



ZERO to THREE
Early connections last a lifetime

American Rescue Plan Act: Updates and Opportunities for Infant-Toddler Court Teams

ZERO TO THREE National Infant-Toddler Court Program (ITCP)

October 7, 2021

About The National Infant-Toddler Court Program



ZERO TO THREE's Safe Babies Court Team™ (SBCT) approach applies the science of early childhood development in meeting the urgent needs of infants and toddlers and strengthening their families.

- The goal is to advance the health and well-being of very young children and their families, so they flourish.
- The target population is children birth to three years of age under court jurisdiction, who are in foster care or at risk of removal, and their families.

The National Infant-Toddler Court Program (ITCP) serves as a central hub of expertise, best practices, resources, and technical assistance activities to support wide-scale dissemination of the SBCT approach.

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$9,948,026 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Today's Agenda



- Introductions and Overview
- Program updates on the American Rescue Plan Act (ARPA) from the U.S. Department of Health and Human Services and the U.S. Department of Education
- Tools for aligning federal funding opportunities with Infant-Toddler Court Teams
- Question and Answer





American Rescue Plan Act: Updates and Opportunities for Infant-Toddler Court Teams

October 7, 2021

Lynlee Tanner Stapleton, Kyle Peplinski & Madhavi Reddy

Division of Home Visiting and Early Childhood Systems/Division of MCH Workforce Development

Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



A Moment of Opportunity



BRIEFING ROOM

Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government

JANUARY 20, 2021 • PRESIDENTIAL ACTIONS

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered:

Section 1. Policy. Equal opportunity is the bedrock of American democracy, and our diversity is one of our country's greatest strengths. But for too many, the American Dream remains out of reach. Entrenched disparities in our laws and public policies, and in our public and private institutions, have often denied that equal opportunity to individuals and communities. Our country faces converging economic, health, and climate crises that have exposed and exacerbated inequities, while a historic movement for justice has highlighted the unbearable human costs of systemic racism. Our Nation deserves an ambitious whole-of-government equity agenda that matches the scale of the opportunities and challenges that we face.

It is therefore the policy of my Administration that the Federal Government



Federal Representatives

Infant-Toddler Court Program Early Childhood Comprehensive Systems (ECCS)



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HRSA/MCHB

Maternal, Infant & Early Childhood Home Visiting (MIECHV)



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*Branch Chief, Policy, Data, and
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HRSA/MCHB

Pediatric Mental Health Care Access (PMHCA)



Madhavi Reddy
Senior Public Health Analyst
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Federal Representatives

Child Abuse Prevention & Treatment Act (CAPTA) Community-Based Child Abuse Prevention (CBCAP)



Julie Fliss

*Child Welfare Program Specialist
Office on Child Abuse and Neglect
HHS/Administration for Children and Families/Children's Bureau*

Child Care Development Block Grant (CCDBG) Head Start/Early Head Start Preschool Development Grant (PDG)



Richard Gonzales

*Director, Division of Interagency & Special Initiatives
HHS/Administration for Children and Families/Office of Child Care*

Individuals with Disabilities Education Act (IDEA) Part C



Christy Kavulic

*Associate Division Director,
Early Childhood Team
Dept. of Education/Office of Special Education Programs*



MCHB Strategic Plan

MCHB MISSION

To improve the health and well-being of America's mothers, children, and families.

MCHB VISION

An America where all mothers, children, and families are thriving and reach their full potential.

GOAL 1

Assure **access** to high-quality and equitable health services to optimize health and well-being for all MCH populations.

GOAL 2

Achieve **health equity** for MCH populations.

GOAL 3

Strengthen **public health capacity and workforce** for MCH.

GOAL 4

Maximize **impact** through leadership, partnership, and stewardship.



Early Childhood Comprehensive Systems (ECCS)

Redesigned in 2021 to emphasize state-level capacity and leadership, along with stronger **integration of health** in the broader early childhood system and a focus on **prenatal-to-three populations**.

Program Purpose: Build integrated maternal and early childhood systems of care that:

- Are equitable, sustainable, and comprehensive;
- Are inclusive of the health system;
- Promote early developmental health and family well-being; and
- Increase family-centered access to care and engagement of the P-3 population.

ECCS leads can serve in the role of a “convener” across sectors and programs toward common goals.



Current awardees: <https://mchb.hrsa.gov/earlychildhoodcomprehensivesystems/awards>

MIECHV ARP Award Overview

- American Rescue Plan Act of 2021 (P.L. 117-2) (ARP) appropriated additional funds to enable MIECHV Program recipients to address the needs of expectant parents and families with young children during the COVID-19 public health emergency
- HRSA issued \$40 million in ARP awards on May 11th to 56 entities
- An additional round of ARP awards is planned for early FY 2022



Purpose

- Emergency assistance to mitigate the impacts of the COVID-19 public health emergency on expectant parents and families with young children.
- Support home visiting activities that address immediate and long-term needs of parents, children and families related to the COVID-19 public health emergency.
- Promote equity by allocating ARP funds to at-risk communities disproportionately impacted by COVID-19, including communities of color.

Allowable Uses of Funds



Service Delivery



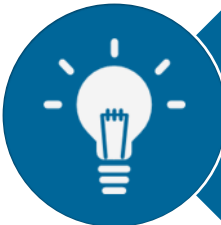
Technology



Hazard Pay



Emergency Supplies



Home Visitor
Training



Coordination with
Diaper Banks



Prepaid Grocery
Cards

Opportunities for Partnership

- Advance equity through a focus on priority populations and social determinants
- Broaden partnerships with diaper banks and other providers of emergency supplies
- Continue to support data integration and sharing

Pediatric Mental Health Care Access Program

New Area Expansion (ARP-PMHCA)

- NOFO Release Date: May 19, 2021
- Applications Due: July 6, 2021
- Project Period: 5 years (September 30, 2021 – September 29, 2026)
- Eligibility: States, political subdivisions of states, and Indian tribes and tribal organizations (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 450b)) not currently funded under HRSA-18-122 and HRSA-19-096 are eligible to apply (i.e., existing recipients of HRSA PMHCA awards or other entities within funded states are not eligible to apply)
- Type of Award: Cooperative Agreement
- Number of Awards: 24
- Amount Awarded: ~\$10.7 million
- HRSA is considering another competition in FY 2022 to award eight additional projects for a total of 32 funded under ARP



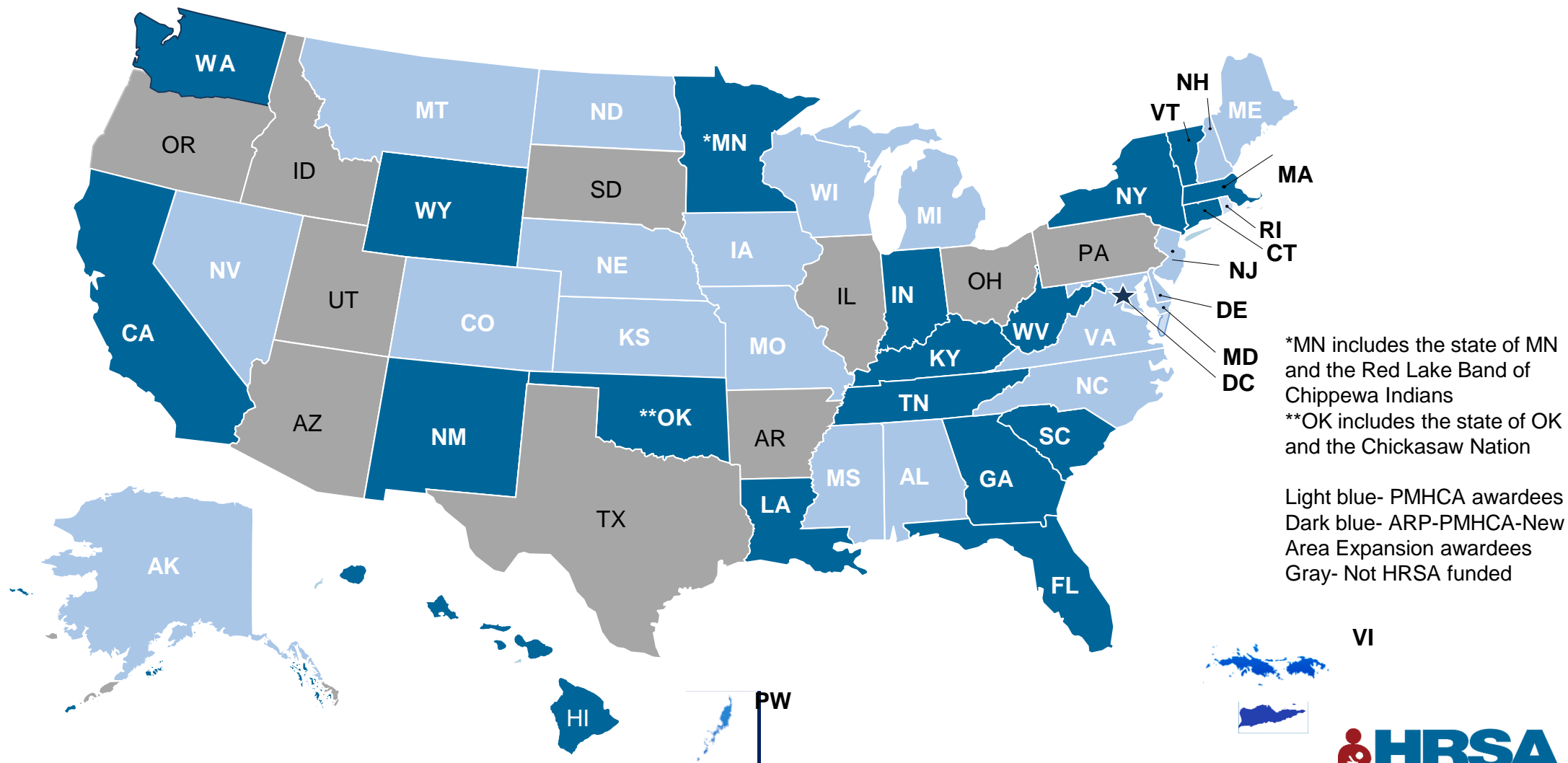
Pediatric Mental Health Care Access Program (PMHCA)

Purpose

- Promote behavioral health integration in pediatric primary care by supporting the development of new or the improvement of existing statewide or regional pediatric mental health care telehealth access programs.
- Provide training and education on the use of evidence-based, culturally and linguistically appropriate telehealth protocols to support the treatment of children and adolescents with behavioral disorders.
- Support telehealth consultation with a pediatric behavioral health clinician on the team and referral to a local pediatric behavioral health provider, to the extent possible.
- Serve as a resource for pediatric primary care providers serving children and adolescents, including, but not limited to, pediatricians, family physicians, nurse practitioners, physician assistants, psychiatrists, mental health professionals, and care coordinators.



PMHCA/ARP-PMHCA Program Reach 2021 (n=45)



Program Goals

- Increase the availability and accessibility of statewide or regional networks of pediatric mental health care teams composed of child and adolescent psychiatrists, licensed mental health professionals, and care coordinators through telehealth consultation and referral to pediatric primary care providers and other providers caring for children and adolescents with behavioral disorders.
- Conduct training and provide technical assistance to pediatric primary care providers and other providers to enable them to conduct early identification, diagnosis, and treatment for children and adolescents with behavioral disorders.
- Provide information, and assist pediatric and other providers in accessing pediatric mental health care providers, with the overarching goal of providing timely detection, assessment, treatment, and referral of children and adolescents with behavioral disorders through telehealth.

Program Goals (continued)

- Improve access through telehealth to treatment and referral services for children and adolescents with identified behavioral disorders, especially those living in rural and other underserved areas.
- Focus on achieving health equity related to racial, ethnic, and geographic disparities in access to behavioral health care, especially in rural and other underserved areas.
- Establish and sustain the use of telehealth technologies, modalities, and care models.

Contact Information

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**American Rescue Plan Act of 2021
Supplemental Funding for
Child Abuse Prevention and Treatment Act (CAPTA)**

*October 7, 2021
Presenter: Julie Fliss*

ARP Supplemental Funding for the Child Abuse Prevention and Treatment Act (CAPTA)

- Section 2205 of the American Rescue Plan provides supplemental FY 2021 funding for two grant programs authorized by the Child Abuse Prevention and Treatment Act (CAPTA)
 - ✓ \$250 million in supplemental funding for the Community-Based Child Abuse Prevention (CBCAP) program
 - ✓ \$100 million in supplemental funding for the CAPTA State Grant.
- Supplemental funds were awarded to states in April (Title I) and May (Title II) of 2021.

Community-Based Child Abuse Prevention (CBCAP) – Title II

- Authorized by Title II of the [Child Abuse Prevention and Treatment Act \(CAPTA\)](#), as amended by Public Law 115-271
- Formula Grant Program
 - Annual grants to all states, DC and Puerto Rico
 - State lead agencies are designated by the Governor each year
 - Funds allocated proportionately by state child population <18 (70%) and non-federal funds used for child abuse prevention (30%)
- \$60.6 million in annual funding appropriated by Congress in FY 2021
 - \$250 million in supplemental funds appropriated by American Rescue Plan Act of 2021
- 1% is set aside for Tribes, Tribal Organizations and Migrant programs (*discretionary grants*)

CBCAP – Program Purposes

- To support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect.
- To support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect.
- To foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

Allowable Use of CBCAP Funds

- Offer assistance to families;
- Provide early, comprehensive support for parents;
- Promote the development of parenting skills;
- Increase family stability;
- Improve family access to formal and informal resources; including access for unaccompanied homeless youth;
- Support the additional needs of families with children with disabilities through respite care or other services;
- Demonstrate a commitment to parent involvement in the planning and program implementation of the lead agency and local programs funded under CBCAP; and
- Provide referrals for early health and development services.

CAPTA State Grants (Title I)

- The *Consolidated Appropriations Act, 2021* appropriated \$90.09 million in *regular* appropriations for the CAPTA State Grant.
 - \$60 million to be used to help States continue to develop and implement plans of safe care for substance-exposed infants and their families.
 - Grantees must use a substantial portion of regular FY 2021 grant to continue to develop, implement and strengthen procedures and activities relating to plans of safe care.
 - Resources from the National Center on Substance Abuse and Child Welfare (NCSACW) <https://ncsacw.samhsa.gov/default.aspx>

Use of CAPTA State Grant Supplemental Funds

May be used to improve:

- intake, assessment, screening, and investigation of child abuse and neglect;
- use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations;
- legal preparation and representation;
- risk and safety assessment protocols;
- training for child protective services workers and mandated reporters;
- programs and procedures for the identification, prevention, and treatment of child abuse and neglect;
- community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at neighborhood level;
- procedures for collaboration among CPS, public health agencies, juvenile justice, domestic violence service providers, and other agencies.

Guidance for Grantees

- Children's Bureau urges grantees to:
 - Consider how funds can help address complex structural issues that contribute to families becoming involved in the child welfare system.
 - Use additional funding to advance racial equity.
 - Provide support to families and communities historically underserved or marginalized by child welfare systems, while ensuring the safety and well-being of all family members.

Resources

- FRIENDS National Center for CBCAP: www.FRIENDSncr.org
- To identify a state's Children's Bureau's Regional Office: <https://www.acf.hhs.gov/cb/training-technical-assistance/childrens-bureau-regional-program-managers>
- To identify your state's CBCAP lead agency, please see: <https://friendsncr.org/cbcap/state-assignments/>
- To view the Program Instruction, please see: https://www.acf.hhs.gov/cb/resource-library?f%5B0%5D=policy_guidance_type%3A1035
- For more information on the Supplemental CAPTA State Grants, please contact Gail Collins at Gail.Collins@acf.hhs.gov
- For more information on the Supplemental CBCAP grants, please contact Julie Fliss at Julie.Fliss@acf.hhs.gov





ADMINISTRATION FOR
CHILDREN & FAMILIES



**Updates and Opportunities for
Infant-Toddler Court Teams:
Early Childhood Funding in the
American Rescue Plan Act**

Thursday, October 7, 2021

Child Care Supplemental Discretionary Funds

- Includes \$14.99 billion in supplemental Discretionary CCDF funds. Awarded to States, Territories, and Tribes who can use funds for direct child care services, administration, and quality investments.
- Funds are available until September 30, 2024.
- Authorizes funds to be used to provide child care subsidies to essential workers, w/o regard to income.
- Provides child care assistance to working families with low incomes, while increasing the supply and quality of care.

Child Care Stabilization Grants

- Includes \$23.975 billion for child care stabilization grants that were awarded to States, Territories, and Tribes based on CCDBG formula.
- Funds are available to states, territories, and tribes until September 30, 2023.
- Lead Agencies may set-aside up to 10% of their award to:
 - administer funds,
 - provide TA and support for applying for and accessing subgrants,
 - publicize availability of the subgrants,
 - carry out activities to increase supply of child care, and
 - provide TA to help providers implement required policies and activities.

Child Care Stabilization Subgrants

- Lead Agencies must use the remaining funds (at least 90% of allocation) to provide subgrants to “qualified child care providers.”
- Defines “qualified child care providers” as eligible child care providers who were either open and available to provide child care services or closed due the COVID-19 public health emergency at the time of application.
- Subgrant amount based on provider’s stated current operating expenses, and, to the extent practicable, cover sufficient operating expenses to ensure continuous operations during the subgrant.

Eligible Child Care Provider

- Defines eligible child care provider as:
 - A. An eligible child care provider as defined in CCDBG, which include:
 - Center-based child care, group home child care, family child care, or other providers of child care services for compensation that-
 - Are licensed, regulated, or registered under State law; and,
 - Satisfy the State and local requirements, including health and safety requirements outlined in the CCDBG Act; or,
 - Child care providers that are 18 years of age or older who provide child care services only to eligible children to whom they are related.
 - B. A child care provider that is licensed, regulated, or registered in the State, Territory, or Indian Tribe on the date of enactment and meets applicable State and local health and safety requirements.

Child Care Provider Use of Funds

- Qualified child care providers receiving a subgrant must use funds for at least 1 of the following activities:
 - Personnel costs, benefits, premium pay, and recruitment and retention.
 - Rent or mortgage payments, utilities, facilities maintenance and improvements, or insurance.
 - PPE, cleaning and sanitation supplies and services, or training and professional development related to health and safety practices.
 - Purchases of or updates to equipment and supplies to respond to COVID-19.
 - Goods and services necessary to maintain or resume child care services.
 - Mental health supports for children and employees.
- Providers can also use funds to reimburse themselves for expenses incurred before enactment of ARPA.

Current status of Child Care ARPA funding

- Funding from both ARP funding streams was awarded to states, territories, and tribes on April 15, 2021.
- States, territories, and tribes are not required to submit implementation plans and are in various stages of implementation.
- OCC is tracking progress in posting the required applications for stabilization subgrants. This information is available here: <https://childcareta.acf.hhs.gov/state-and-territory-child-care-stabilization-grant-applications>

Potential Intersections and Opportunities for Partnership with Child Care

- There is not really any connection with the stabilization funds.
- Related to Supplemental funding, child welfare-involved families may be considered in need of protective services and may be eligible to receive child care subsidies based on that eligibility criteria.
- Suggest connecting with CCDF administrators. Link to their contact information is here:
<https://www.acf.hhs.gov/occ/contact-information/state-and-territory-child-care-and-development-fund-administrators>.

Head Start/Early Head Start ARPA Funds

- Approximately \$999 million was distributed through 1,600 awards issued directly to HS/EHS/EHS-CCP grantees, which includes approximately \$26 million for AIAN grantees and \$33 million for Migrant and Seasonal programs.
- Funds were distributed proportionate to each grantee's total federal funded enrollment levels.
- Awards were issued under a two year project period.

Head Start/Early Head Start Provider Use of Funds

- With ARP funding, programs have an opportunity to reach eligible children and families who did not enroll last year, or who did not engage in a full program year, due to the many uncertainties caused by the pandemic.
- Grantees are encouraged to prioritize programs for:
 - rising kindergartners,
 - children with disabilities,
 - children experiencing food or housing insecurity,
 - children that were not able to receive any in-person services this year, or
 - other areas determined by community needs.

HS/EHS Flexibility

- Grantees have flexibility to determine which one-time investments best support the needs of staff, children, and families. Proposed uses of funding include, but not limited to:
 - Reaching more families (enrollment and recruitment efforts, additional weeks of programming, family supports, meals and snacks not reimbursed by the USDA, transportation, internet access, etc.)
 - Getting facilities ready for in-person comprehensive services (new HVAC systems, outdoor learning spaces, cleaning supplies and services, renovations or space modifications, etc.)
 - Support for Head Start Employees (planning sessions, staff wellness and mental health support, hiring additional staff, professional development, vaccine support, etc.)

Preliminary Information and Connections

- OHS has yet to collect formal spend plan data from grantees; however, application data showed:
 - about a third of grantees indicated a use of ARP funding for the provision of summer 2021 programming, and
 - about 5% of grantees reported plans for using ARP funding to engage in facility related activities that includes purchase, construction, or major renovations.
- Questions about possible connections with infant-toddler court teams in each state should be addressed to Head Start State Collaboration Directors. (You can say that I sent you. 😊)

<https://eclkc.ohs.acf.hhs.gov/programs/head-start-collaboration-offices-state>

Research to Practice Resources: Infants & Toddlers



BabyTalks webinars
<https://eclkc.ohs.acf.hhs.gov/school-readiness/article/babytalks>



Research Notes &
Connecting at Home briefs
<https://eclkc.ohs.acf.hhs.gov/teaching-practices/article/connecting-research-practice-tips-working-infants-toddlers-their-families>



Early Essential vodcasts
<https://eclkc.ohs.acf.hhs.gov/school-readiness/article/early-essentials>

Preschool Development Grants Birth through Five (PDG B-5)

- ARPA funding was not available to the PDG B-5 Grantees because these grants are for system building and not direct services.
- PDG B-5 Grantees are focused on improving collaboration, coordination, and integration across state government agencies and partners.
- These grants also focus on creating or enhancing policies, practices, guidance, training, staff/provider competencies, data collection and integration, parent knowledge, meaningful parent engagement, improving existing partnerships, developing new partnerships, and sharing resources and lessons learned.

Potential Intersections and Opportunities for Partnership with PDG B-5

While PDG B-5 grants are state grants focused on state agency collaboration, it is important for the PDG B-5 project director and lead agency to be looking for potential intersections and opportunities for collaboration.

While I am not aware of existing examples of coordination by PDG B-5 with infant-toddler court teams, I will coordinate with HRSA and others to discuss possible connections going forward – starting with a focused presentation to the PDG B-5 project directors or appropriate members of their state leadership teams. (Other suggestions are welcome.)

Thank You!



- Richard Gonzales
- Director, Division of Interagency & Special Initiatives
- Project Manager, Preschool Development Grants Birth through Five (PDG B-5)
- DHHS/Administration for Children and Families/Office of Child Care
- Office: 202-401-5138/ Work Cell: 202-480-6897
- Email: richard.gonzales@acf.hhs.gov

OFFICE OF SPECIAL EDUCATION PROGRAMS

CHRISTY KAVULIC

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Office of Special Education Programs

- ▶ OSEP is dedicated to improving results for infants, toddlers, children, and youth with disabilities ages birth through 21 by providing leadership and financial support to assist states and local programs to provide comprehensive services under the Individuals with Disabilities Education Act (IDEA)

Part C of the IDEA

- ▶ Formula grants to States to implement statewide systems of early intervention services for infants and toddlers with disabilities and their families
- ▶ In 2019, 427,234 or 3.7 percent of all infants and toddlers nationally received IDEA services.
- ▶ *Fast Fact: Infants and Toddlers With Disabilities* takes a closer look at what IDEA 618 data tells us about infants and toddlers served under Part C

Part B, Section 619 of the IDEA

- ▶ Free appropriate public education in the least restrictive environment available to all children with disabilities ages three through five
- ▶ In 2019, 716,382 or approximately 5.94 percent of all preschool-age children nationally received IDEA services
- ▶ Fast Fact: Children 3 Through Five Served Under Part B, Section 619 takes a closer look at what IDEA 618 data tells us about preschool children served under Part B, Section 619

ARP Funding

- ▶ Part C of the IDEA: \$250 million
- ▶ Part B, Section 619 of the IDEA: \$200 million
- ▶ Part B, Section 611 of the IDEA: \$2.5 billion

ARP Funding

- ▶ IDEA ARP funds must be used consistently with the current IDEA statutory and regulatory requirements
- ▶ Funds are available for obligation by Part C lead agencies between July 1, 2021, and September 30, 2023, and must be liquidated by January 28, 2024

<https://www2.ed.gov/policy/speced/leg/arp/index.html>

<https://www2.ed.gov/policy/speced/leg/arp/arp-idea-fact-sheet.pdf>

IDEA Part C and CAPTA

► Part C of IDEA

- Requires states participating in Part C to refer for early intervention services any child under the age of 3 who is involved in a substantiated case of child abuse or neglect; or is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure ([Section 637\(a\)\(6\)\(A&B\)](#))

► Child Abuse Prevention and Treatment Act

- Requires states that receive CAPTA funds to develop provisions and procedures for the referral of a child under the age of three who is involved in a substantiated case of abuse or neglect to Early Intervention Services funded under Part C of IDEA.

<https://ectacenter.org/topics/earlyid/capta.asp>

<https://www.childwelfare.gov/pubs/partc/>

Early Childhood and Parent TA Centers

OSEP Early Childhood Technical Assistance Centers and the network of Parent Centers



The U.S. Department of Education's Office of Special Education Programs (OSEP) has funded national TA Centers to support state Part C & Part B 619 agencies and a network of parent centers to provide information and training to families of children with disabilities. The Centers are working to assist states, administrators, programs and families in enhancing outcomes for young children with disabilities and their families.

Center	Goal	Content Focus
 dasycenter.org	<p>Assist states to collect, report, and analyze high quality Part C and Part B Section 619 data by helping states build a strong data infrastructure and develop leaders to build a data culture with active stakeholder engagement. Also, support states to use data for program improvement and compliance accountability to improve results for children and families.</p> <p>To access TA, visit our website https://dasycenter.org or reach out to your DaSy state liaison https://dasycenter.org/resources/dasy-technical-assistance/state-technical-assistance-liaisons/</p> <p>Don't miss our virtual convening Improving Data, Improving Outcomes (IDIO), October 19–22, 2020.</p>	<p>Data leadership, data culture, data quality, data system design, data governance, privacy and confidentiality, data linkages including data sharing agreements</p>
 ecpcta.org	<p>Provide technical assistance and resources to assist state administrators, higher education faculty, practitioners and families to develop and implement components of a comprehensive system of personnel development (CSPD) to improve the quantity, quality and effectiveness of the early childhood intervention workforce for infants and young children with disabilities and their families.</p> <p>To access TA, visit our website https://ecpcta.org</p>	<p>Components of a CSPD: recruitment, personnel standards, preservice preparation, ongoing inservice training, evaluation and leadership, coordination and sustainability</p>
 ectacenter.org	<p>Assist in developing high-quality state early intervention and early childhood special education service systems, increasing local implementation of evidence-based practices, and enhancing outcomes for young children with disabilities and their families.</p> <p>To access TA, visit our website https://ectacenter.org/ or connect with your ECTA state contact https://ectacenter.org/contact/state-assignments.asp</p>	<p>State systems improvement, early childhood inclusion, system capacity to implement evidence-based practices, child and family outcomes measurement</p>
 challengingbehavior.org	<p>Provide technical assistance, training materials, data tools, and resources for the implementation of the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Pyramid Model) within early intervention and early education programs to promote positive social, emotional, and behavioral outcomes.</p> <p>To access TA, visit our website www.challengingbehavior.org</p>	<p>Social emotional outcomes, inclusion, behavior intervention, practice-based coaching, state implementation and scale-up, and equity</p>



About Parent Centers: Serving Families of Children with Disabilities

There are nearly 100 Parent Training and Information Centers (PTIs) and Community Parent Resource Centers (CPRCs) in the US and Territories.

These Centers perform a variety of direct services for children and youth with disabilities, families, professionals, and other organizations that support them.

Some of the Parent Centers' activities include:

- Working with families of infants, toddlers, children, and youth with disabilities, birth to 26
- Helping parents participate effectively in their children's education and development
- Partnering with professionals and policy-makers to improve outcomes for all children with disabilities

Find Your Parent Center

Visit the [Parent Center Locator page](#) to find PTIs and CPRCs in the network.



Parent Technical Assistance Centers (PTACs)

[Center for Parent Information and Resources \(CPRI\)](#) is the national central "Hub" of information and products created for the network of Parent Centers serving families of children with disabilities.

CPRI also houses the [Native American](#) and [Military Families](#) Resource Collections.

Learn more about Parent Centers at the CPRI website: <https://www.parentcenterhub.org/>

[Regional PTACs](#) work with the OSEP-funded network of Parent Centers.

Four (4) Regional Parent Technical Assistance Centers (RPTACs) help the OSEP-funded network of Parent Centers address administrative/management challenges and increase their capacities to provide information and training to families of children with disabilities.

[CLICK HERE](#) for US States and Territories served by each of the four Regional Parent Technical Assistance Centers and links to their websites.

Center for Parent Information and Resources is a program of the [SPAN Parent Advocacy Network](#).

For more information contact us via email at malizo@spanadvocacy.org.

<https://ectacenter.org/about/collaboration.asp>



Early Childhood Technical Assistance Center (ECTA)

► Hub of resources on IDEA and evidence-based practices

- Topics
 - Part C of IDEA
 - Early identification and child find
 - Screening
 - Service coordination under Part C
 - Procedure safeguards

<https://ectacenter.org/sitemap.asp>



► Contact information for IDEA Part C programs

<https://ectacenter.org/contact/ptccoord.asp>

Partnering to Support Families of Children with Disabilities

► Parent Training and Information Center

- Work with families of infants, toddlers, children and youth with disabilities, birth to 26 to understand their rights under IDEA and help parents effectively participate in their child's services and education
- Find your parent center: <https://www.parentcenterhub.org/find-your-center/>



ED/OSEP Guidance and Resources

- ▶ **U.S. Department of Education**

<https://www.ed.gov>

- ▶ **Office of Special Education (OSEP)**

<https://www2.ed.gov/about/offices/list/osep/index.html>

- ▶ **Individuals with Disabilities Education Act**

<https://sites.ed.gov/idea/>

- ▶ **Newsletters**

<https://www2.ed.gov/about/inits/ed/earlylearning/newsletter.html>



ZERO to THREE
Early connections last a lifetime

Opportunities for Infant-Toddler Court Teams

ZERO TO THREE National Infant-Toddler Court Program (ITCP)

Torey Silloway: tsilloway@zerotothree.org

Jaclyn Szrom: jszrom@zerotothree.org

Chat Question: **Sustainability**



**What does sustainability mean in
your work?**

Sustainability For Infant-Toddler Court Teams



Creating a common vision that drives system change and improvement efforts and includes sustaining culture, behavior, policy, and practice changes that better meet the needs of infants, toddlers, and their families.

Collaboration to strengthen existing relationships, identify and engage new stakeholders, and cultivate champions who believe in and are invested in the approach;

Resources, including personnel, services, space, and tangible goods that can support children and families and allow for professionals and administrators to carry out their work effectively;

Financing, including strategies to access federal, state, local and/or private funding needed to achieve the desired results for children and families; and

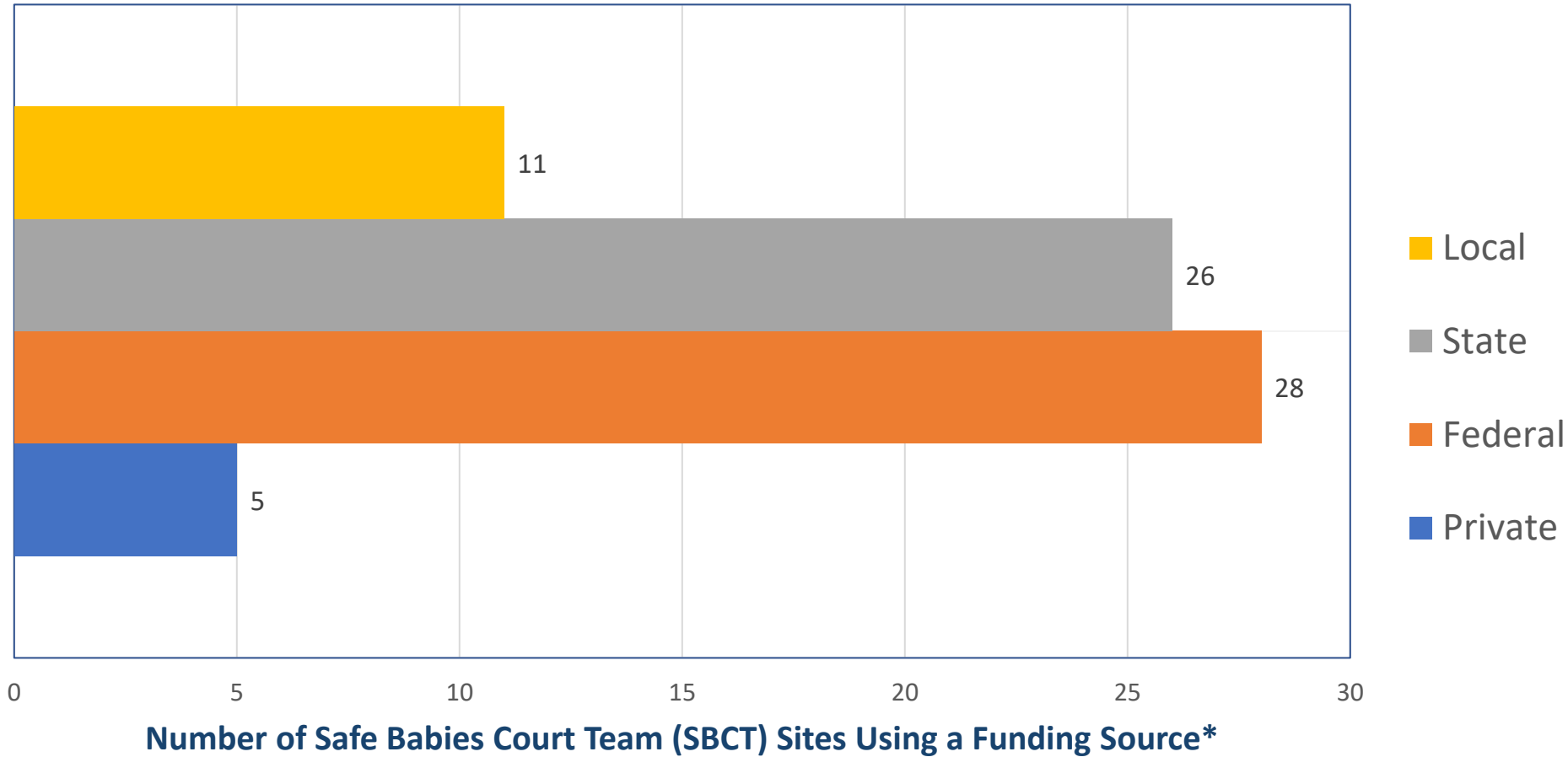
Policy, including implementation of legislation and/or regulations that can help solidify broader changes to local and state child welfare systems.

Chat Question: **Sustainability**



**What is the main challenge
in sustainability
that your team is currently facing?**

Infant-Toddler Court Teams Use A Mix Of Funding Types



Infant-Toddler Court Teams Access A Variety Of Federal Funding



- Child Care and Development Block Grant (CCDBG) Infant-Toddler Set-Aside
- Court Improvement Program (CIP)
- Opioid Affected Youth Initiative
- Social Services Block Grant (SSBG)
- System of Care (SOC) Expansion and Sustainability Grants
- Temporary Assistance for Needy Families (TANF)
- Title IV-B of the Social Security Act
- Victims of Crime Act (VOCA)

Chat Question: **Financing**



What federal funding sources do you think could potentially support the work of the infant-toddler court team in your state?

NEW From The ITCP: A Federal Funding Guide



- Serves as a starting point for Infant-Toddler Court Teams and their partners at both the community and state level
- Guides teams in identifying potential federal funding sources that might be accessible for supporting:
 - Components of the Safe Babies Court Team™ approach
 - Services for infants, toddlers, and families
- www.zerotothree.org/federal-funding-guide



The Guide Can Be Used For Three Key Purposes



1. Engage with state and local agencies that receive funding to discuss potential areas of alignment to support Infant-Toddler Court Team operations and/or services for families.
2. Collaborate with organizations to make service or system changes to increase families' access to services that are supported through a funding source.
3. Apply for funding directly or in collaboration with community or state partners.



The Guide Provides An Overview Of 30 Federal Funding Sources



1. Child Abuse Prevention and Treatment Act (CAPTA)
2. Child Care and Development Block Grant (CCDBG)
3. Children's Health Insurance Program (CHIP)
4. Community Mental Health Services Block Grant (MHBG)
5. Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SOC)
6. Court Improvement Program (CIP)
7. Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three Program
8. Early Head Start (EHS)
9. Family Drug Court Program
10. Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts
11. Healthy Start
12. Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
13. Medicaid
14. Opioid Affected Youth Initiative
15. Part C of the Individuals with Disabilities Education Improvement Act

The Guide Provides An Overview Of 30 Federal Funding Sources



16. Pediatric Mental Health Care Access Program
17. Preschool Development Grant Birth Through Five (PDG B–5)
18. Regional Partnership Grants
19. Social Services Block Grant (SSBG)
20. Special Supplemental Nutrition Program for Women Infants, and Children (WIC)
21. State Opioid Response Grant (SOR)
22. Substance Abuse Prevention and Treatment Block Grant (SABG)
23. Supplemental Nutrition Assistance Program (SNAP)
24. SUPPORT Act Demonstration Project
25. Temporary Assistance for Needy Families (TANF)
26. Title IV-B of the Social Security Act: Subpart 1 and Subpart 2
27. Title IV-E of the Social Security Act
28. Title IV-E Prevention Services: Family First Act
29. Title V Maternal and Child Health (MCH) Services Block
30. Victims of Crime Act (VOCA) Crime Victims Fund

Highlight Of Federal Funding Sources For Infant-Toddler Court Teams



- **Federal Funding Sources That Highly Align With the Core Components of the Safe Babies Court Team Approach:**
 - Child Abuse Prevention and Treatment Act (CAPTA)
 - Court Improvement Program (CIP)
 - Early Head Start (EHS)
 - Family Drug Court Program
 - Family Treatment Drug Courts
 - Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
 - Regional Partnership Grant
 - Social Services Block Grant (SSBG)
 - Title IV-B
 - Title V Maternal and Child Health (MCH) Services Block Grant

Analysis of Federal Funding Sources for Infant-Toddler Court Teams

- ✓ The guide identifies 10 funding sources that highly align with [the core components of the SBCT approach](#), including The Child Abuse Prevention and Treatment Act (CAPTA); Court Improvement Program (CIP); EHS; Family Drug Court Program; Family Treatment Drug Courts; Maternal, Infant, and Early Childhood Home Visiting (MIECHV); Regional Partnership Grant; SSBG; Title IV-B; and MCH Block Grant. Seventeen funding sources are rated as medium alignment and three as having low alignment with the SBCT approach.
- ✓ The guide identifies three funding sources where flexibility was rated as high: Two block grants — the MCH Block Grant and SSBG — and the Preschool Development Grant Birth Through Five (PDG B-5). The guide also identifies 24 funding sources as having medium flexibility and three as having low flexibility.

Appendix E: SUPPORTIVE SERVICES AND COURT TEAM FUNCTIONS



FUNDING SOURCE	SERVICES								SBCT FUNCTIONS		
	Basic Needs	Physical Health	Infant and Early Childhood Mental Health	Early Care and Education	Early Intervention	Home Visiting	Adult Mental Health	Substance Use Prevention and Treatment	Community Coordinator	Multidisciplinary Trainings	Data Collection and Continuous Quality Improvement
Part C of the Individuals with Disabilities Education Improvement Act	●	●	●	●	●	●	●	●	●	●	●
Pediatric Mental Health Care Access Program	●	●	●	●	●	●	●	●	●	●	●
Preschool Development Grant Birth through Five (PDG B-5)	●	●	●	●	●	●	●	●	●	●	●
Regional Partnership Grant	●	●	●	●	●	●	●	●	●	●	●
Social Services Block Grant (SSBG)	●	●	●	●	●	●	●	●	●	●	●
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	●	●	●	●	●	●	●	●	●	●	●
State Opioid Response Grant (SOR)	●	●	●	●	●	●	●	●	●	●	●
Substance Abuse Prevention and Treatment Block Grant (SABG)	●	●	●	●	●	●	●	●	●	●	●
Supplemental Nutrition Assistance Program (SNAP)	●	●	●	●	●	●	●	●	●	●	●
SUPPORT Act Demonstration Project to Increase Substance Use Provider Capacity	●	●	●	●	●	●	●	●	●	●	●
Temporary Assistance for Needy Families (TANF)	●	●	●	●	●	●	●	●	●	●	●

Example: CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)



1

Child Abuse Prevention and Treatment Act (CAPTA)

U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau

Where to Begin:

[About CAPTA](#)

Who to Contact in Your State:

[State Child Welfare Agencies](#)

[State CBCAP Contact](#)

Relevant Resources:

[CAPTA Legislative History 2019](#)

[CAPTA Amendments from the SUPPORT Act](#)

[Comprehensive Addiction and Recovery Act of 2016](#)

OVERVIEW

FUNDING: CAPTA provides formula grants to states for child abuse prevention and treatment programs; and discretionary grants to public and private agencies. In FY2021, CAPTA appropriated funding across the four funding streams totaled \$186M.^{iv}

ELIGIBILITY: There are no family-specific eligibility requirements.

SUMMARY: CAPTA provides federal funding and technical assistance to assist states in meeting their responsibilities for prevention and intervention in cases of child abuse and neglect and improving their child protective service systems; supporting research on the causes, prevention, and treatment of child abuse and neglect and the development and implementation of evidence-based training programs; and developing, operating, expanding and enhancing community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect.

CAPTA requires states receiving funds to develop provisions and procedures for the referral of a child under the age of three who is involved in a substantiated case of abuse or neglect to Early Intervention services funded under Part C of IDEA.

The CAPTA Reauthorization Act of 2010 made further changes related to prenatal exposure issues to include identification of infants affected by Fetal Alcohol Spectrum Disorder (FASD) and a requirement for the development of Plans of Safe Care for infants affected by illegal substance abuse or withdrawal symptoms, or FASD.^v

Example: CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)



Child Abuse Prevention and Treatment Act (CAPTA)

SERVICES

Flexibility
of Funds

MEDIUM

Services at a Glance

Click on an icon, or see Appendix B, for explanations of these service areas.



BASIC NEEDS



PHYSICAL
HEALTH



INFANT AND EARLY
CHILDHOOD
MENTAL HEALTH



EARLY CARE AND
EDUCATION



EARLY
INTERVENTION



HOME VISITING



ADULT MENTAL
HEALTH



SUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

CAPTA includes four funding streams covering the following areas:

1. **CAPTA State Grants:** Formula grants provided to states for the purpose of improving its child protective services system. Used for an array of activities including: mandatory reporting of child maltreatment; intake, assessment, screening, and investigations; improving use of multidisciplinary teams; ongoing case management; risk and safety assessment tools; data and tracking; training; implementing research-based strategies; enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level; and enhancing interagency collaboration between the child protection system and the juvenile justice system, among public health and community-based agencies, and domestic violence services.^{vi}
2. **Child Abuse Discretionary Activities:** Includes competitive research and demonstration grants, contracts to public and private agencies and the provision of technical assistance to states regarding prevention and treatment of child abuse and neglect.
3. **Children's Justice Act Grants:** States who receive funding must have established a multidisciplinary task force on children's justice to support the investigation, assessment and prosecution of child abuse and neglect, with particular emphasis on sexual abuse, child fatalities caused by maltreatment and abuse of children with disabilities or serious health disorders.

Example: CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)



Child Abuse Prevention and Treatment Act (CAPTA)

INFANT-TODDLER COURT TEAMS

Alignment with
SBCT Approach

HIGH

SBCT Functions at a Glance

Click on an icon, or see Appendix C, for explanations of these SBCT Functions.



COMMUNITY
COORDINATOR



MULTIDISCIPLINARY
TRAININGS



DATA COLLECTION AND
CONTINUOUS QUALITY
IMPROVEMENT

Relevance for Infant-Toddler Court Teams

Funding under CAPTA could potentially cover a range of activities aligned with the SBCT approach, including:

1. **Community Coordinator (Core Component 2):** CAPTA State Grants focus on enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals. The community coordinator serves as facilitator of real-time information sharing and collaboration among the cross-sector professionals working to support the child and family, including the Family Team and the Active Community Team.
2. **Multidisciplinary Trainings:** CAPTA's focus on training in early childhood development; training on research-based strategies to promote collaboration with families; and training and workforce development to improve the skills, qualifications and availability of individuals providing services to children and families through the child protection system is also aligned with the SBCT approach. In an Infant-Toddler Court Team, the community coordinator identifies training needs and facilitates the provision of training for community stakeholders on best practices, effective services, and ensuring a trauma-responsive approach to child welfare.
3. **Judicial and Child Welfare Leadership (Core Component 2):** In the SBCT approach, the Judge and Child Welfare decisionmakers develop partnerships and modeling cross-

Example: MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM



12

Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)

U.S. Department of Health and Human Services, Health Resources and Services Administration, in partnership with The Administration for Children and Families

Where to Begin:

[Overview](#)

Who to Contact in Your State:

[MIECHV Awardees FY 2019](#)

[Tribal Home Visiting Grantees](#)

Relevant Resources:

[State Factsheets](#)

[Home Visiting Evidence of Effectiveness](#)

[Home Visiting Overview](#)

[Tribal Home Visiting](#)

OVERVIEW

FUNDING: Funding for MIECHV is provided as a formula grant to states, territories, and certain nonprofit organizations. In FY2020, up to \$342M is available for awards to the 56 eligible entities that currently receive FY2019 formula funding to continue to deliver coordinated, comprehensive, high-quality, and voluntary early childhood home visiting services to eligible families.¹ The Tribal Home Visiting program is funded by a 3% set-aside from the larger MIECHV program. Tribal Home Visiting grants are awarded to Indian tribes, consortia of tribes, tribal organizations, and urban Indian organizations.

ELIGIBILITY: An eligible family includes (1) a pregnant woman and/or father to-be; (2) a parent or primary caregiver of a child; or (3) a noncustodial parent who has an ongoing relationship with, and at times provides physical care for, the child from birth to entry into kindergarten. Jurisdictions must prioritize eligible families who have certain risk factors, such as low-income families and families with a history of child abuse and neglect.

SUMMARY: Established in 2010, MIECHV is the primary federal program that focuses on home visiting. MIECHV supports home visiting for pregnant women and parents with children up to kindergarten entry living in at-risk communities, providing federal funds to states and tribal entities to support voluntary, evidence-based, home visiting services. States are supported in intensifying state efforts to create strong systems of services that use public resources efficiently and meet families' needs more effectively.

The Tribal MIECHV program provides grants to tribal organizations to develop, implement, and evaluate home visiting programs in American

Example: MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM



Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)

SERVICES

Flexibility
of Funds

MEDIUM

Services at a Glance

Click on an icon, or see Appendix B, for explanations of these service areas.



BASIC NEEDS



PHYSICAL
HEALTH



INFANT AND EARLY
CHILDHOOD
MENTAL HEALTH



EARLY CARE AND
EDUCATION



EARLY
INTERVENTION



HOME VISITING



ADULT MENTAL
HEALTH



SUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

States and territories must spend the majority of funds to implement evidence-based home visiting programs. Up to 25% of a state's funding is available to implement promising approaches that will undergo rigorous evaluation. Home visitors evaluate families' strengths and needs and provide a variety of services tailored to their needs, including:ⁱⁱⁱ

- Teaching positive parenting skills and parent-child interactions;
- Promoting early learning in the home, with an emphasis on strong communication between parents and children;
- Providing information and guidance on a wide range of topics including breastfeeding, safe sleep practices, injury prevention and nutrition;
- Supporting timely well-child visits, as well as postpartum visits with a healthcare provider for mothers;
- Conducting screenings and providing referrals to address postpartum depression, substance abuse and family violence;
- Screening children for developmental delays and facilitating early diagnosis

Example: MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM



Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)

INFANT-TODDLER COURT TEAMS

Alignment with
SBCT Approach

HIGH

SBCT Functions at a Glance

Click on an icon, or see Appendix C, for explanations of these SBCT Functions.



COMMUNITY
COORDINATOR



MULTIDISCIPLINARY
TRAININGS



DATA COLLECTION AND
CONTINUOUS QUALITY
IMPROVEMENT

Relevance for Infant-Toddler Court Teams

With a strong role in enhancing and helping intensify state efforts to create strong systems of services that use public resources efficiently and meet families' needs more effectively, MIECHV has a high alignment with the SBCT approach. The required goals for MIECHV grantees also align closely with the SBCT approach: improve maternal and child health; prevent child abuse and neglect; encourage positive parenting; and promote child development and school readiness. In FY2019, 20% of new enrolled households in MIECHV reported a history of child abuse and maltreatment, and 14% of new enrolled households reported substance abuse.^{iv}

One of the key strategies for integrating home visiting into a comprehensive early childhood system under MIECHV is identification, screening, and referral. Analysis of SBCT data revealed that for over 40% of children in court teams, early intervention (including occupational therapy, physical therapy, speech therapy and early intervention education services) was identified among needed services.^{vi} About 85% of children identified as in need of early intervention had their first appointment within 60 days of court order.^{vi}

Funding under MIECHV could potentially cover a range of activities aligned with the SBCT approach, including:

- **Continuum of Services for Children and Families (Core Component 5):** Infant-Toddler Court Teams ensure assessment-driven needs identification and timely referral to services and supports for parents and children. Eligible families in Infant-Toddler Court Teams can be connected to MIECHV services to support families remaining at home or timely reunification. Performance outcome measure from grantees reveal that 82 percent of MIECHV caregivers were screened for depression within three months of enrollment or three months of delivery in FY 2019, an increase from 75% in FY 2017 and 78% in FY 2018.

Chat Question: **Collaboration**



What opportunities exist to build partnerships with other organizations that could help strengthen your work at the state or local level?

Relevant Resources



- ✓ **Supporting Sustainability for Infant-Toddler Court Teams: A Federal Funding Guide**
www.zerotothree.org/federal-funding-guide
- ✓ **Seizing the Moment: Child Care and Early Childhood Cross-Sector Partnership Opportunities Through the American Rescue Plan.** Resources including the webinar, a resource summary document, and slides are available here: https://occ-cmc.org/6-15-21_ARP-Partnerships/
- ✓ **State Scan of Initiatives Aligned with Infant-Toddler Court Teams**
Please email jszrom@zerotothree.org for a copy of the fillable Word document
- ✓ **BUILD Initiative, Supporting Prenatal-to-Three with Federal Relief Funds, July 2021**
<https://buildinitiative.org/resource-library/supporting-prenatal-to-three-with-federal-relief-funds/>
- ✓ **Braiding Federal Funding to Expand Access to Quality Early Care and Education and Early Childhood Supports and Services: A Tool for States and Local Communities**
<https://aspe.hhs.gov/reports/early-childhood-braiding>
- ✓ **What's in the American Rescue Plan for Babies, ZERO TO THREE**
<https://www.zerotothree.org/resources/3969-what-s-in-the-american-rescue-plan-for-babies>

Chat Question: Questions for Follow-Up



**Is there anything you didn't hear
about today that you would
like to know?**