What's in the American Rescue Plan Act for Infants, Toddlers, and their Families
Q&A

The following are responses to questions posted in the Q&A during the ZERO TO THREE/CLASP Webinar: *What's in the American Rescue Plan Act for Infants, Toddlers, and their Families* that were not answered during the time allotted:

Will the mental health and substance abuse funds be directed to CSB's?
According to SAMHSA, state mental health authorities and single state agencies *only* can submit applications through their electronic application system to apply for substance abuse prevention and treatment funding. Though, state agencies and state mental health authorities are encouraged to target block grant funds to sub-recipients (e.g., sub-recipients could be community- and faith- based organizations as well as administrative services organizations/intermediaries) that can provide prevention activities and treatment services for individuals with young children. I'd encourage you to reach out to your state's lead mental health agency administering the substance abuse prevention and treatment block grant funding to explore possibilities.

All of this additional federal funding and resources are great. How do we ensure that U.S. citizen children living with undocumented parents (mixed-status families) are benefitting from these investments? Although federal law states that eligibility for the CCDF child-care subsidy can not be based on the immigration status of the parents (since the child is the primary beneficiary), states have flexibility in their eligibility process and procedures. States put barriers in place such as proving work authorization or evidence that wages were obtained legally. How can we ensure that these vulnerable children who live in communities that have been disproportionately negatively affected by the pandemic benefit from these vital CCDF funds?
Because the CCDF eligibility is based on the child's status, most states do not ask for evidence of the parent's status beyond proof of employment, so the first step is to work with policymakers to eliminate those barriers in the states that have them since they are not consistent with the intent of the federal law. Beyond that, states can use their ARPA funds for grants to all eligible providers, regardless of who they are serving in their programs, and can target grant funds to providers in communities with high numbers of mixed status families, or target funds to providers serving a high proportion of children living in mixed status households. In addition, the CCDBG subsidy dollars included in ARPA can be used to support care for children of parents who are essential workers regardless of income, so separate (and less obstructive) eligibility processes can be established for essential workers, which may benefit some mixed status families.

I am a Registered Play therapist in Alabama and specialize in mental health therapy for children beginning when the mother is pregnant. So, I am looking for the IECHMH funding.
To learn more about IECMHC opportunities in Alabama, contact Alabama Partnership for Children (APC) at https://alabamapartnershipforchildren.org. APC is a nonprofit organization in Montgomery, AL, that houses Alabama's Association for Infant and Early Childhood Mental Health, First 5 Alabama®. Visit First 5 Alabama® at https://www.first5alabama.org to learn more. APC or F5A will often post/provide via social media or their newsletter information on grants and funding opportunities for IECMHC. I also encourage you to partner with them or inquire about their pursuit of federal funding opportunities related to IECMH, such as these: https://www.samhsa.gov/grants/grant-announcements/sm-18-018.

Can you mention that the $100 million in CAPTA funding for Title I state grants can also support the implementation that part of CAPTA that addresses infants affected by prenatal substance exposure and their affected family or caregiver, including the implementation of Plans of Safe Care?
CAPTA Title I state grants can be used to support the implementation of the requirements around infants affected by prenatal substance abuse, including the Plans of Safe Care, so these additional funds should be available for that purpose. The Children's Bureau is developing guidance on the funding.

Can the panel speak to any PD or teacher preparation and training inits. they plan to use ARPA money for to build back/up the supply and deepen the existing expertise? any that focus on the I/T workforce?
Discretionary or mandatory CCDBG subsidy funds in ARPA can be used to support required training, or professional development activities. Under the public health emergency rules and the ARPA language, the $15 billion in discretionary subsidy funds are extremely flexible and can be used to support professional development and quality improvement activities, in addition to providing assistance to families. The $600m in mandatory CCDBG funds also fall under the public health emergency rules, as long as an emergency is in place, but beyond that the regular quality set-aside will apply, and states can use their quality funds to support professional development and training. Finally, states can use up to 10% of their ARPA stabilization grant funds on administrative costs that include supply building. To the extent that professional development and training is required to increase the number of qualified staff, those funds can support that use. In all of these cases, funds can be targeted to increase the number of educators qualified to provide care for infants and toddlers, or any other subgroup of children.

Anyone considering compensation approaches that are more long term than one time wage enhancements?
Compensation, including wages and benefits, can be supported with CCDBG funds or stabilization grant funds, within the limits of each type of funding. Within that context, several states are exploring a variety of compensation models.
CCDBG funding under current rules and the language of ARPA are very flexible and can be used for direct grants to educators or providers/programs with requirements around use for compensation, increased payment rates that include increased compensation, or enhanced bonuses tied to the pandemic, qualifications, or other factors. In addition, the smaller pot of mandatory CCDBG funds included in ARPA are ongoing funds (not one-time) and can support some part of a long-term compensation model.

Stability funds must be distributed as grants to providers/programs, and the language emphasizes compensation in the allowable uses (Section 2202, paragraph (e)(1)(A)) and the certifications required in the application process (paragraph (d)(2)(D)(II)), where it states that programs receiving funds must not reduce compensation ("will pay not less than the full compensation").

Expenses covered by stabilization grants must be based on "provider's stated current operating expenses, including costs associated with providing or preparing to provide child care services during the COVID–19 public health emergency," so improved compensation must be reflected in those expenses in order to be an allowable expense.

What is the time line for spending or allocating IDEA Part C funds for Early Intervention services? The IDEA Part C funding in ARPA is appropriated for Fiscal Year 2021, which ends September 30, 2021.

I have a very specific question/scenario (mothers and their children in shelters). If a mother has no income/doesn't work, and lives in a homeless shelter, would she be able to collect a CTC payment?- Yes, she would be able to collect the CTC payment as long as she files a tax return, and as long as her children have Social Security Numbers. Once she files a 2020 tax return and claims the children on the return, she can anticipate receiving the payments from the IRS beginning in July 2021. Even if someone has no income, they can still be eligible for the full CTC payment. That being said, everyone's circumstances are unique, and I encourage her to seek free tax preparer support in filing her return.