

The American Rescue Plan Act: Frequently Asked Questions on the CAPTA and MIECHV Provisions

FAQs on our website [here](#)

This resource was developed to provide information on the pandemic relief measure, the [American Rescue Plan Act of 2021](#), specifically the provisions related to emergency funding for the [Child Abuse Prevention and Treatment Act \(CAPTA\)](#) and the [Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\)](#) program. Prevent Child Abuse America is committed to helping states understand the complexities of these funds and the opportunity to utilize this new funding at the state and local levels to support families.

For further information or with questions, please contact [Marissa Morabito](#), Chief Government Affairs & Policy Officer.

1. What is the status of the American Rescue Plan Act of 2021?

On March 11, 2021 the \$1.9 trillion pandemic relief measure, the American Rescue Plan Act of 2021, was signed into law.

One-time emergency funding in the legislation includes:

- \$150 million for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, which will allow for virtual home visits, technology for parents, grocery cards, and the purchase of diapers and wipes.
- \$250 million in total Community Based Child Abuse Prevention (CBCAP) funding divided among all 50 states for community-based services to create environments where families get the support they need, including parent support programs such as Healthy Families America, family resource centers, and coordination and connection with mental health, substance use, and domestic violence services. This historic investment in CBCAP represents a 400% increase.
- Essential unemployment benefits to the millions of people who lost their jobs, rent and utility assistance, \$1,400 in direct payments, and expansion of the Child Tax Credit to \$3,000 per child, and \$3600 for children under age 6.

✿ Child Abuse Prevention and Treatment Act Provisions

2. What provision in the Rescue Plan Act is related to the Child Abuse Prevention and Treatment Act?

The CAPTA section of the bill helps prevent and respond to child abuse and neglect by providing \$350 million in additional emergency funding. Specifically, \$100 million for Title I and \$250 million for CBCAP Title II available through September 30, 2023.

The legislation:

- Appropriates \$250,000,000 to the Secretary of Health and Human Services for fiscal year 2021, to carrying out Title II of the Child Abuse Prevention and Treatment Act ([42 U.S.C. 5116](#) et seq.) to remain available through September 30, 2023.
- Designates 100% of the funds be allocated proportionately among states **based on the number of children under age 18 residing in each state** except that no state shall receive less than \$200,000. *The calculation of the portion of a state's award of the formula will be computed by the Administration for Children, Youth, and Families, using the most current population data provided by the Bureau of the Census, Department of Commerce.*
- **Waives the match requirements** and 70/30 leveraged funds formula required under current law. Under normal, non-emergency basis, 70% of the funds are allotted proportionately among the states based on the number of children under age 18 residing in each state and 30% of the total allotment to states is based on the leveraging of non-federal funds (private, state, or other non-federal funds leveraged). The legislation also waives the requirement that each state must provide a cash match of 20% in non-Federal funding of the total allotment.

3. What are Community-Based Child Abuse Prevention (CBCAP) programs?

CBCAP programs were established by Title II of the Child Abuse Prevention and Treatment Act (CAPTA). The purpose of the [CBCAP program](#) is to:

- Support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect.

- Foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

4. What activities are authorized under CBCAP?

CBCAP programs are authorized to fund child abuse prevention programs in their service area that provide a multitude of services and supports. These services and programs can:

- Provide 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 needs of families with children with disabilities through respite or other activities
- Provide referrals for early health and development services
- Demonstrate a commitment to parent involvement in the planning and program implementation of the lead agency and local programs funded under CBCAP

On the ground, this could include providing vital supports to families, including voluntary evidence-based home visiting services, community-based parent support programs, early childhood and child care programs, family resource centers, and coordination and connection with mental health, substance use, and domestic violence services, among others. Find out more [here](#).

5. How will CBCAP funds be distributed?

Funds would be distributed on a formula basis based on child population as currently proposed. Of total allotment, 1% is set aside to fund Indian tribes/tribal organizations and migrant programs and an additional amount is set aside for continued funding for a National Center for CBCAP, technical assistance, and continued funding for program support.

The remainder of the funds are distributed to states and territories under a formula grant where 100% of the funds will be allocated to states based on the number of children under age 18 residing in each state except that no state shall receive less than \$200,000. The calculation of the portion of a state's award of the formula will be computed by the Administration for Children, Youth, and Families, using the most current population data provided by the Bureau of the Census, Department of Commerce. **Health and Human**

Services will distribute funding to the CBCAP state lead agency who is responsible for the administration of funds and oversight of the CBCAP program. To view a listing of the currently designated state lead agencies by state, [click here](#).

6. When will funds be received?

Based on what we know from past stimulus legislation, once funds are received by the Secretary of Health and Human Services, funds could be distributed to states **within 6-8 weeks** thereafter.

7. Will my State see an increase in CBCAP funds?

With \$250 million EVERY state would see significant increases in CBCAP grant amounts. These emergency funds would also be on top of the current annual CBCAP grant amounts. However, please remember, this is **one-time emergency funding** and not a long-term sustainable use of funds. Current annual appropriations for CBCAP in FY 21 is \$60 million. To see a breakdown of each states' award, click [here](#) or see the table in Appendix A.

8. Who manages the CBCAP program at the Federal Level?

The Office on Child Abuse and Neglect (OCAN) at the [Children's Bureau](#), Administration for Children and Families, Health and Human Services is responsible for overseeing and managing the CBCAP program. OCAN provides support to the state lead agencies through many avenues which include the provision of funds to the National Center on CBCAP or FRIENDS which is available to provide training and technical assistance to lead agencies on the requirements of the program. In addition, OCAN staff work closely with the ACF Regional Office staff who also provide a secondary review of the State applications and reports.

9. Who manages the CBCAP program at the State Level?

The CBCAP Program is managed by a state lead agency in all 50 States, Washington, D.C. and Puerto Rico. The Governor designates a lead entity to administer the funds for the implementation of community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. To view a listing of the currently designated state lead agencies by state, [click here](#).

10. How do states apply for CBCAP funding?

Typically, the Governor in each state designates a lead entity to administer the funds for the implementation of community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. Once designated, State lead agencies must then submit an application for funding annually. The instructions for this application are included in a [Program Instruction](#) (PI) that is released in the spring of each year.

11. What can I do now regarding the CBCAP emergency funding?

The CBCAP state lead agency is responsible for the administration of funds and oversight of the Community-Based Child Abuse Prevention program. It might be a good time to touch base with your CBCAP state lead agency. To view a listing of the current designated state lead agencies by state [click here](#). If you are a current grantee, you can be thinking of ways to spend increased funding including addressing unmet need or previous projects that were not funded. We encourage States to engage stakeholders early. Given the suddenness and large sums being distributed, it is important to plan carefully for the expenditure of these dollars. The deadline to spend the funds is not until September 30, 2023, and it may be better to proceed cautiously, particularly since this timeframe provides a full 29 months to spread out the funding.

State lead agencies will need to follow HHS guidance from a forthcoming funding opportunity and/or notice of award for how funds may be spent before allocating new funding out into contracts. State lead agencies will likely need to provide at least an updated budget, and potentially the inventory and description of the services provided to families by local programs that meet [identified community needs](#), including core and optional services as described in section 202 of CBCAP. They will also need to demonstrate (through contracts, interagency agreements and other means) the effective development, operation and potential expansion of community-based and prevention-focused programs and activities that meets the requirements of the CBCAP program.

State lead agencies will have a lot of discretion in spending and planning of the emergency funding. We encourage State lead agencies to work with a diverse set of state-level and community-level child-serving entities and systems to maximize prevention efforts. **It is unclear whether entities and current grantees will need to apply for funding, submit letters of interest or if official Requests for Application will be sent out, most State lead agencies have discretion on the process.**

Key considerations for the state lead agency and grantees is that **this is one-time emergency funding** and will not be a sustainable source of future funding. States want to be cautious not to create funding and service cliffs.

✦ **Maternal, Infant, and Early Childhood Home Visiting Provisions**

12. What provisions of the Rescue Plan Act are related to the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program?

The MIECHV section of the bill provides \$150 million in additional emergency funding to federal home visiting programs and provides rules for its use. The funds will remain available through the end of fiscal year 2022 (September 30, 2022). Read the one-page bill language related to MIECHV [here](#).

The allowable uses of the funds include:

- Serving families with home visits, whether in person or virtually.
- Staff costs associated with home visits (including hazard pay). Training for home visitors on virtual home visits, emergency preparedness, and domestic violence.
- Helping enrolled families acquire technology needed to conduct a virtual home visit, including WiFi access or cell phone minutes.
- Providing emergency supplies to enrolled families, including formula, food, water, hand soap and sanitizer, diapers and diapering supplies.
- Coordinating with and providing reimbursement to diaper banks when using them to provide emergency supplies.
- Providing prepaid grocery cards to eligible families.

13. Who is eligible for funding?

The bill language specifies to receive funding, entities must be operating a MIECHV home visiting program, consent to amendment of their existing grants or contracts, agree not to reduce staffing levels during the pandemic, and, if they choose to provide diapering supplies during the emergency, coordinate with diaper banks operating in their service areas, to the extent practicable.

14. How will funds be administered?

Official guidance from the Health Resources & Services Administration (HRSA) will determine the formula for how funds will be distributed. However, anticipate the emergency MIECHV dollars will be distributed through the same formula that is used for each state's regular yearly MIECHV funding allotment. After federal funds are distributed to each state, in approximately 6-8 weeks from when the bill was signed into law, the state MIECHV leads will then distribute this funding locally within the state.

HHS is required to reserve 3% of the annual MIECHV program appropriation for Indian tribal entities and another 3% for training, technical assistance and evaluations. HHS has distributed MIECHV funding based on a formula that accounts for poverty and based on a competitive award process. To view your state's 2020 MIECHV program funding award, please click [here](#) or see the table in Appendix B.

In FY 2020, the formula consisted of up to \$342 million awarded to 56 eligible entities that received FY 2019 MIECHV formula funding to continue to deliver coordinated, comprehensive, high-quality, and voluntary early childhood home visiting services to eligible families. The following formula was applied to FY 2020 funding available to states, nonprofit organizations, and territories:

- **Need Funding**—Approximately one-third of the grant allocation available under this funding opportunity will be distributed based on the proportion of children under 5 living in poverty as calculated by the Census Bureau's Small Area Income and Poverty Estimates (SAIPE). 2018 SAIPE data will be used to the extent available, and these data may vary from previous year's SAIPE data. The Puerto Rico Community Survey (PRCS) data will be used as a proxy to determine need funding for Puerto Rico. There is a \$1.0 million minimum need-based award for recipients.
- **Base Funding**—Approximately two-thirds of the grant allocation available under this funding opportunity is proportionally distributed based on each recipient's base funding portion of the FY 2019 formula grant award ceiling amounts.
- **Guard Rails**—In an effort to maintain stability, the total amount for which an applicant may apply will be adjusted, where appropriate, to ensure that any available recipient funding does not fluctuate by more than 7.5% from the prior year award.

15. What are the considerations for state MIECHV administrators?

While it is encouraging to have the federal government support home visiting in this latest legislation, it's important to note that these allocations are one-time additional funds to states. Official guidance from HRSA on the allowable uses of funding will be forthcoming;

some of these are currently listed [here](#). Additionally, clear messaging to Local Implementing Agencies about coordination with Diaper Banks when providing emergency supplies would be beneficial.

16. Where can I find more information?

These provisions are part of a much larger package. Together with our champions and all of you during the last 12 months we have been advocating for these relief measures and support provisions to strengthen families, and we are so pleased to see our joint efforts successfully come to fruition.

- [Education & Labor press release](#) for information about the CAPTA emergency funding
- To learn more about MIECHV, click [here](#).
- For MIECHV program state fact sheets, please click [here](#).
- For key staff regional contacts, please click [here](#).
- Learn more about the House passed bill [here](#).

Appendix A: FFY 2020 Community-Based Child Abuse Prevention Program State Information

FFY 2020 Community-Based Child Abuse Prevention Program State Information

State	Population-Based Allocations	Leveraged Claim Award	Total Award
Alabama	\$ 522,314	\$ 121,553	\$ 643,867
Alaska	\$ 200,000	\$ 265,802	\$ 465,802
Arizona	\$ 787,255	\$ -	\$ 787,255
Arkansas	\$ 337,004	\$ 4,502	\$ 341,506
California	\$ 4,308,501	\$ 453,262	\$ 4,761,763
Colorado	\$ 606,373	\$ 650,791	\$ 1,257,164
Connecticut	\$ 352,347	\$ 780,917	\$ 1,133,264
Delaware	\$ 200,000	\$ 18,420	\$ 218,420
District of Columbia	\$ 200,000	\$ 4,119	\$ 204,119
Florida	\$ 2,026,818	\$ 210,937	\$ 2,237,755
Georgia	\$ 1,200,899	\$ 41,736	\$ 1,242,635
Hawaii	\$ 200,000	\$ 286,403	\$ 486,403
Idaho	\$ 214,215	\$ 4,410	\$ 218,624
Illinois	\$ 1,369,366	\$ 103,338	\$ 1,472,703
Indiana	\$ 751,538	\$ 628,878	\$ 1,380,415
Iowa	\$ 350,225	\$ 191,846	\$ 542,071
Kansas	\$ 338,337	\$ 915,345	\$ 1,253,682
Kentucky	\$ 483,489	\$ 1,987,518	\$ 2,471,006
Louisiana	\$ 525,226	\$ 16,181	\$ 541,407
Maine	\$ 200,000	\$ 127,748	\$ 327,748
Maryland	\$ 642,276	\$ 215,615	\$ 857,891
Massachusetts	\$ 655,077	\$ 157,510	\$ 812,587
Michigan	\$ 1,037,433	\$ 83,189	\$ 1,120,622
Minnesota	\$ 624,288	\$ 2,035,472	\$ 2,659,760
Mississippi	\$ 338,423	\$ 16,689	\$ 355,112
Missouri	\$ 659,856	\$ 49,626	\$ 709,482
Montana	\$ 200,000	\$ 3,679	\$ 203,679
Nebraska	\$ 228,530	\$ 405,663	\$ 634,193
Nevada	\$ 330,207	\$ 26,308	\$ 356,515
New Hampshire	\$ 200,000	\$ 12,085	\$ 212,085
New Jersey	\$ 936,298	\$ 1,728,649	\$ 2,664,946
New Mexico	\$ 231,075	\$ 178,780	\$ 409,855
New York	\$ 1,949,668	\$ 1,172,977	\$ 3,122,645
North Carolina	\$ 1,102,601	\$ 408,326	\$ 1,510,927
North Dakota	\$ 200,000	\$ 7,754	\$ 207,754
Ohio	\$ 1,242,870	\$ 177,086	\$ 1,419,956
Oklahoma	\$ 458,403	\$ 306,850	\$ 765,253
Oregon	\$ 418,663	\$ 3,506	\$ 422,170
Pennsylvania	\$ 1,269,510	\$ 40,144	\$ 1,309,654
Puerto Rico	\$ 284,684	\$ -	\$ 284,684
Rhode Island	\$ 200,000	\$ 42,855	\$ 242,855

South Carolina	\$ 530,032	\$ 106,843	\$ 636,875
South Dakota	\$ 200,000	\$ 726	\$ 200,726
Tennessee	\$ 721,867	\$ 31,540	\$ 753,407
Texas	\$ 3,545,593	\$ 1,358,622	\$ 4,904,214
Utah	\$ 446,889	\$ 75,215	\$ 522,104
Vermont	\$ 200,000	\$ -	\$ 200,000
Virginia	\$ 896,111	\$ 16,253	\$ 912,364
Washington	\$ 797,141	\$ 494,846	\$ 1,291,987
West Virginia	\$ 200,000	\$ 28,065	\$ 228,065
Wisconsin	\$ 611,582	\$ 86,986	\$ 698,568
Wyoming	\$ 200,000	\$ -	\$ 200,000
American Samoa	\$ 200,000	\$ -	\$ 200,000
Guam	\$ 200,000	\$ -	\$ 200,000
Northern Mariana Islands	\$ 200,000	\$ -	\$ 200,000
Virgin Islands	\$ 200,000	\$ -	\$ 200,000
Total	\$ 37,532,982	\$ 16,085,564	\$ 53,618,545

Appendix B: Maternal, Infant, and Early Childhood Home Visiting Awards FY 20

Maternal, Infant, and Early Childhood Home Visiting Awards FY20

In FY20, HRSA awarded \$340,768,975 in funding to 55 states, territories, and nonprofit organizations through its Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV Program). This program supports communities to provide voluntary, evidence-based home visiting services to women during pregnancy, and to parents with young children up to kindergarten entry.

Awardee Name	City	State	Award Amount
Alabama Department of Early Childhood Education	Montgomery	AL	\$6,625,931
Alaska Department of Health and Social Services	Juneau	AK	\$1,707,793
American Samoa - Department of Health	Pago Pago	AS	\$975,623
Arizona Department of Health Services	Phoenix	AZ	\$10,891,101
Arkansas Department of Health	Little Rock	AR	\$7,496,732
California Department of Public Health	Sacramento	CA	\$19,610,292
Colorado Department of Human Services	Denver	CO	\$7,702,429
Connecticut Office of Early Childhood	Hartford	CT	\$9,325,773
Executive Office of the Governor of Delaware	Dover	DE	\$3,709,959
Government of the District of Columbia	Washington	DC	\$1,637,625
Florida Association of Healthy Start Coalitions, Inc.	Largo	FL	\$9,170,155
Georgia Department of Public Health	Atlanta	GA	\$6,491,772
Government of Guam - Department of Administration	Hagatna	GU	\$975,783
State of Hawaii Department of Public Health	Honolulu	HI	\$3,588,988
Idaho Department of Health and Welfare	Boise	ID	\$2,972,068
Illinois Department of Human Services	Springfield	IL	\$8,257,262
Indiana State Department of Health	Indianapolis	IN	\$10,248,332
Iowa Department of Public Health	Des Moines	IA	\$5,772,883
Kansas Department of Health and Environment	Topeka	KS	\$4,792,562
Kentucky Cabinet for Health and Family Services	Frankfort	KY	\$7,160,826

Louisiana Department of Health and Hospitals	New Orleans	LA	\$10,317,930
Maine Department of Health and Human Services	Augusta	ME	\$6,099,894
Commonwealth Healthcare Corporation	Saipan	MP	\$975,783
Maryland Department of Health and Mental Hygiene	Baltimore	MD	\$7,483,512
Massachusetts Department of Public Health	Boston	MA	\$6,834,286
Michigan Department of Health and Human Services	Lansing	MI	\$7,639,402
Minnesota Department of Health	Saint Paul	MN	\$8,826,241
Mississippi Department of Human Services	Jackson	MS	\$2,866,138
Missouri Department of Health and Senior Services	Jefferson City	MO	\$3,795,472
Montana Department of Public Health and Human Services	Helena	MT	\$4,379,043
Nebraska Department of Health and Human Services	Lincoln	NE	\$1,258,476
Nevada Department of Health and Human Services	Carson City	NV	\$1,978,941
New Hampshire Department of Health and Human Services	Concord	NH	\$3,019,276
New Jersey Department of Health	Trenton	NJ	\$10,559,215
New Mexico Department of Children, Youth and Families	Santa Fe	NM	\$3,494,808
New York Department of Health	Albany	NY	\$8,408,073
North Carolina Department of Health and Human Services	Raleigh	NC	\$3,494,645
Prevent Child Abuse North Dakota*	Bismarck	ND	*
Ohio Department of Health	Columbus	OH	\$7,511,473
Oklahoma State Department of Health	Oklahoma City	OK	\$6,819,819
Oregon Department of Human Services	Salem	OR	\$8,386,057
Pennsylvania Department of Human Services	Harrisburg	PA	\$11,568,631
Puerto Rico Department of Health	San Juan	PR	\$1,232,359
Rhode Island Department of Health	Providence	RI	\$7,332,314
The Children's Trust Fund of South Carolina	Columbia	SC	\$8,242,479
South Dakota Department of Health	Pierre	SD	\$983,120
Tennessee Department of Health	Nashville	TN	\$10,069,999
Texas Department of Family Protective Services	Austin	TX	\$19,205,453
Utah Department of Health	Salt Lake City	UT	\$3,162,182
Vermont Agency of Human Services	Waterbury	VT	\$1,351,961
Virgin Islands Department of Health Group	Charlotte Amalie	VI	\$975,783

Virginia Department of Health	Richmond	VA	\$7,622,952
Washington State Department of Early Learning	Olympia	WA	\$9,995,479
West Virginia Department of Health and Human Resources	Charleston	WV	\$5,885,415
Wisconsin Department of Children and Families	Madison	WI	\$8,587,993
Parents as Teachers National Center, Inc.	St. Louis, MO	WY	\$1,290,482

*FY 2020 formula award will be determined at a later date.

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