRSAA Head Start Supplemental, Coronavirus Response and Relief Supplemental Appropriations Act 2020, P.L. 116-260, 116th Congress, Session 2 (12/27/20),available at <https://www.congress.gov/bill/116th-congress/house-bill/133/text>**Total amount and time period**

\$250 million to Head Start grantees. Obligation period is April 1, 2021, to March 31, 2023.

Who gets the money[Head Start grantees](#)

Funds are awarded proportionally based on grantees' previous Head Start awards. Applications must be submitted to receive supplemental funds.

Federal memo, policy guidance, etc.**Applicability to prenatal-to-three coalition strategies**

- **Expand Early Head Start-Child Care Partnership (EHS-CCP)** to serve additional infants and toddlers.
 - Funding is not part of the base funding, so need to ensure that base funding is adequate to cover costs.
 - Families with infants and toddlers may have less access to services than before the pandemic.

Federal memo, policy guidance, etc.National Head Start Association
State Head Start Associations
Head Start Collaboration Office

CRRSAA Higher Education Emergency Relief (HEER) Fund, P.L. 116-260, 116th Congress, Session 2 (12/27/20),

available at <https://www.congress.gov/bill/116th-congress/house-bill/133/text>

Total amount and time period	<p>CRRSAA Higher Education Emergency Relief (HEER) Fund:</p> <p>\$11.3 billion to institutions of higher education</p> <p>\$11.3 billion for direct grants to students. Must be obligated within one year of receipt with liquidation closely tied to receipt.</p>
Who gets the money	Funding will be distributed directly to institutions of higher education based on a formula. Institutions must use at least 50% of their allocation for emergency aid to students. The remaining funds can be used to offset costs incurred by the institution due to the pandemic.
Federal memo, policy guidance, etc.	For ARPA/CRRSAA Higher Education Emergency Relief (HEER) Funds: There is no explicit allowable use to support an increase in educators with credentials or degrees. But institutions can use funds to provide emergency aid to students, which may include those currently enrolled in credential or degree programs. HEER Fund III FAQs (U.S. Department of Education: 2021)
Applicability to prenatal-to-three coalition strategies	<ul style="list-style-type: none"> • Increase the number of infant/toddler educators that hold a credential or degree. <ul style="list-style-type: none"> • Institutions have flexibility in how they allocate emergency grants to students, as long as they use at least 50% of allocation on student grants. "Emergency financial aid grants may be used by students for any component of their cost of attendance or for emergency costs that arise due to coronavirus, such as tuition, food, housing, health care (including mental health care) or child care. Students determine how they may use their emergency financial aid grant within the allowable uses." HEER Fund III FAQs (U.S. Department of Education: 2021) • Initiate micro-credentialing program (badging). <ul style="list-style-type: none"> • Institutions have flexibility in how they allocate emergency grants to students, as long as they use at least 50% of allocation on student grants. "Emergency financial aid grants may be used by students for any component of their cost of attendance or for emergency costs that arise due to coronavirus, such as tuition, food, housing, health care (including mental health care) or child care. Students determine how they may use their emergency financial aid grant within the allowable uses." HEER Fund III FAQs (U.S. Department of Education: 2021)
Who may influence use?	<p>Institutions of higher education</p> <p>State higher education boards or agencies (for public institutions)</p>



Family Support

P28 // [ARPA Community-Based Child Abuse Prevention](#)

P30 // [ARPA Maternal, Infant and Early Childhood Home Visiting](#)

P32 // [ARPA State/Local Fiscal Relief](#)

P35 // [CRRSAA Title IV-E Family First Prevention Services Program Pandemic Flexibility](#)

P36 // [CRRSAA MaryLee Allen Promoting Safe and Stable Families](#)

P37 // [ARPA Child Tax Credit](#)

P38 // [ARPA Child and Dependent Care Tax Credit](#)

P39 // [ARPA Paid Sick and Family Leave Tax Credits](#)

ARPA Community-Based Child Abuse Prevention (CBCAP), American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, Session 1 (03/11/21)

available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

Total amount and time period

\$250 million.

The FY 2021 supplemental CBCAP grant has a five-year project.

The expenditure period is from October 1, 2020, to September 30, 2025.

Funds must be obligated by September 30, 2025, and liquidated by December 30, 2025.

Who gets the money

Governors and state lead agencies for the CBCAP program will be allotted proportionately, based on the number of children under age 18 residing in each state. Grants will be awarded to existing [CBCAP grantees](#).

One percent of the supplemental appropriation is reserved for Indian tribes and tribal organizations and migrant programs. CBCAP grants to tribes, tribal organizations, and migrant programs are awarded through a competitive discretionary grant process.

Federal memo, policy guidance, etc.

ARPA CBCAP use of funds includes activities that develop, operate, expand, and enhance community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect that are accessible, effective, and culturally appropriate, and build upon existing strengths that:

1. Offer assistance to families.
2. Provide early, comprehensive support for parents.
3. Promote the development of parenting skills, especially in young parents and parents with very young children.
4. Increase family stability.
5. Improve family access to other formal and informal resources and opportunities for assistance available within communities, including access to such resources and opportunities for unaccompanied homeless youth.
6. Support the additional needs of families with children with disabilities through respite care and other services.
7. Demonstrate a commitment to involving parents in the planning and program implementation of the lead agency and entities carrying out local programs funded under this Title, including meaningful involvement of parents of children with disabilities, parents with disabilities, racial and ethnic minorities, and members of underrepresented and underserved groups.
8. Provide referrals to early health and developmental services, among other services.

Guidance from the Children's Bureau and other Entities:

[Children's Bureau Program Instructions for this supplemental appropriation](#)

[Funding Opportunity Announcement addressing these grants](#)

[Program Information from National Advocacy Partners](#)

**Applicability to
prenatal-to-three
coalition strategies**

CBCAP Funds can be used for a broad array of family strengthening and prevention services, including:

- **Increase the number** of children/women with low incomes involved or at risk of being involved in the child welfare system that **receive home visits**.
- Fund **non-MIECHV home visiting** and other **parental support programs** and services.
- **Increase** the number of **families enrolled in family support centers** and accessing high-quality support services through partnerships and referrals.
- Increase the number of infants and toddlers receiving new services through **Early Learning Resource Centers, specifically WIC, SNAP, Early Intervention, and/or home visiting**.
- **Expand parenting support** including Attachment and Biobehavioral Catchup, Circle of Security, Triple P (Positive Parenting Program), Nurturing Parenting Curriculum, Pyramid Model Parent Training, Bridgeport Basics, etc.
- Increase the number of families with infants and toddlers and pregnant women that receive services **from family support centers**.
- **Scale high-quality** programs such as **Family Connects, HealthySteps, Help Me Grow, and CenteringPregnancy**.

**Who may
influence use?**

CBCAP State Lead Agencies
Civic, culturally specific and business leaders
Families
Governors
Legal services organizations
Providers of these services
State budget officials
State legislators
State secretaries of education, health, social services
State health and human services secretaries
State offices of immigrant and/or refugee services

ARPA Maternal, Infant and Early Childhood Home Visiting (MIECHV) Fund, American Rescue Plan Act 2021, P.L.117-2, 117th Congress, First Session (03/11/21)

available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

Total amount and time period

\$150 million to carry out goals of MIECHV.

HRSA has provided 56 awards to states, territories, and the District of Columbia with \$40M in funding. [See state awards.](#)
First installment must be obligated and spent before September 30, 2023.

Who gets the money

Per HRSA direction and for the purposes of accelerating delivery of resources to families, first round state grants will flow to local implementing agencies with current MIECHV funding. Conditions for second round state grants have not yet been announced.

Federal memo, policy guidance, etc.

Per HRSA Award Instructions, grantees may spend funds on:

1. Service delivery expansion.
2. Hazard pay to staff or additional costs associated with providing home visits, i.e., hiring costs, planning costs, onboarding staff, administrative supports.
3. Home visitor training.
4. Technology for families enrolled in programs and supports for virtual visits.
5. Emergency supplies for families.
6. Diaper bank coordination.
7. Prepaid grocery cards for eligible families.

Funds cannot be used for non-MIECHV home visiting programs.

[See Guidance](#)

Applicability to prenatal-to-three coalition strategies

MIECHV needs assessments require funds to be used in high-needs communities at risk of poor maternal and infant health, educational, and economic outcomes. Assessments also take into consideration community capacity and resources needed to help home visiting programs be successful. This funding is only available for state MIECHV programs. Other funding must be used for non-MIECHV early childhood home visiting programs.

- **Expansion of home visiting** by: (1) Expanding or shifting current models and funding streams to serve more infants and toddlers; (2) Expanding participation in home visiting through alternative funding mechanisms that bring economies of scale; and (3) Improving home visitor staff compensation and training.
- Assist families enrolled in MIECHV home visiting with **basic needs** such as diapers, food through grocery cards, and access to broadband; provide information regarding **referrals to needed services** and availability of child tax credit and other benefits.

**Applicability to
prenatal-to-three
coalition strategies**

- Conduct **outreach efforts to recruit additional families** for enrollment in MIECHV-supported home visiting programs and services.
- Provide **hazard pay, hiring incentives, and training to home visitors** in MIECHV-supported home visiting programs.

**Who may
influence use?**

Civic, culturally specific, and business leaders
County commissioners
Families
Governors
Providers of these services
State budget officials
State legislators
State MIECHV programs
State and county public health offices, which administer the majority of MIECHV programs
State secretaries of education, human services, health who oversee the MIECHV program

ARPA State/Local Fiscal Relief (SLFR), American Rescue Plan Act, P.L.117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

Total amount and time period

ARPA: State, County & City Funds:

- States and District of Columbia - \$195.3 Billion.
- Counties - \$65.1 Billion.
- Metropolitan Cities - \$45.5 Billion.
- Tribal Governments - \$20 Billion.
- Territories - \$4.5 Billion.
- Non-Entitlement Units of Local Governments - \$19.5 Billion.

Funds must be obligated by December 31, 2024.

Funds must be expended by December 31, 2026.

Who gets the money

Funds will be distributed via formula from U.S. Treasury Department to eligible state, territorial, metropolitan city, county, and tribal governments. Governments will need to apply for these supplemental funds.

Federal memo, policy guidance, etc.

Allowable uses of funds include efforts that:

1. Support public health expenditures that address disparities in public health exacerbated by the pandemic.
2. Address negative economic impacts caused by the public health emergency.
3. Replace lost public sector revenue.
4. Provide premium pay for essential workers.
5. Invest in water, sewer, and broadband infrastructure.

Addressing educational disparities and promoting healthy childhood environments are specifically called out.

See [the fact sheet on Treasury Guidance](#) or [interim final rule](#).

Given these broad categories of allowable uses of the funds, credible arguments can be made to use them for paid family leave for essential and other workers; awareness and outreach campaigns regarding parental, health, educational and economic programs and services; parent-led initiatives to support access to early childhood programming; outreach for tax credit information and tax preparation assistance; and access to broadband services.

[See Fact Sheet](#)

Applicability to prenatal-to-three coalitions strategies

- Conduct **outreach** and community awareness communication campaign to raise awareness about increased availability and benefits of utilizing **home visiting** programs to encourage enrollment as more slots become available.
- **Expand or shift current home visiting models and funding streams to serve more infants and toddlers.**
- **Expand participation in home visiting** through alternative funding mechanisms that bring economies of scale.
- **Improve home visitor staff compensation through hazard pay and training** for home visitors, including mental health consultations and cultural responsiveness training.
- **Expand non-MIECHV home visiting programs** and services; pay for home visitors and training.
- **Scale a universal postpartum family well-being check-in** program.
- Fund **community-based organizations and parent-led** initiatives to support families in learning about, selecting, and enrolling in early childhood services.
- Collaborate with grassroots parent networks to implement ongoing **parent training**, with a specific focus on engaging a diverse group of parents.
- **Augment the current data** system to include focused data on infants and toddlers, including health data such as developmental screenings.
- Develop a **shared data system** across early childhood settings.
- Increase an **aligned systems approach to prenatal-to-three services.**
- Increase **access to basic needs and resources** for families with infants and toddlers such as diapers, emergency food, and transportation assistance.
- Develop and implement a new **comprehensive shared longitudinal child data system** to coordinate services to improve service delivery for children in their critical early years.
- **Streamline application processes for public benefits** and improve how data is reported, disaggregating by race and ethnicity.
- Increase the number of **families enrolled in family support centers** and accessing high-quality support services through partnerships and referrals.
- Increase the number of infants and toddlers receiving **new services through Early Learning Resource Centers**, specifically WIC, SNAP, Early Intervention, and/or home visiting.
- Increase the number of Spanish-speaking mother-infant dyads that participate in **CenteringParenting programs.**
- Expand access to **CenteringPregnancy programs.**
- **Scale high-quality programs** such as **Family Connects, HealthySteps, Help Me Grow, and CenteringPregnancy.**
- **Expand parenting support** including Attachment and Biobehavioral Catchup, Circle of Security, Triple P (Positive Parenting Program), Nurturing Parenting Curriculum, Pyramid Model Parent Training, Bridgeport Basics, etc.
- **Expand supports for a texting program for parents** to help them with infant/toddler development and learn how to connect to necessary resources and services.
- **Promote bilingualism by expanding supports and providing outreach** for **Háblame Bebé** language learning app for Hispanic mothers.

**Who may
influence use?**

Civic, culturally specific and business leaders
Colleges and universities
County commissioners
Families
Governors
Mayors
Media
Providers of child and family services
Providers of other services
State and local legislators
State and local financial officers (including budget officers)
State economic development, labor, public health, social services, and educational secretaries
Providers of child and family services

CRRSAA Title IV-E Family First Prevention Services Program Pandemic Flexibility, Coronavirus Response and Relief Supplemental Appropriations Act 2020, P.L. 116-260, 116th Congress, Session 2 (12/27/20)

available at <https://www.congress.gov/bill/116th-congress/house-bill/133/text>

Total amount and time period

CRRSAA Family First Prevention Services Program Pandemic Flexibility: This is not a monetary appropriation. This provision temporarily increases the federal Title IV-E reimbursement rate from 50% to 100% for the Title IV-E Prevention Program for the duration of the Covid-19 public health emergency period from 1/27/2020 through 9/30/2021. This is for children, families deemed candidates for care, and pregnant and parenting youth in foster care.

Who gets the money

States receive enhanced Federal Financial Participation (FFP) rate from 50% to 100% reimbursement for prevention programs operated by or in association with their state Title IV-E Prevention Programs. This means that states receive 100% of the costs of prevention programs and services under their IV-E Prevention Program.

Federal memo, policy guidance, etc.

[See Information Memorandum from the Children's Bureau](#)

Applicability to prenatal-to-three coalition strategies

- Increase the number of children and women with low incomes involved or at risk of being involved in the child welfare system that receive **home visits**.
- **Expand parenting support** including Triple P (Positive Parenting Program), currently an approved program on the Title IV-E Prevention Services Clearinghouse.

Who may influence use?

State Title IV-E Agencies
State elected officials
State financial officers
Providers of impacted services

CRRSAA MaryLee Allen Promoting Safe and Stable Families (PSSF), Coronavirus Response and Relief Supplemental Appropriations Act 2020, P.L. 116-260, 116th Congress, Session 2 (12/27/20)

available at <https://www.congress.gov/bill/116th-congress/house-bill/133/text>

Total amount and time period

\$85 million in supplemental funding for FY 2021, of which \$75 million is reserved for state and tribal grantees in the PSSF program.

This program has a 2-year project/obligation period starting the first day of the federal fiscal year, October 1, 2020, for which funds were awarded and ending the last day of the following federal fiscal year, September 30, 2022. All obligated federal funds awarded under this grant will be liquidated by December 30, 2022.

Who gets the money

States and Tribes

Federal memo, policy guidance, etc.

[See Information Memorandum from the Children's Bureau](#)

Applicability to prenatal-to-three coalition strategies

- Increase the number of children and women with low incomes involved or at risk of being involved in the child welfare system that receive **home visits** and **parent education programs** and services.

Who may influence use?

State Title IV-E Agencies
State offices of early childhood
State elected officials

ARPA Child Tax Credit, American Rescue Plan Act, P.L.117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

Total amount and time period

The American Rescue Plan increases the amount of the Child Tax Credit, makes it fully refundable, and makes it possible for families to receive up to half of it, in advance, beginning in July 2021. Families can get the credit even if they have little or no income from a job, business, or other source.

The law increases the credit from \$2,000 to as much as \$3,000 per child for dependents ages 6 through 17, and \$3,600 for dependents ages 5 and under.

The credit is fully refundable for 2021. Before this year, the refundable portion was limited to \$1,400 per child.

The enhanced credit is for tax year 2021 only.

[See information from the Internal Revenue Service](#)

Who gets the money

The maximum credit is available to taxpayers with a modified Adjusted Gross Income of:

- \$75,000 or less for singles.
- \$112,500 or less for heads of household.
- \$150,000 or less for married couples filing a joint return and qualified widows and widowers.

From July through December 2021, up to half the credit will be advanced to eligible families by the Treasury and the IRS. The advance payments will be estimated using families' 2020 return, or if not available, their 2019 return.

For that reason, the IRS urges families to file their 2020 return as soon as possible. This includes many low- and moderate-income families who don't normally file returns. Often, those families will qualify for an Economic Impact Payment or tax benefits, such as the Earned Income Tax Credit (EITC).

Federal memo, policy guidance, etc.

[See IRS Child Tax Credit Portal](#)

Applicability to prenatal-to-three coalition strategies

Increase the number of families with low incomes who have infants and toddlers and/or are expectant parents that can be lifted out of poverty through **access to tax credits**.

Who may influence use?

Advocates are urged to conduct outreach efforts to encourage families with young children to file their taxes in order to receive the tax credit payments.

ARPA Child and Dependent Care Tax Credit, American Rescue Plan Act, P.L.117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

Total amount and time period

The American Rescue Plan expands the Child and Dependent Care Tax Credit (CDCTC) to allow families to claim up to half of their child care expenses. Families will now be able to receive a refundable 50% tax credit to defray caregiving costs. The expanded CDCTC will provide an increase of up to a \$4,000 tax credit applied to caregiving expenses for qualifying dependents (including children under age 13 and elderly or disabled adults) or \$8,000 for two or more qualifying dependents. The American Rescue Plan makes the CDCTC a fully refundable tax credit; families can receive a refund for any portion of the credit that remains after their tax liability reaches \$0.

These changes only apply for tax year 2021.

Who gets the money

The CDCTC credit rate for 2021 is:

- For workers with incomes under \$125,000: 50%.
- For workers with incomes between \$125,000 and \$183,000: The credit rate gradually declines by one percentage point for each \$2,000 (or fraction thereof) above \$125,000 of AGI until it reaches 20% at \$183,000 of AGI.
- For workers with incomes greater than \$183,000 and less than or equal to \$400,000: 20%.

Federal memo, policy guidance, etc.

[See IRS Child and Dependent Care Tax Credit Frequently Asked Questions](#)

Applicability to prenatal-to-three coalition strategies

Increase the number of families with low incomes who have infants and toddlers and/or are expectant parents that can be lifted out of poverty through **access to tax credit**.

Who may influence use?

Advocates are urged to conduct outreach efforts to encourage families with young children to file their taxes in order to receive the tax credit payments.

ARPA Paid Sick and Family Leave Tax Credits, American Rescue Plan Act, P.L.117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

Total amount and time period

The American Rescue Plan extends tax credits for employers providing paid sick and family leave as established under the Families First Coronavirus Response Act, effective after March 31, 2021, and through September 30, 2021. These extensions include increasing eligible wages per employee, expanding types of leave to include vaccination, and covering as many as 60 days of paid family leave for self-employed individuals (instead of 50 days under previous law).

These changes are applicable for tax year 2021 and for paid sick and family leave provided through September 30, 2021.

Who gets the money

Employers, including tax-exempt organizations, with fewer than 500 employees. An eligible employer also includes a governmental employer, other than the federal government and any agency or instrumentality of the federal government that is not an organization described in section 501(c)(1) of the Internal Revenue Code. Self-employed individuals are eligible for similar tax credits.

Federal memo, policy guidance, etc.

[See IRS information regarding sick and family leave tax credits for employers](#)

Applicability to prenatal-to-three coalition strategies

Increase the number of families with low incomes who have infants and toddlers and/or are expectant parents that can be lifted out of poverty through **access to tax credit**.

Who may influence use?

Employers
Small Business Administration offices



Maternal and Infant/Toddler Health

P41 // [ARPA Behavioral Health Workforce Education and Training](#)

P42 // [ARPA Community Health Centers](#)

P43 // [ARPA COVID-19 Vaccine Activities at CDC](#)

P44 // [ARPA Medicaid Community-based Mobile Crisis Intervention Services](#)

P45 // [ARPA Medicaid Additional Support for Home and Community-based Services](#)

P46 // [ARPA Medicaid Postpartum Extension Option](#)

P47 // [ARPA Pediatric Mental Health Care Access Program](#)

P48 // [ARPA Planning Grants for Medicaid Community-based Mobile Crisis Intervention Services](#)

P49 // [ARPA Public Health Workforce Funds](#)

P50 // [ARPA Supplemental Mental Health Block Grants](#)

P51 // [ARPA Supplemental Substance Abuse Prevention and Treatment Block Grants](#)

P52 // [ARPA WIC Program Modernization](#)

P53 // [ARPA State/Local Fiscal Relief](#)

P55 // [ARPA Emergency Rural Development Grants](#)

P56 // [ARPA Elementary and Secondary School Emergency Relief Fund](#)

P57 // [ARPA IDEA Supplemental](#)

ARPA Behavioral Health Workforce Education and Training (BHWET), Subtitle H. Sec 2711), American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/bill/117th-congress/house-bill/1319>

Total amount and time period	\$100 million for FY 2021, available until expended.
Who gets the money	Semi-annual competitive grant program available to: An accredited institution of higher education, an accredited behavioral health professional training program, a behavioral paraprofessional certificate training program, a peer paraprofessional certificate training program. See the 2021 grantees
Federal memo, policy guidance, etc.	HHS Press Release: “HRSA awards nearly \$66 million to bolster the nation’s behavioral health workforce for underserved communities,”
Applicability to prenatal-to-three coalition strategies	This funding may support the following strategies: <ul style="list-style-type: none"> • Infant/early childhood mental health consultation available to professionals across all infant/young child and family-serving disciplines including child care, home visiting, child welfare, Early Head Start, birth-to-three early intervention, and pediatricians. • Increase and/or improve the supply of well-trained early childhood mental health professionals. • Early childhood mental health endorsement or certification efforts. • Research and data analysis to demonstrate the need for mental health supports and services for infants and toddlers.
Who may influence use?	Public research universities In-state academic experts University training programs Behavioral health provider associations Mental health leaders and practitioners State agency leaders

ARPA Community Health Centers (Subtitle G, Sec. 2601), American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/bill/117th-congress/house-bill/1319>

Total amount and time period	\$7.6 billion “to remain available until expended.”
Who gets the money	Federally Qualified Health Centers (FQHCs)/Community Health Centers by established formula See grant awards here
Federal memo, policy guidance, etc.	For COVID-19 vaccination and tracking purposes, also to “establish, expand, and sustain the health care workforce to prevent, prepare for, and respond to COVID-19, and to carry out other health workforce-related activities” and “to modify, enhance, and expand health care services and infrastructure” and “to conduct community outreach and education activities related to COVID-19.” Funds go to established federally qualified health centers (FQHCs), also called community health centers, to boost vaccination and tracking efforts, as well as overall infrastructure and workforce investments.
Applicability to prenatal-to-three coalition strategies	This funding supports the following strategies: <ul style="list-style-type: none"> • Increase the number of fluoride varnish treatments applied for infants and toddlers (9-36 months) from families with low incomes. • Community Health Workers. • Increase the number of infants and toddlers served in primary care medical homes. • Provide low-income families, via health care providers, with resources about healthy child development that are available in multiple languages.
Who may influence use?	Community health center CEOs Local health and public health system leaders

ARPA COVID-19 Vaccine Activities at CDC (Subtitle D, Section 2301), American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/bill/117th-congress/house-bill/1319>

Total amount and time period	\$7.5 billion “to remain available until expended.”
Who gets the money	<p>State, tribal, local, and territorial public health organizations</p> <p>Additional funding for existing state vaccination grants, issued by CDC determined by base formula -- section 319C-1 of the Public Health Service Act (42 U.S.C. 247d-3a).</p> <p>To date, it appears as if most new funding has gone to existing recipients, largely state and local public health departments.</p>
Federal memo, policy guidance, etc.	<p>Centers for Disease Control and Prevention “CDC COVID-19 State, Tribal, Local, and Territorial Funding”</p> <p>Funds to increase community-based vaccination efforts and increase vaccine confidence. This page lists ARPA as well as 2020 CARES Act and other recovery act funds to state public health departments.</p> <p>Funds seek to ensure that COVID-19 vaccination rates continue to go up. However, funds may also help to seed community-based partnerships that build the necessary infrastructure to improve pediatric vaccinations overall, including COVID-19 as approved for younger populations.</p>
Applicability to prenatal-to-three coalition strategies	<p>Funds offer an opportunity to identify ways prenatal-to-three coalitions can support public health efforts that also align with their policy agenda. Funds may support the following strategies:</p> <ul style="list-style-type: none"> • Increase the rate/number receiving age-appropriate well-child visits. • Expand immunization rates. • Provide families with low incomes with resources available in multiple languages.
Who may influence use?	<p>Governors</p> <p>Executive branch officials</p> <p>Public health leaders</p> <p>State and local public health departments</p>

ARPA Medicaid Community-based Mobile Crisis Intervention Services (Subtitle J, Sec. 9813), American Rescue Plan Act 2021, P.L.117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/bill/117th-congress/house-bill/1319>

Total amount and time period	State option to provide mobile crisis services in Medicaid for federal match, 5-year sunset. First 3 years of enhanced Federal Medical Assistance Percentage (FMAP) for services is 85%, regular state FMAP for Years 4 and 5.
Who gets the money	State Medicaid agencies, who reimburse eligible providers for eligible beneficiaries Federal match for new mobile crisis services starting 2022: Services administered out of a facility setting, in mental health or substance use disorder crisis, and performed by a multidisciplinary team that has 1 behavioral health provider and provides screening, assessment, stabilization, and coordination and referrals through relationships with community partners. Services must be available 24 hours all year.
Federal memo, policy guidance, etc.	Federal guidance forthcoming. New state option to allow state Medicaid programs to cover certain community-based mobile crisis intervention services for individuals experiencing a mental health or substance-use disorder crisis outside of a facility setting. More details forthcoming from the Centers for Medicare & Medicaid Services (CMS) on the new option. NOTE: New option is not tied to receipt of a state planning grant to develop a state plan amendment (SPA) or waiver application. States may begin to receive federal match for mobile crisis intervention services starting March 11, 2022 for five years. Federal match can only go to state-qualified intervention services defined in the law, including a multidisciplinary crisis team with training in trauma-informed care. Federal match must supplement, not supplant, existing state investments.
Applicability to prenatal-to-three coalition strategies	Funds may support the following strategies: <ul style="list-style-type: none"> • Trauma-informed mental health and substance use disorder crisis treatment for families. • Reduce the number of infants and toddlers in state custody through investments in appropriate crisis services.
Who may influence use?	Governors State legislators Medicaid agency, mental and behavioral health agencies

ARPA Medicaid Additional Support for Home and Community-based Services (HCBS), Title J. Sec. 9817, American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/bill/117th-congress/house-bill/1319>

Total amount and time period	Medicaid home- and community-based services 10% FMAP increase for 1 year.
Who gets the money	State Medicaid agencies States reimburse eligible providers for eligible services to eligible beneficiaries.
Federal memo, policy guidance, etc.	Medicaid home- and community-based services 10% FMAP increase for 1 year. Improve quality for home- and community-based services. While most Medicaid beneficiaries receiving HCBS are seniors, this provision includes children with high-level needs, which may include a subset of children in early intervention.
Applicability to prenatal-to-three coalition strategies	New funding may support the following strategies, as state Medicaid definitions of home- and community-based services allow: <ul style="list-style-type: none"> • Increase investment in Early Intervention (EI) to improve service quality. • Increase EI reimbursement rates for eligible services (as applicable/available). • Early childhood mental health or parent mental health supports, depending on severity of need.
Who may influence use?	Medicaid agency Executive branch Disability parent advocates

ARPA Medicaid Postpartum Extension Option (Section 9812), American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/bill/117th-congress/house-bill/1319>

Total amount and time period	Regular state federal matching rate, 5 years. Federal FMAP may begin April 2022 for states taking the option to extend Medicaid postpartum coverage to 12 months.
Who gets the money	State Medicaid agencies, which reimburses eligible providers for eligible beneficiaries
Federal memo, policy guidance, etc.	Guidance forthcoming.
Applicability to prenatal-to-three coalition strategies	<p>New funding may support the following strategies if a state opts to implement the new option, and services are deemed eligible by state Medicaid agency:</p> <ul style="list-style-type: none"> • Expanded coverage for pregnant and postpartum women. • Improve access to and quality of prenatal services. • Substance use disorder treatment, including outpatient services, residential care, detoxification, and medication-assisted therapy. • Improved access to maternal depression screenings, referrals, treatment, and medications based on need. • Maternal depression screening through well-child visits. • Expand mental health consultation with OB/GYN, pediatric, and family medicine providers for infants and their parents. • Recognize doulas, community health workers (CHWs), or other community-based health supports that can help to reach underserved communities, especially communities of color, and help to advance health equity. • Home visiting.
Who may influence use?	<p>Medicaid agency</p> <p>Executive branch</p> <p>Disability parent advocates</p>

ARPA Pediatric Mental Health Care Access Program (PMHCA), Sec 2712, American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/bill/117th-congress/house-bill/1319>

Total amount and time period	\$80 million for fiscal year 2021, to remain available until expended, for carrying out section 330M of the Public Health Service Act (42 U.S.C. 254c-19).
Who gets the money	States, political subdivisions of states, and Indian tribes and tribal organizations. New funds only available to states not currently funded. See existing grantees
Federal memo, policy guidance, etc.	HHS HRSA, "American Rescue Plan Act - Pediatric Mental Health Care Access – New Area Expansion" (May 2021). HHS HRSA, "Pediatric Mental Health Care Access Program," (n.d.) The purpose of the Pediatric Mental Health Care Access Program is to promote behavioral health integration into pediatric primary care using telehealth. State or regional networks of pediatric mental health teams will provide tele-consultation, training, technical assistance, and care coordination for pediatric primary care providers to diagnose, treat, and refer children with behavioral health conditions.
Applicability to prenatal-to-three coalition strategies	Grant program provides an opportunity to promote health equity by expanding telehealth through primary care in under-resourced communities. Prenatal-to-three coalitions may work with state agency partners to learn whether the agency applied for new funds or to link with an existing grantee (if not already involved). Funds may support: <ul style="list-style-type: none"> • Expanded access to well-child checkups, vaccinations, and connected mental health services using telehealth. • Physical/mental health integration with a focus on infants and toddlers. • Promotion of cross-agency partnerships and service integration for infants, toddlers, and their families.
Who may influence use?	State mental health and public health leaders Regional or local medical provider networks or associations Existing grantees

ARPA Planning Grants for Medicaid Community-based Mobile Crisis Intervention Services (Subtitle J, Sec. 9813), American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/bill/117th-congress/house-bill/1319>

Total amount and time period	<p>\$15 million for state planning grants by competition.</p> <p>Period of performance: September 30, 2021 – September 29, 2022.</p>
Who gets the money	<p>State Medicaid agencies. Centers for Medicare & Medicaid Services (CMS) estimates 10-20 planning grants ranging between \$300,000 to \$1 million. Planning grant proposals due August 13, grantee awards expected by September 10, 2021.</p> <p>For full funding notice, visit Grants.gov and search for the announcement by CFDA# 93.639.</p>
Federal memo, policy guidance, etc.	<p>Grants to support state planning to develop a Medicaid state plan amendment (SPA), 1115 or 1915 waiver proposal and support capacity-building for implementation of new option (e.g., provider training).</p> <p>Grants support state Medicaid agency planning and partner engagement, training, technical assistance, and other activities to implement new Medicaid community-based mobile crisis intervention options.</p>
Applicability to prenatal-to-three coalition strategies	<p>Funds may support the following strategies:</p> <ul style="list-style-type: none"> • Child development training, trauma-informed response training for eligible response providers. • Planning for enhanced health and substance use disorder treatment, crisis for families.
Who may influence use?	<p>Governors</p> <p>Medicaid agency</p> <p>Mental/behavioral health agencies</p>

ARPA Public Health Workforce Funds (Subtitle F, Sec. 2501), American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/bill/117th-congress/house-bill/1319>

Total amount and time period	\$7.6 billion to “remain available until expended.”
Who gets the money	State and local public health departments, other grantees as directed by CDC, available until expended. Opportunity to work with public health departments to dedicate a portion of community health worker/workforce staff or resources to serving young children for regular vaccination catch-up and the pending approval of COVID-19 vaccinations for young children.
Federal memo, policy guidance, etc.	\$7 billion public health workforce investment to employ COVID-19 related employees or public health department employees or nonprofit “private or public organizations with demonstrated expertise in implementing public health programs and established relationships... particularly in medically underserved areas.” See guidance. Emphasis on COVID-19 vaccination tracking and response across all workforce areas, but community-based outreach and “community health workers” specifically named in administration press releases and materials. Builds on previous funding announcement from 2020 CARES Act funds to “help community-based organizations to hire and mobilize community outreach workers, community health workers, social support specialists and others” on vaccination education, outreach, and tracking. First round of grantees to date for community health workforce.
Applicability to prenatal-to-three coalition strategies	This funding may support the following strategies: <ul style="list-style-type: none"> • Improve well-child visits. • Expand vaccination rates. • Expand access to community health workers in various community-based settings serving infants and toddlers (e.g., early childhood centers, health settings, and clinics).
Who may influence use?	Governors State and local public health departments Public health leaders

ARPA Supplemental Mental Health Block Grants (MHBG), ARPA Subtitle H. Sec. 2701), American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

Total amount and time period	\$1.5 billion State awards must be expended by September 30, 2025.
Who gets the money	State and tribal mental health agencies
Federal memo, policy guidance, etc.	<p>Supplemental allocations to states.</p> <p>“for prevention, treatment, recovery support, and other services to supplement Medicaid, Medicare, and private insurance services.”</p> <p>States can use funds to:</p> <ul style="list-style-type: none"> • Plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health. • Provide comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances and to monitor progress in implementing a comprehensive, community-based mental health system.
Applicability to prenatal-to-three coalition strategies	<p>Funding may support the following strategies through cross-agency partnerships between mental health agencies and Medicaid:</p> <ul style="list-style-type: none"> • Mental health services to uninsured or underinsured parents or caregivers. • Improved care coordination for infants, toddlers, and their families. • Enhanced support for pediatric primary care models (e.g., HealthySteps). • Support models that serve infants and their caregivers, such as Safe Baby Courts. • Improve awareness of and access to early childhood mental health services (e.g., child-parent psychotherapy services). • Research and data analysis to demonstrate the need for mental health supports and services for infants and toddlers.
Who may influence use?	Executive branch Mental and behavioral health leaders Legislative champions

ARPA Supplemental Substance Abuse Prevention and Treatment Block Grants (SAPTBG), ARPA Subtitle H. Sec. 2702, American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

Total amount and time period	<p>\$1.5 billion</p> <p>State awards must be expended by September 30, 2025.</p>
Who gets the money	State and tribal mental health agencies
Federal memo, policy guidance, etc.	<p>Supplemental allocations to states.</p> <p>“for prevention, treatment, recovery support, and other services to supplement Medicaid, Medicare, and private insurance services.”</p> <p>States can use funds to help plan, implement, and evaluate activities that prevent and treat substance abuse.</p>
Applicability to prenatal-to-three coalition strategies	<p>Funding may support the following strategies through cross-agency partnerships between behavioral health agencies and Medicaid:</p> <ul style="list-style-type: none"> • Behavioral health services to uninsured or underinsured parents or caregivers. • Improved care coordination for infants, toddlers, and their families. • Enhanced support for pediatric primary care models (e.g., HealthySteps) through new cross-agency partnerships with Medicaid. • Support models that serve infants and their caregivers, such as Safe Baby Courts. • Improve awareness of and access to early childhood mental health services and parenting support programs.
Who may influence use?	<p>Executive branch</p> <p>Mental and behavioral health agency leaders</p> <p>Legislative champions</p>

**ARPA WIC Program Modernization (Section 1106), American Rescue Plan Act 2021,
P.L. 117-2, 117th Congress, First session (1/3/2021)**available at <https://www.congress.gov/bill/117th-congress/house-bill/1319>**Total amount and
time period**

\$390 million to remain available until September 30, 2024.

**Who gets
the money**

State public health/WIC agencies

**Federal memo,
policy guidance, etc.**[USDA, "WIC and WIC FMNP Informational Memorandum: American Rescue Plan Act of 2021" \(March 2021\)](#)

"To carry out outreach, innovation, and program modernization efforts, including appropriate waivers and flexibility, to increase participation and redemption of benefits. The Act is applicable to both the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the WIC Farmers' Market Nutrition Program (WIC FMNP)."

**Applicability to
prenatal-to-three
coalition strategies**

- **Modernization of WIC program** to improve access for infants and their families.

**Who may
influence use?**

State WIC agencies
Public health officials and advocates
WIC providers

ARPA State/Local Fiscal Relief (SLFRF, Subtitle M, Sec. 9901), American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/bill/117th-congress/house-bill/1319>

Total amount and time period

ARPA: State, County & City Funds:

- States and District of Columbia - \$195.3 Billion.
- Counties - \$65.1 Billion.
- Metropolitan Cities - \$45.5 Billion.
- Tribal Governments - \$20 Billion.
- Territories - \$4.5 Billion.
- Non-Entitlement Units of Local Governments - \$19.5 Billion.

Funds must be obligated by December 31, 2024.

Funds must be expended by December 31, 2026.

Who gets the money

Funds will be distributed via formula from U.S. Treasury Department to eligible state, territorial, metropolitan city, county, and tribal governments. Governments will need to apply for these supplemental funds.

Federal memo, policy guidance, etc.

[Department of Treasury "Coronavirus State and Local Fiscal Recovery Funds"](#)

[Interim Final Rule, May 17, 2021, Federal Register \(Vol. 86, No. 93\) "State and Local Fiscal Recovery Funds"](#)

Applicability to prenatal-to-three coalition strategies

Outreach, enrollment, education:

- Conduct **outreach, education, and/or enrollment support for public benefits**, including Medicaid, CHIP, and marketplace enrollment.
- **Develop, translate, and use outreach materials in multiple languages** for families to promote healthy child development and the role of health care providers.
- **Outreach and education** initiatives to encourage improvements in **well-child visits/screenings, immunizations, mental health, and/or dental care access**.

Strengthen the community-based health workforce:

- **Train, employ, and use Community Health Workers (CHWs) as part of pediatric primary care, early childhood settings, home visiting, or other community-based programs.** Other examples include doulas, promotoras, resource mothers, or peer supports.

**Applicability to
prenatal-to-three
coalition strategies****Improve access to programs or services, such as:**

- **Enhanced care coordination** for infants and toddlers through enhanced pediatric primary care models (e.g., Healthy Steps) or other systems.
- **Programs** or initiatives (e.g., Safe Baby Courts) that may help to **prevent or decrease time of infants and toddlers in state custody**.
- **Postpartum care models** (aligned with Medicaid postpartum extension, as available, e.g., Mom2B Support System, Healthy Start).
- **Home visiting**.
- **Reach Out and Read** books or staff, other **early literacy** strategies.
- **Lead remediation** efforts for under-resourced communities.

**Who may
influence use?**

Governors and local executive leaders

State and local legislators

State and local financial officers (including budget officers)

State and local economic development and workforce boards

Public health officials

Provider groups

Professional associations, advocacy organizations, unions, business associations, culturally specific organizations

ARPA Emergency Rural Development Grants (Subtitle A, Sec 1002), American Rescue Plan Act 2021, P.L. 117-2, 117th Congress, First Session (3/11/21)

available at <https://www.congress.gov/bill/117th-congress/house-bill/1319>

Total amount and time period	\$500 million to remain available until September 30, 2023.
Who gets the money	To date, it appears as if approximately half the appropriated funds were sent to existing USDA grantees (see opportunity details). Eligible applicants for remaining funds include state or local municipalities or nonprofits in rural, poor communities to fund facilities.
Federal memo, policy guidance, etc.	<p>Grantees will be able to use the funds to pay for a variety of activities including: vaccine distribution, medical supplies, telehealth costs, and capital projects.</p> <p>USDA, "USDA Invests \$266 Million to Improve Rural Community Facilities and Essential Services in 16 States and Puerto Rico"</p> <p>Also see, National Association of Rural Health Clinics</p> <p>Funds are dedicated to underserved rural areas with a focus on the capital and health investments needed to improve COVID-19 vaccination rates. These new funds may also help to seed community-based partnerships that build the necessary infrastructure to improve pediatric vaccinations overall, including COVID-19 as approved for younger populations. The funds also support new approaches to reaching underserved families, such as telehealth.</p>
Applicability to prenatal-to-three coalition strategies	<p>This funding may support the following strategies:</p> <ul style="list-style-type: none"> • Improve access to vaccinations, well-child visits, screenings, other needed health and mental health care.
Who may influence use?	<p>Local public health officials</p> <p>Regional/state economic development boards</p> <p>Rural healthcare associations</p>

ARPA Elementary and Secondary School Emergency Relief (ESSER) Fund, American Rescue Plan Act 2021, Section 2001, P.L.117-2, 117th Congress, First Session (03/11/21)

available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

Total amount and time period	<p>\$122 billion to State Education Agencies. 90% must be distributed to Local Education Agencies; a minimum of 20% must be used to address learning loss.</p> <p>ARPA ESSER funds must be obligated by September 30, 2024, and liquidated by January 2025.</p>
Who gets the money	<p>ESSER funds will be sent from state educational agencies (SEAs) to Local Educational Agencies (LEAs). LEAs will ultimately have the decision-making authority over how funds are being used.</p> <p>Funds are distributed via formula based on the LEAs Title I allocation.</p>
Federal memo, policy guidance, etc.	<p>ESSER, GEER Use of Funds FAQs (US Department of Education: 2021) includes allowability of funds for “implementing evidence-based activities that meet the comprehensive needs of students;” “addressing the academic impact of lost instructional time through the implementation of evidence-based interventions;” encouraging that “LEAs invest in evidence-based practices to support learners, including in early literacy.” “Funds may also be used for parent training and family literacy services in the use of early learning strategies that bring in the child’s environment and experiences to promote literacy skills”; includes allowability of funds for any allowable activity under the Elementary and Secondary Education Act.</p> <p>Department of Education guidance</p>
Applicability to prenatal-to-three coalition strategies	<p>In general, ESSER funds are intended to support students and children who have been disproportionately impacted by the pandemic. The US Department of Education (USED) has placed a strong emphasis on supporting students and children of color, those from families with low incomes, English learners, students and children with disabilities, those in foster care, and those experiencing homelessness. When applying for funds, state educational agencies (SEAs) must describe how they will use funds to attend to the needs of the above outlined groups. See USED State Plan for ARP ESSER Fund Template (USED, April 2021)</p> <p>This funding may the following strategies:</p> <ul style="list-style-type: none"> • Planning for, coordinating, and implementing activities during long-term closures, and ensuring other educational services can continue to be provided consistent with all federal, state, and local requirements. • Providing mental health services to students. • Planning for, coordinating, and implementing summer/after-school programs. • Improved integration of IDEA Part C/Early Intervention, health and education supports/connections, school-based health services for students and families. • Increased funds, supports, trainings for IDEA Part C/Early Intervention.
Who may influence use?	<p>State education agencies</p> <p>Local school districts/schools</p>

**ARPA IDEA Supplemental, American Rescue Plan Act 2021,
P.L.117-2, 117th Congress, First Session (03/11/21)**

available at <https://www.congress.gov/117/bills/hr1319/BILLS-117hr1319enr.pdf>

**Total amount and
time period**

ARPA IDEA Supplemental: \$200 million for preschool grants under IDEA, Section 619; \$250 million for supporting infants and toddlers under IDEA, Part C.

**Who gets
the money**

ESSER funds and IDEA funds will be sent from state educational agencies (SEAs) to Local Educational Agencies (LEAs). LEAs will ultimately have the decision-making authority over how funds are being used. Funds are distributed via formula based on the LEAs Title I allocation.

**Federal memo,
policy guidance, etc.**

ARPA IDEA Supplemental: Guidance forthcoming.

**Applicability to
prenatal-to-three
coalition strategies**

This funding supports the following strategies:

- Expand **availability and quality of early intervention services**.
- Improve, extend, promote **early childhood mental health**.

**Who may
influence use?**

Early intervention/Part C agencies
Local early intervention agencies, leaders, providers

