



Supporting Sustainability For Infant-Toddler Court Teams: A Federal Funding Guide



ZERO to THREE
Early connections last a lifetime

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ABOUT ZERO TO THREE

ZERO TO THREE works to ensure all infants and toddlers benefit from the family and community connections critical to their well-being and development. Since 1977, the organization has advanced the proven power of nurturing relationships by transforming the science of early childhood into helpful resources, practical tools and responsive policies for millions of parents, professionals, and policymakers.

PURPOSE

The purpose of this guide is to assist Infant-Toddler Court Teams as they plan for their long-term sustainability. It is intended as a starting point for Infant-Toddler Court Teams and their partners, at both the community and the state level, to identify potential federal funding sources that might be accessible for supporting components of the Safe Babies Court Team™ (SBCT) approach and strengthening families. The 30 funding sources described in the guide can potentially support: specific functions of the Infant-Toddler Court Team; services that infants, toddlers or their families may access; or both. The guide can be used for three key purposes

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



BACKGROUND AND OVERVIEW

[The National Infant-Toddler Court Program](#) (ITCP) supports dependency courts, family treatment courts, child welfare agencies, health and infant mental health agencies, and state and community-based organizations to effectively implement and expand the [SBCT approach](#). This evidence-based approach — targeted to families with children birth to 3 years of age who are in foster care or at risk of removal — applies the science of early childhood development in meeting the urgent needs of infants and toddlers and strengthening their families so they can flourish.

Infant-Toddler Court Teams implement the SBCT approach at two levels: The Family Team, which uses a trauma-responsive lens to ensure young children and parents receive comprehensive services and build stable relationships, and The Active Community Team, which brings together stakeholders to reduce disparities, address gaps in system coordination and drive improvement through new practices and policies. The community coordinator, a core component of the SBCT approach, serves an essential, full-time role, facilitating information sharing and collaboration among the cross-sector professionals working to support the child and family, exploring and coordinating community-based resources for SBCT families, and building relationships across traditional and nontraditional services and systems.

Infant-Toddler Court Teams aim to achieve key outcomes by driving best practices for infants, toddlers and their families through prioritizing evidence-based and evidence-informed programs; removing barriers to racial equity and social justice; empowering parents and the parent voice; and implementing two-generation programs that help strengthen protective factors and address social determinants of health.

Since the first sites were launched in 2005, the number of Infant-Toddler Court Teams has grown exponentially. Increasingly, states are developing the infrastructure needed to support implementation in multiple sites, expanding the approach at the site level while simultaneously helping shape state child welfare policy to address the developmental needs of infants

and toddlers. Research has found that children involved in Infant-Toddler Court Teams experience significantly lower rates of repeated maltreatment and higher rates of reunification with their parents compared to national data.¹ These benefits held true for children and families served by Infant-Toddler Court Teams regardless of race or ethnicity. Identifying and securing ongoing funding for core components of Infant-Toddler Court Teams is essential to realizing and sustaining these benefits.

Infant-Toddler Court Teams have been creative in financing their work. A 2020 survey found that they relied on a mix of state, local, federal and private funding to support implementation of the SBCT approach,² with state funding serving as the largest source of revenue for more than half



of the sites. Nearly two-thirds of sites also used federal funding, largely through grants provided for Infant-Toddler Court Teams through the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau. Sustained funding is paramount in achieving equitable, coordinated, and family-centered outcomes. However, Infant-Toddler Court Teams may face barriers to identify and secure funding that will support the community coordinator position and ongoing data collection, be flexible enough to provide for a family's basic needs — including housing and transportation expenses

— and ensure infants, toddlers, and their parents have equitable access to needed services.

The 2020 recession resulting from the COVID-19 pandemic, and the reduced revenues that many state and local government are facing, will make planning for sustainability of Infant-Toddler Court Teams even more important in the years to come. Teams will need to continue to be creative in identifying potential funding sources, cultivating champions inside and outside of government, and forming robust partnerships with community-based organizations, government agencies, and other community and state leaders.

Key Elements Of Sustainability

While stakeholders implementing innovations often focus on financial sustainability — how to cover costs associated with a pilot or demonstration effort — sustainability of the SBCT approach involves more than just funding. Infant-Toddler Court Teams provide a coordinated approach that includes investment by a broad network of partners who bring knowledge, commitment, and financial and in-kind resources to support both individual families and system change.

Sustainability includes:

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.

This funding guide is part of a broader toolbox for Infant-Toddler Court Teams as they plan for sustainability that focuses on financing. Additional key resources on sustainability planning effort are available [here](#).

FOUR STEPS TO USING THE FEDERAL FUNDING GUIDE

The 30 federal funding sources beginning on [page 18](#) represent a high-level overview of federal funding opportunities compiled by ZERO TO THREE's National Infant-Toddler Court Program.¹ The potential uses of federal funds to support aspects of an Infant-Toddler Court Team are based on ZERO TO THREE's analysis of the funding source and does not represent official statements from any U.S. government agencies or departments. Prior to using any federal funding source as described in this guide, sites and states should consult with the federal guidelines regarding allowable uses of funds.

The guide provides information on key federal funding sources that could potentially be used to support an Infant-Toddler Court Team including program eligibility, contact information for the responsible state agency, allowable services and supports, and information on flexibility and alignment with the goals of the SBCT approach. While this guide solely focuses on federal funding,

state, local and private funding are critical resource options for Infant-Toddler Court Teams to consider as part of any sustainability planning process. However, because these funding sources vary across states and communities, this guide does not include them. Prior to using the guide, please see [page 13](#) for a detailed explanation of "How to Use the Federal Funding Guide."

- Step 1** Familiarize yourself with the guide and identify aspects of the SBCT approach to prioritize.
- Step 2** Identify relevant funding sources.
- Step 3** Determine who is using the funding source(s) in your state or locality and apply the appropriate strategy to connect with partners and align your work.
- Step 4** Pay attention to other important factors when pursuing funding opportunities.

¹The Federal Funding Guide does not represent official statements from any U.S. government agencies or departments..

Step 1 | Familiarize yourself with the guide and identify aspects of the SBCT approach to prioritize.

Infant-Toddler Court Teams are guided by a framework of [core components](#) that work synergistically to produce best outcomes for children and their parents. To implement these core components, Infant-Toddler Court Teams provide backbone support to judges, attorneys, caseworkers, and other community partners to facilitate better outcomes for families. At the same time, Infant-Toddler Court Teams identify existing services and supports in the community and help link families to comprehensive and equitable services to help them thrive. A first step in using this funding guide is to determine which aspect(s) of the SBCT approach the team is interested in strengthening or may be at risk of losing funding or in-kind support for. For each of the federal funding sources, the guide beginning on [page 18](#) denotes whether a particular funding source can support an SBCT function or supportive service.

SBCT functions include coordinating services for families through a community coordinator, whose role is essential in facilitating the Family Team and Active Community Team; providing multidisciplinary training to various partners involved in child welfare; and collecting data to identify and improve implementation progress and key child and family outcomes at the community and state levels. For definitions of the SBCT functions, see [Appendix C](#).

Supportive services are frequently provided by community-based organizations or state or local government agencies with which an Infant-Toddler Court Team can partner. While an Infant-Toddler Court Team may not be eligible to apply for these funds, they could create formal partnerships with the entity providing services to expand access for families. The eight key service areas under supportive services that families typically access include: 1) Basic Needs, 2) Physical Health, 3) Infant and Early Childhood Mental Health, 4) Early Care and Education, 5) Early Intervention, 6) Home Visiting, 7) Adult Mental Health and 8) Substance Use Disorder Prevention and Treatment. For definitions of supportive services, see [Appendix B](#).



Federal Funding Sources Providing Supportive Services for Families

The following provides a highlight of federal funding source examples that could provide relevant and crucial services for families in Infant-Toddler Court Teams.

Basic Needs: Some federal funding sources cover basic needs for eligible families. The following funding sources can potentially be used to pay for transportation, housing assistance, education, skills training and employment pathways: Community Mental Health Services Block Grant (MHBG); Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SOC); Early Head Start; Title V Maternal and Child Health (MCH) Block Grant; Social Services Block Grant (SSBG).

High-Quality Legal Representation: Several funding sources provide opportunities for promoting high-quality legal representation for families involved in the child welfare system. Additionally, civil legal advocacy services allow eligible families to access legal assistance to resolve important civil legal issues such as housing eviction or foreclosure, immigration concerns, unfair debt collection, unpaid fees or fines related to moving violations, or eligibility for public benefits. Potential funding sources to support civil legal advocacy include MCH Block Grant; Medicaid; Temporary Assistance for Needy Families; Title IV-B of the Social Security Act (Title IV-B); Victims of Crime Act (VOCA) Crime Victims Fund; and several HRSA early childhood programs, including the Early Childhood Comprehensive Systems (ECCS) Health Integration Prenatal to Three Program. High-quality legal representation also enables both children and their parents have access to attorneys to represent them in preparing for and participating in judicial determinations in all stages of foster care legal proceedings.ⁱⁱⁱ Recent federal policy changes allow state child welfare agencies to claim Title IV-E funding for the administrative costs of independent legal representation.

Dyadic Interventions: Three funding sources — Regional Partnership Grants, Medicaid, and Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts (Family Treatment Drug Courts) operated by the Substance Abuse and Mental Health Services Administration (SAMHSA) — specifically identify the allowable use of funds to support Child-Parent Psychotherapy. Other funding sources also allow for evidence-based, dyadic interventions that many court teams implement. For example, the Family Drug Court Program operated by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) addresses the use of a coordinated, multisystem approach that combines the oversight authority of family drug courts with evidence-based interventions focusing on the parent-child relationship.

Step 2 | Identify relevant funding sources.

No single funding source will be the best fit for every Infant-Toddler Court Team; each state or community is likely to have different demands on existing federal funding sources. As such, this guide provides additional analysis to assist Infant-Toddler Court Teams in determining which funding sources are most relevant for their team, the families they serve, and their community, and where they share common goals with a similar population as other federally funded programs. For each funding source, the guide provides a classification — high, medium or low — in the following two areas.

Alignment of the federal funding source with the SBCT approach: The extent to which each federal funding source aligns with and shares common aspects of the SBCT approach, including 1) the population it serves, 2) the goals and intended outcomes and 3) alignment with the core components of the SBCT approach.

Flexibility of the federal funding source: Program administrators receiving federal funding are often challenged to use funds in ways that can meet the divergent needs of the families they serve while simultaneously meeting federal requirements. The Federal Funding Sources Guide bases its classification of a grant's flexibility on, first, the number of different types of services that can be paid for using the grant, and second, the extent to which a funding source can cover a wide range of activities or goods within a particular service type.

See [Appendix A](#) for more information on the ratings, and [Appendix D](#) for a list of all federal funding sources with their respective ratings.

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.

Step 3 **Determine who is using the funding source(s) in your state or locality and apply the appropriate strategy to connect with partners and align your work.**

Different types of federal grants require an Infant-Toddler Court Team to take different strategies. Below are some of the most likely scenarios for consideration.

Approach and engage with state and local agencies that receive and distribute funding to discuss potential areas of alignment and opportunities to support court team operations and/or services for families. For example, federal grants, such as the Community-Based Child Abuse Prevention Grants within CAPTA, Title IV-E Prevention Services: Family First Act, and the Community Mental Health Services Block Grant, have state or local planning processes where community partners can participate in developing shared goals or common strategies to serve infants and toddlers. This can also be an effective way for Infant-Toddler Court Teams to identify new opportunities for collaborating on grant proposals. For block grants, such as the MCH Block Grant and SSBG, funding is not limited to narrowly defined activities — giving state and local governments discretion to determine program eligibility, implementation and ultimately how to spend the funds — as long as the legislatively defined purpose and parameters are met. Some block grants pass through the state to local government agencies to provide direct services, while others are administered by the state. Local and state governments often develop budgets that include plans for how to administer these funds, and Infant-Toddler Court Teams can reach out to the appropriate local or state agency to identify how funds are administered, whether there is a competitive grant process, and how to participate.

Collaborate with other organizations to make service or system changes to increase families' access to services that are already supported through a federal funding source. For entitlement programs such as Medicaid and Children's Health Insurance Program (CHIP), Infant-Toddler Court Teams should consult with the administering state agency to determine eligibility requirements and which programs or services are covered by the grant, which can vary significantly by state. For example, many states cover dyadic therapy for families through Medicaid. Similarly, Infant-Toddler Court Teams may consult with their state or local child welfare agency to identify opportunities to support high quality legal services for children and parents through Title IV-E funds.

Apply for funding directly or in collaboration with other community or state partners. Where eligible, an Infant-Toddler Court Team may wish to apply for a grant directly from one or more of the funding sources listed in this guide. Alternatively, Infant-Toddler Court Teams may consider partnering with another organization — including a community-based non-profit, state, or local government agency — as part of a competitive grant application.

Step 4 | Pay attention to other important factors when pursuing funding opportunities.

There are many factors for program administrators to consider when identifying funding opportunities to support their Infant-Toddler Court Team. This funding guide provides key information that should be weighed together when pursuing a new funding opportunity:

Be strategic in pursuing funding opportunities. Consider factors such as the size and competitiveness of the grant, alignment with SBCT approach, flexibility of funding, and allowable uses in the state or community.

Be collaborative and consider being part of a grant application process with other organizations in the community. Involve a diverse group of stakeholders, including agencies and organizations with a focus on ensuring the well-being of young children and their families.

Make it a data-driven process. An important step in the process is understanding the population the Infant-Toddler Court Team is serving. Data should be disaggregated by race, ethnicity, age and geography to provide a clear picture of the community or state's strengths and gaps. This data can be critical in understanding what components are lacking resources and where new funding sources need to be identified.



Understand alignment with the state or community values and culture. When assessing how a funding source or program can best support very young children and families in an Infant-Toddler Court Team, it is critical to make decisions based on community, family and professional values. This includes addressing the racial, ethnic, socioeconomic and geographic inequities within the community or state and ensuring a thoughtful approach in determining how funds within the program can be leveraged to best address these disparities.

Identify the policy or practice change that the community aims to achieve. Many federal funding sources focus on planning and systems change, with goals such as cross-agency collaboration, the creation of policy and infrastructure and the development and implementation of evidence-based and evidence-informed services and supports. It is important to understand the goals and priorities of the broader community and use aligning funding opportunities.

Think outside of the box. Many Infant-Toddler Court Teams receive funding through the agency in which the community coordinator is based (for example, if the coordinator is an employee of the court, the courts will often fund the Infant-Toddler Court Teams). However, Infant-Toddler Court Teams are multidisciplinary initiatives that reach across many different service areas. As a result, a team may find that the funding sources listed in this guide are administered by other state or local agencies yet are still relevant and accessible.

Consider ways to blend or braid funding to fill gaps. Often, a single funding source may not cover all the functions of an Infant-Toddler Court Team. Teams may look into potentially blending of funds when allowable, although it is important to note that blending is often not feasible due to budget accountability requirements. Braiding of funding is often used when funding sources are coordinated to support the total cost of services, but expenditures are tracked by each categorical funding source.

Consider ways to strengthen Infant-Toddler Court Teams through other complementary funding sources, including private, local and state funds. Public-private partnerships typically involve a written agreement between public and private sector agencies that specifies respective roles and responsibilities, shared objectives, and a governance structure. Sites that access multiple funding sources, including federal, state, local and/or private, may be able to withstand potential reductions in a single funding source and sustain their work without disruption.²

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We also want to thank the Ballmer Group for their generous support of the development of this Federal Funding Guide.

²Two examples of databases with information on foundations include: [The Community Foundations Locator from the Council on Foundations](#) and [The Foundation Center Directory](#).

HOW TO USE THE FEDERAL FUNDING GUIDE

The 30 federal funding sources within this Federal Funding Guide represent a high-level overview of federal funding opportunities compiled by ZERO TO THREE's National Infant-Toddler Court Program.

This guide provides information on key federal funding sources that could potentially be used to support an Infant-Toddler Court Team including program eligibility, contact information for the responsible state agency, allowable services and supports, and information on flexibility and alignment with the goals of the SBCT approach. Each source is separated into three sections: Overview and Where to Begin, Services, and Infant-Toddler Court Teams. The following describes how the sections work:



Name of Federal Funding Source/Program

Name of Federal Agency

START HERE



Where to Begin:

This section provides links to the grant announcement or main program page. You can search for or sign up for grant announcements from the U.S. Department of Health and Human Services [here](#), and for grants from the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention [here](#).

Who to Contact in Your State:

This section provides information to identify regional or state contacts for each funding source.

Relevant Resources:

This section contains links to useful and timely resources such as program guidance for states, factsheets, overviews, and national resource centers.

Back to List of
Funding Sources

Back to How to Use
the Federal Funding
Guide

OVERVIEW



FUNDING: This section provides an overview of the grant type, recent funding levels, and types of grantees.



ELIGIBILITY: This section provides information on family or individual-specific eligibility requirements.



SUMMARY: This section provides a summary of the federal funding source, including the program goals and outcomes, federal requirements, program changes, innovations, and more.

Use these buttons to navigate back
to this How-To Guide or the list
of Federal Funding Sources

SERVICES

Flexibility of Funds

HIGH

MEDIUM

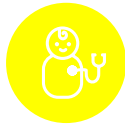
LOW

Services at a Glance

This section contains a list of services for infants, toddlers, and families that are available through different federal programs. For the purposes of this guide, colored icons represent service areas that can potentially be provided under the respective program. Grayed icons represent areas that are likely not provided. Please note: the indicated service area may not be covered under all state or community plans. Click on the icon, or see [Appendix B](#), for explanations of the terms included in these service areas.



BASIC NEEDS

PHYSICAL
HEALTHINFANT AND EARLY
CHILDHOOD
MENTAL HEALTHEARLY CARE AND
EDUCATIONADULT MENTAL
HEALTHSUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Flexibility of Funds

A three-level rating scale was developed for this criterion



HIGH

MEDIUM

LOW

Criterion is based on the number of categories for staffing/services/supports for which the funding source can be used. See [Appendix A](#) for more information.

Allowable Use Of Funds

This section highlights allowable services and supports under the federal program.

INFANT-TODDLER COURT TEAMS

Alignment with SBCT Approach

HIGH

MEDIUM

LOW

SBCT Functions at a Glance

The following colored SBCT function icons illustrate the key court team services and administrative functions that can potentially be supported through the various federal programs. Grayed icons indicate functions that are likely not supported. Please note that a colored SBCT function icon represents an area that could potentially be provided under the respective program. Click on the icons, or see [Appendix C](#), for explanations of the terms included in these SBCT functions.

COMMUNITY
COORDINATORMULTIDISCIPLINARY
TRAININGSDATA COLLECTION AND
CONTINUOUS QUALITY
IMPROVEMENT

Alignment with SBCT Approach

A three-level rating scale was developed for this criterion



HIGH

MEDIUM

LOW

Criterion is based on three factors: target population, program goals and intended outcomes and core components of the SBCT approach. See [Appendix A](#) for more information

Relevance for Infant-Toddler Court Teams

This section analyzes the alignment of the federal program with the SBCT approach.

LIST OF AVAILABLE FEDERAL FUNDING SOURCES

The Federal Funding Guide notes the funding sources that have been used to support Infant-Toddler Court Teams in the past and present, indicated throughout with an asterisk symbol (*).

	Page:
1. Child Abuse Prevention and Treatment Act (CAPTA)	18
U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau	
2. Child Care and Development Block Grant (CCDBG)*	21
U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care	
3. Children's Health Insurance Program (CHIP)	24
U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services	
4. Community Mental Health Services Block Grant (MHBG)	27
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Division of State and Community Systems Development	
5. Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SOC)*	30
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS)	
6. Court Improvement Program (CIP)*	33
U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau	
7. Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three Program	36
U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau	
8. Early Head Start (EHS)	39
U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start	
9. Family Drug Court Program	42
U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention	
10. Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts	45
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration	

	Page:
11. Healthy Start	48
U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau	
12. Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)	51
U.S. Department of Health and Human Services, Health Resources and Services Administration, in partnership with The Administration for Children and Families	
13. Medicaid	54
U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services	
14. Opioid Affected Youth Initiative*	59
U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention	
15. Part C of the Individuals with Disabilities Education Improvement Act	62
U.S. Department of Education, Office of Special Education Programs	
16. Pediatric Mental Health Care Access Program	65
U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau	
17. Preschool Development Grant Birth Through Five (PDG B–5)	68
U.S. Department of Health and Human Services, Administration for Children and Families	
18. Regional Partnership Grants	71
U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau	
19. Social Services Block Grant (SSBG)*	74
U.S. Department of Health and Human Services, Administration for Children and Families	
20. Special Supplemental Nutrition Program for Women Infants, and Children (WIC)	77
U.S. Department of Agriculture, Food and Nutrition Service	
21. State Opioid Response Grant (SOR)	80
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment	

22. <u>Substance Abuse Prevention and Treatment Block Grant (SABG)</u>	82
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment's (CSAT) Performance Partnership Branch, in collaboration with the Center for Substance Abuse Prevention's (CSAP) Division of State Programs	
23. <u>Supplemental Nutrition Assistance Program (SNAP)</u>	85
U.S. Department of Agriculture, Food and Nutrition Service	
24. <u>SUPPORT Act Demonstration Project to Increase Substance Use Provider Capacity</u>	88
U.S. Department of Health and Human Services, Centers for Medicaid and Medicare Services (CMS)	
25. <u>Temporary Assistance for Needy Families (TANF)*</u>	91
U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance	
26. <u>Title IV-B of the Social Security Act: Subpart 1 and Subpart 2*</u>	93
U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau	
27. <u>Title IV-E of the Social Security Act</u>	97
U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau	
28. <u>Title IV-E Prevention Services: Family First Act</u>	100
U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau	
29. <u>Title V Maternal and Child Health (MCH) Services Block Grant</u>	103
U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau	
30. <u>Victims of Crime Act (VOCA) Crime Victims Fund*</u>	106
U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime (OVC)	

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](#)

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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

The Comprehensive Addiction and Recovery Act of 2016 (CARA) then made further changes to CAPTA, adding various requirements with aims to address the problem of opioid addiction in the United States. Section 503 of CARA (Infant Plan of Safe Care) requires that Plans of Safe Care address the needs of both the infant and the affected family or caregiver. States can apply policies and procedures to address the needs of infants identified as being affected by substance abuse or withdrawal symptoms or an FASD.^{vi}

SERVICES

Services at a Glance

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



BASIC NEEDS

PHYSICAL
HEALTHINFANT AND EARLY
CHILDHOOD
MENTAL HEALTHEARLY CARE AND
EDUCATIONADULT MENTAL
HEALTHSUBSTANCE 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 re-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.^{vii}
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.
4. **Community-Based Child Abuse Prevention Grants:** Grants made to a lead agency in each state with activities including parent education and mutual support; respite care; and outreach and follow-up, including home visiting. Optional services include adoption services; child care; programs supporting job readiness, education and self-sufficiency; and referrals to community and domestic violence services.^{viii}

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



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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-collaboration to support improved practice across systems and promote sustainability. CAPTA State Grants can be used to support interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs to provide child abuse prevention and treatment services.
4. **Continuum of Services for Children and Families (Core Component 5):** CAPTA aims to address the health and mental health needs of children identified as victims of child abuse or neglect and their parents, including supporting prompt, comprehensive health and developmental evaluations for children as well as services for meeting parents' basic needs, including community services and job readiness.
5. **Data Collection and Continuous Quality Improvement (Core Component 10):** CAPTA state grants are used for developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.^x This aligns with the SBCT approach and can potentially be used to fund an Infant-Toddler Court Team's data collection to monitor, identify and improve implementation progress and outcomes for children and families at the community and state levels, through integration of data across multiple health and human services systems. It is important to note that funding for data collection may be restricted to specific subpopulations targeted by the grant and may not be applicable to all families in Infant-Toddler Court Teams.

Where to Begin:

[CCDBG Overview](#)

Who to Contact in Your State:

[State and Territory CCDF Administrators](#)

Relevant Resources:

[CCDF COVID-19 Resources](#)

[CCDF Resource Guide](#)

[CCDF Frequently Asked Questions](#)

[CCDBG Final Rule on Developmental and Behavioral Screenings](#)

[2019 State CCDBG Snapshots](#)

[Back to List of Funding Sources](#)

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OVERVIEW

FUNDING: CCDBG is a formula grant to state, territory and tribal governments. CCDBG is funded at \$5.826B for FY2020. The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act authorizes an additional amount for “Payments to States for the Child Care and Development Block Grant” of \$3.5B in discretionary funds to remain available through September 30, 2021.^x

ELIGIBILITY: Low-income families with children under age 13. States have flexibility within federal guidelines over income thresholds for eligibility, reimbursement rates and design initiatives; states and territories have chosen to give priority to children in protective services or in foster care.

SUMMARY: CCDBG is the primary federal funding source for child care subsidies to help eligible low-income working families access child care and improve the quality of child care for all children. CCDBG provides support for children and their families with paying for child care that will fit their needs and will prepare children to succeed in school; it governs the policy for the Child Care and Development Fund (CCDF). The CCDBG Reauthorization in 2014 included statutory changes on health and safety requirements; transparent consumer and provider information; family-friendly eligibility policies; and activities to improve the quality of child care.^{xi}

New funding under the 2020 CARES Act covers continued payments and assistance to child care providers, child care assistance for workers deemed essential during the response to the coronavirus and funding to child care providers who were not participating in subsidy prior to the emergency for the purposes of cleaning and sanitation.

SERVICES

Services at a Glance

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



BASIC NEEDS

PHYSICAL
HEALTHINFANT AND EARLY
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EDUCATIONADULT MENTAL
HEALTHSUBSTANCE USE
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AND TREATMENT

Allowable Use Of Funds

States have flexibility within federal CCDBG guidelines over key policy levers, including subsidy payment rates, copayment amounts contributed by the family, income thresholds for determining eligibility and quality improvement investments. Use of CCDBG funds include both direct services and administrative costs. Allowable under CCDBG are subsidized child care services with a range of provider settings and types, including centers, family child care homes, relatives and faith-based providers. A portion of funds must be used to improve the quality of child care and other additional services to parents, such as resource and referral counseling regarding the selection of child care providers. Moreover, a portion of CCDBG funds go toward child care research, demonstration and evaluation activities.

Statute stipulates that states must spend no less than 9% of total CCDF expenditures in FY2020 and each succeeding federal fiscal year on activities to improve the quality of child care services and increase access to high-quality child care.^{xii} The CCDF 2018 Final Rule includes a framework for quality investment activities, including 1. supporting the training and professional development of the child care workforce; 2. improving upon the development or implementation of the early learning and development guidelines by providing TA to providers; 3. developing, implementing or enhancing a tiered quality rating system for child care services; 4. improving the supply and quality of child care programs and services for infants and toddlers; 5. establishing or expanding a statewide system of child care resource and referral (CCR&R) services; 6. facilitating compliance with state licensing standards as well as requirements for inspection and monitoring; 7. evaluating the quality and effectiveness of child care programs in the state, including evaluating how programs positively impact children; 8. supporting accreditation; 9. supporting state or local efforts to develop or adopt high-quality program standards on health, mental health, nutrition, physical activity, and physical development; and 10. other activities determined by the state to improve the quality of services provided and for which measurement of outcomes is possible.

CCDBG implementation language recommends (but does not require) that states align developmental screening policies for CCDBG with those for Head Start and ensure that all children receive a developmental screening within 45 days of enrollment (as is required in Head Start). While most states do not use CCDBG funds to conduct developmental screenings, some have used the CCDBG quality set-aside to build the capacity of providers to conduct developmental screenings.^{xiii}

In addition, beginning in FY 2017, a percentage of CCDBG funds must be reserved for quality improvement activities related to care for infants and toddlers. Activities to improve the supply and quality of infant-toddler care may include: establishing or expanding high-quality community- or neighborhood-based family and child development centers and/or networks; training and professional development for infant-toddler caregivers; coaching and technical assistance from state-wide networks of qualified infant-toddler specialists; coordination with early intervention specialists; developing infant-toddler components within the state's quality rating system, licensing regulations, or guidelines; consumer education on high-quality infant-toddler care; and other activities to improve the quality of infant-toddler care.

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



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DATA COLLECTION AND
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Relevance for Infant-Toddler Court Teams

An important collaboration of services is between child welfare and early care and education (ECE). For very young children who are in or at risk of entering foster care, or experienced a disruption in placement, access to high-quality programs can play an important role in their healthy development. Two-generation programs in particular can reduce parenting stress and promote child safety and well-being by educating parents on appropriate developmental expectations for their children, helping troubleshoot responses to challenging child behaviors and teaching nonviolent discipline practices.^{xiv}

In developing their state CCDF plan, Lead Agencies must coordinate the provision of child care services with other federal, state and local child care and early childhood development programs (including programs for the benefit of American Indian and Alaska Native children, infants and toddlers, children with disabilities, children experiencing homelessness and children in foster care). Lead agencies have the option to combine CCDF funds with the funding for any of the programs with which coordination is required, including those operating at the federal, state and local levels for children in foster care.^{xv}

In the SBCT approach, the Active Community Team (Core Component 3), made up of cross-sector stakeholders that encourage an interdisciplinary approach to meeting the needs of children and families, plays a key role in reducing the siloing of services. Some states have innovative partnerships between ECE and child welfare systems to meet the needs of this population. Intentional partnerships with ECE can have an important impact on children and families who are under or at risk for entering court jurisdiction. An Infant-Toddler Court Team can reach out to a family's ECE practitioner to potentially collaborate regarding service needs, continuity in caregiving, and other potential services such as offering a safe place for family visits, providing a place for families to access resources on child development and parent-child interactions and respite care for families and foster care families.^{xvi}

Additionally, the CCDBG Infant-Toddler Set-Aside puts forth a broad range of activities that are well aligned with the SBCT approach. Funding through the Infant-Toddler Set-Aside could potentially cover a range of activities including:

Community Coordinator (Core Component 2): 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.

Multidisciplinary Trainings: 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.

Data Collection and Continuous Quality Improvement (Core Component 10): An Infant-Toddler Court Team collects data to monitor, identify and improve implementation progress and outcomes for children and families at the community and state levels, through integration of data across multiple health and human services systems. It is important to note that funding for data collection may be restricted to specific subpopulations targeted by the grant and may not be applicable to all families in Infant-Toddler Court Teams.

Where to Begin:[Overview](#)**Who to Contact in Your State:**[State Program Information](#)**Relevant Resources:**[Insurekidsnow.gov](#)[Overview Health Insurance Marketplace](#)[Medicaid and CHIP Payment and Access Commission](#)**OVERVIEW**

FUNDING: CHIP is a capped program, funded jointly through the federal government and states through a formula. States are provided an annual CHIP allotment and must provide matching funds to receive this allotment. The Federal matching rate for state CHIP programs is typically about 15 percentage points higher than the Medicaid matching rate for that state.^{xvii}

ELIGIBILITY: There is no mandatory income level up to which CHIP programs must extend coverage; states' upper limits for children's CHIP eligibility range from 170% FPL to 400% FPL; states may also provide coverage to pregnant women through a state plan option. Each state program has its own rules about who qualifies for CHIP.

SUMMARY: Title XXI of the Social Security Act, or CHIP, is a joint federal-state program established to provide coverage to uninsured children in families whose incomes are too high to qualify for Medicaid but may not be able to afford commercial coverage. States have flexibility to design their own program within federal guidelines, so benefits vary by state and by the type of CHIP program.^{xviii} Like Medicaid, CHIP is administered by the states.

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Services at a Glance

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



BASIC NEEDS



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HEALTH



INFANT AND EARLY
CHILDHOOD
MENTAL HEALTH



EARLY CARE AND
EDUCATION



HOME VISITING



ADULT MENTAL
HEALTH



SUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

Regardless of the type of separate CHIP coverage a state elects, all states must provide well-baby and well-child care, dental coverage, behavioral health care and vaccines. Services include:

- Routine check-ups,
- Immunizations,
- Doctor visits,
- Prescriptions,
- Dental and vision care,
- Inpatient and outpatient hospital care,
- Laboratory and X-ray services, and
- Emergency services.

While all CHIP plans require coverage of well-child visits, children in CHIP are not guaranteed the full range of EPSDT services. Children in CHIP who do not have the full EPSDT benefit but have high health needs may face limits on specialty services, such as physical, occupational and speech therapies; mental health services and home-based care.^{xix}

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



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MULTIDISCIPLINARY
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DATA COLLECTION AND
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Relevance for Infant-Toddler Court Teams

The SBCT approach prioritizes screening, assessment, and linkage to services as early as possible to meet the urgent needs of infants and toddlers, creating a Continuum of Services for Children and Families (Core Component 5). In an Infant-Toddler Court Team, the Family Team — a group of professionals led by the community coordinator to collaborate in supporting the child and family — is charged with ensuring assessment-driven needs identification, including well-child visits and access to a consistent medical home.

Children in foster care who receive Title IV-E are categorically eligible for Medicaid in every state; children who are receiving in-home services but are not eligible for Medicaid may be eligible for CHIP. Many states have 12-month continuous eligibility for their state CHIP programs, which ensures continuity of care for children who may come into contact with the child welfare system for intermittent periods of time.^{xx}

4

Community Mental Health Services Block Grant (MHBG)

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration,
Center for Mental Health Services, Division of State and Community Systems Development

Where to Begin:

[MHBG Overview](#)

Who to Contact in Your State:

[State Mental Health Authorities](#)

Relevant Resources:

[2020–2021 Application and Plan](#)

[Grant Resources](#)

[How State Mental Health Agencies Use the Community Mental Health Services Block Grant](#)

OVERVIEW

FUNDING: MHBG is a formula grant, with FY2020 funding levels at \$722.6M.

ELIGIBILITY: Adults with serious mental illnesses, who have a diagnosable behavioral, mental, or emotional condition — as defined by the Psychiatric Association’s Diagnostic and Statistical Manual (DSM) of Mental Disorders; and children with serious emotional disturbances (this includes persons from birth up to age 18 who have a diagnosable behavioral, mental or emotional disorder to meet diagnostic criteria as defined by the DSM).

SUMMARY: One of the largest federal funding streams dedicated to mental health services, MHBG makes funds available to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions to provide community mental health services. States use funding to support innovative mental health services, to help them convene mental health planning councils and to develop and implement plans for comprehensive community-based mental health service systems. MHBG focuses on providing comprehensive, community mental health services to adults with serious mental illnesses and children with serious emotional disturbances.

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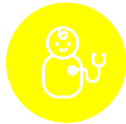
SERVICES

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



HOME VISITING



ADULT MENTAL
HEALTH



SUBSTANCE USE
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Allowable Use Of Funds

MHBG has allowed states to be creative, innovative, and inclusive by empowering consumers and families to be accountable through education, training, responsibility and self-monitoring.^{xxi} The MHBG funds can be used for a very broad range of services and programs, including:^{xxii}

- Co-occurring mental health and substance use disorders;
- Mental Health Services, including Infant and Early Childhood Mental Health (when the child meets the SED definition);
- Rehabilitation services;
- Wraparound services for families including employment assistance, housing, transportation, peer and family support and respite care;
- Outpatient treatment for serious mental illness;
- Implementation of evidence-based programs;
- Family education/training;
- Family therapy;
- Case management;
- Early Intervention and Trauma services;
- Staff training and consultation;
- System development; and
- Civil legal advocacy: to further the efforts in developing partnerships to advance overall health equity, some organizations have engaged in civil legal advocacy, establishing medical-legal partnerships to assist persons with mental and substance use disorders in meeting their housing, employment and education needs.^{xxiii}

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



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Relevance for Infant-Toddler Court Teams

Infant-Toddler Court Teams serve as advocates for meaningful, trauma-responsive assessment of parenting strengths and risks, including timely screening and mental health evaluation (Core Component 5), which can be supported through MHBG funding. Studies show that states' allocation of the MHBG support a nationwide system of care for adults with SMI that speaks of recovery, cultural competency and activities or services that enhance a person's ability to function independently.^{xxiv} Moreover, MHBG supports a system of care that is built on the tenet of a comprehensive array of community-based services.

MHBG aligns with the SBCT approach and can potentially be used to fund multidisciplinary training. 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.

Aligning with the SBCT approach focus on meeting parents where they are and building social supports (Core Components 7 and 8), MHBG's services focus on supporting parents in developing peer support networks and empowering parents in capacity for self-advocacy and independence through employment, housing and other supports.

5

Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances*

Short title: System of Care (SOC) Expansion and Sustainability Grants

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS)

Where to Begin:

[Grant information](#)

Who to Contact in Your State:

[State Grantees](#)

Relevant Resources:

[2017 Report](#)

OVERVIEW

FUNDING: The SOC Expansion and Sustainability Grant is a discretionary grant, with \$28.4M total in funding to be awarded in 2020 for up to 4 years.

ELIGIBILITY: Children under age 22 with a diagnosed serious emotional disturbance (SED), serious behavioral disorder, or serious mental disorder.

SUMMARY: The goal of this grant is to improve the mental health outcomes for children and youth from birth through age 21 with SED, and their families. The program supports the implementation and integration of the SOC approach by creating sustainable infrastructure and services. This is defined as a comprehensive spectrum of mental health and other necessary support services organized into a coordinated network to meet the multiple and changing needs of children, and youth with SED and their families/caregivers. The CMHI builds upon progress made in developing comprehensive SOC by focusing on sustainable financing, cross-agency collaboration, the creation of policy and infrastructure and the development and implementation of evidence-based and evidence-informed services and supports.

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EDUCATION

HOME VISITING

ADULT MENTAL
HEALTHSUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

The SOC is a SAMHSA hybrid grant, resulting in the development of both infrastructure and the delivery of services as soon as possible after award. Grant funding is used to provide evidence-based and culturally competent mental health services to children with SED.^{xxv} For the cohort of grantees funded from 2013–2017, the most commonly reported EBPs used are Trauma-Informed Approaches, Motivational Interviewing, Cognitive-Behavioral Therapy, Multisystemic Therapy, Supported Employment, and Strengthening Families.^{xxvi}

Grantees must provide culturally competent, evidence-based mental health services to children with SED that includes the following:

- Diagnostic and evaluation services;
- Outpatient services provided in a clinic, office, school, or other appropriate location, including individual, group, and family counseling, professional consultation, and review and management of medications;
- 24-hour emergency services, 7 days a week;
- Intensive home-based services for children and their families when the child is at imminent risk of out-of-home placement;
- Intensive day treatment services;
- Therapeutic foster care services, and services in therapeutic foster family homes or individual therapeutic residential homes, and group homes caring for not more than 10 children;
- Assisting the child in making the transition from services received as a child to the services to be received as an adult; and
- Other recovery support services (e.g. assistance with vocational needs such as obtaining education/job skills necessary for employment and assistance with obtaining employment, supported employment; support for families) and focused efforts to provide early treatment for those youth with early onset of (SED/SMI).

More broadly, funding can be used to:

- Address community-based interventions;
- Examine the extent to which evidence-based early intervention for young people at clinical high risk for psychosis can be scaled up to mitigate or delay the progression of mental illness, reduce disability and/or maximize recovery; and
- Increase the number of people in the mental health and related workforce trained in specific mental health-related practices/activities.

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



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Relevance for Infant-Toddler Court Teams

For SOC grantees funded between FY 2013–2017, nearly two-thirds of children and youth entering SOC services reported experiencing violence or trauma.^{xxvii} Moreover, 63.9% of children and youth reported experiencing adverse childhood experiences such as domestic violence and/or trauma. A study from the Safe Babies Court Teams found that, of young children under 3 years old in the court teams, 59% had an ACE score of 4 or higher.^{xxviii}

SOC funding is well aligned with the SBCT approach. At the system level, grantees embedded SOC values throughout their infrastructure as well as in the provider's delivery approach — implementing EBPs, engaging and empowering families, and focusing on the critical importance of cultural competence.^{xxix} Moreover, SAMHSA recommendations for future programming for this grant are that efforts are to expand SOC to other child-serving systems, including a specialized focus on building bridges to child welfare, juvenile justice and primary care.^{xxx}

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

- **Continuum of Services for Children and Families (Core Component 5):** The program intends for grantees to implement evidence-based and evidence-informed services and supports; this could potentially include Child-Parent Psychotherapy.
- **Community Coordinator (Core Component 2):** SOC funds can potentially be used for salaries for professional and support staff. Funding can be used to build the workforce in the area of mental health through "training and technical assistance resources to provide ongoing training and continuing education to practitioners providing services and to provide evidence-based information to individuals and families receiving services."^{xxxi} This can potentially include services for infants, toddlers and families in Infant-Toddler Court Teams, including hiring and training infant mental health specialists and clinicians licensed in Child-Parent Psychotherapy.
- **Data Collection and Continuous Quality Improvement (Core Component 10):** The grant requires grantees to implement reporting and monitoring processes to ensure that resources are invested both at the state/tribal/territorial system and community levels. An allowable activity under the grant is to enhance computer system, management information system (MIS), electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services and outcomes.^{xxxi} SOC can potentially be used to fund an Infant-Toddler Court Team's data collection to monitor, identify and improve implementation progress and outcomes for children and families at the community and state levels, through integration of data across multiple health and human services systems. It is important to note that funding for data collection may be restricted to specific subpopulations targeted by the grant and may not be applicable to all families in Infant-Toddler Court Teams.

6

Court Improvement Program* (CIP) (Funded under Title IV-B Subpart 2 of the Social Security Act)

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

Where to Begin:

[CIP Overview
and State Examples](#)

Who to Contact in Your State:

[Dependency Court State Links](#)

Relevant Resources:

[Program Instruction for Court
Improvement Program Grants](#)

[NCJFCJ Recommendations
and Tools for Dependency
Court Improvement Programs](#)

[Tribal Court Improvement
Program](#)

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OVERVIEW

FUNDING: Funding through the Promoting Safe and Stable Families Program (PSSF) for CIP grants is \$30M for FY2020.

ELIGIBILITY: No child or family eligibility requirements.

SUMMARY: The highest court of each state and territory participating in programs funded by Title IV-E receives a CIP grant to conduct assessments of their foster care and adoption laws and judicial processes and to develop and implement a plan for system improvement. Grantees must complete a detailed self-assessment and implement recommendations to enhance the court's role in achieving stable, permanent homes for children in foster care. Grantees implement improvements that the highest courts deem necessary to provide for the safety, well-being and permanence of children in foster care, as set forth in the Adoption and Safe Families Act (ASFA); and implement a corrective action plan in response to findings from a child and family services review of the state's child welfare system.

Reauthorization in 2016 added provisions encouraging state courts to promote concurrent planning and improve engagement of the entire family in court processes relating to child welfare, family preservation, family reunification and adoption. This reauthorization also allocated \$1M to establish a Tribal Court Improvement Program.

SERVICES

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

State courts implement a joint project with the Title IV-E/Title IV-B state agency that will focus on improving a specific safety, permanency or well-being outcome. The CIP includes three types of grants^{xxxiii}:

1. **Basic:** Assess and improve handling of child abuse and neglect proceedings;
2. **Training:** Train judges and legal personnel and attorneys; and
3. **Data:** Improve timeliness of court decisions regarding safety, permanence and well-being.

Typical CIP activities include development of mediation programs; joint agency-court training; automated docketing and case tracking; linked agency-court data systems; one judge/one family models; time-specific docketing; formalized relationships with the child welfare agency; improvement of representation for children and families; CSFR program improvement plan (PIP) development and implementation; and legislative changes.

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



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TRAININGS



DATA COLLECTION AND
CONTINUOUS QUALITY
IMPROVEMENT

Relevance for Infant-Toddler Court Teams

The Court Improvement Program is well aligned with the SBCT approach. Under the CIP, the critical role of the courts is recognized in ensuring permanency, safety, well-being and the need for training court personnel — including judges and attorneys — on child development is emphasized. At the heart of the SBCT approach are the judges and attorneys who are knowledgeable about early childhood development and can apply this knowledge in decision-making, as is collaboration among courts, child welfare agencies, and other community agencies.

CIP funds could potentially cover a range of activities aligned with the SBCT approach, including:

- **Community Coordinator (Core Component 2):** 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.
- **Multidisciplinary Trainings:** 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.
- **Data Collection and Continuous Quality Improvement (Core Component 10):** An Infant-Toddler Court Team collects data to monitor, identify and improve implementation progress and outcomes for children and families at the community and state levels, through integration of data across multiple health and human services systems. It is important to note that funding for data collection may be restricted to specific subpopulations targeted by the grant and may not be applicable to all families in Infant-Toddler Court Teams.

7 Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three Program

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau

Where to Begin:

[Grant Announcement](#)

Who to Contact in Your State:

Grant announcement is closed as of March 2021, with an estimated grantee award date in August 2021.

Relevant Resources:

[HRSA Overview](#)

OVERVIEW

FUNDING: Cooperative agreement grants to approximately 20 recipients, expected to be awarded in 2021 for a five-year period with total program funding estimated to be \$5.12M. Eligible applicants are any domestic public or private entity, including an Indian tribe or tribal organization.

ELIGIBILITY: No eligibility requirements.

SUMMARY: HRSA's Early Childhood Systems portfolio aims to strengthen, align, and sustain multigenerational systems at the state and community level, with a focus on engaging and connecting the health system, focusing prenatal-to-age-3 period.

The purpose of this program is to build integrated maternal and early childhood systems of care that are equitable, sustainable, comprehensive, and inclusive of the health system, and that promote early developmental health and family well-being and increase family-centered access to care and engagement of the P-3 population. A maternal and early childhood system of care brings together health, early care and education, child welfare, and other human services and family support program partners — as well as community leaders, families, and other stakeholders — to achieve agreed-upon goals for thriving children and families.

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Services at a Glance

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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

The ECCS program is a systems and infrastructure focused program and does not include a direct service component. Recipients' activities should leverage and be closely coordinated with current state and community maternal and early childhood systems' efforts and must support the development and/or expansion of community integrated service systems. Partnerships with Title V MCH services, the state MIECHV Program, Medicaid and CHIP, health care providers including obstetricians and pediatricians, human service programs and other stakeholders are critical to achieving program goals.

ECCS programs can support the following: a) state- and local-level partnership-building between maternal and child health, child welfare, and legal aid; b) coordination of screening and referral related to legal needs through health systems and other providers or systems, such as infant-toddler courts and coordinated intake and referral systems; and c) integration of civil legal advocacy and related planning for financing and policy development into state and local early childhood strategic plans.^{xxxiv}

The ECCS Health Integration Prenatal-to-Three program supports state capacity and infrastructure to develop or expand community integrated service systems, with a focus on connecting services such as legal assistance with the health system.^{xxxv}

Integration and Innovation practices may include:

- Health provider (especially obstetric and pediatric providers) participation in coordinated intake and referral systems;
- Integration of parenting support, socioemotional development, early relational health or two-generation health promotion within OB/GYN and pediatric well-child care;
- Promotion of screening for social determinants of health, social-emotional development, and/or caregiver stress including mental health, as well as brief intervention and referral, in obstetric, birthing, and pediatric well-child care; and
- Care coordination (including data sharing), co-location, and referral processes and agreements between MCH systems and early learning, family support (including home visiting), WIC, early intervention services, or other human services.

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



COMMUNITY
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DATA COLLECTION AND
CONTINUOUS QUALITY
IMPROVEMENT

Relevance for Infant-Toddler Court Teams

This program addresses that, while multigenerational approaches focused on prevention and coordinated services have proven to be effective, existing infrastructure has often been fragmented or leadership and coordination capacity necessary to reach families equitably and early has been lacking. Grant recipients are encouraged to engage a cross-sector advisory council to support the advancement of the early childhood strategic plan and ECCS goals, including representation from sectors such as health, early childhood, early care and education, child welfare and human services and family support, including active family and community participation.

Two of the program goals: increasing coordination and alignment between maternal and child health and other statewide systems that impact young children and families; and increasing the capacity of health systems to deliver and effectively connect families to a continuum of services that promote early developmental health and family well-being, are aligned with the SBCT approach. This funding source could potentially cover a range of activities for Infant-Toddler Court Teams, including:

- **Multidisciplinary Trainings:** 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.
- **Data Collection and Continuous Quality Improvement (Core Component 10):** Infant-Toddler Court Teams collect data to monitor, identify and improve implementation progress and outcomes for children and families at the community and state levels, through integration of data across multiple health and human services systems. It is important to note that funding for data collection may be restricted to specific subpopulations targeted by the grant and may not be applicable to all families in Infant-Toddler Court Teams.

Where to Begin:[Program Overview](#)**Who to Contact in Your State:**[Grantee Service Profiles](#)[Head Start Center Locator](#)**Relevant Resources:**[HHS Guidance on 2020 Funding Increase for Quality Improvement Funds Focused on A Trauma-Informed Approach](#)[Head Start Early Childhood Learning & Knowledge Center](#)[Early Head Start Programs](#)[Home Visiting Evidence of Effectiveness](#)[ZERO TO THREE Resource](#)[Back to List of Funding Sources](#)[Back to How to Use the Federal Funding Guide](#)**OVERVIEW**

FUNDING: Early Head Start is a competitive grant awarded to public and private agencies. Head Start/Early Head Start received \$10.6B in funding for FY2020, an increase of \$550M from FY2019, which includes \$100M for expansion of EHS and EHS-CC Partnerships.^{xxxvi} The 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act authorizes an additional \$750M in emergency funding for Head Start and Early Head Start to remain available through September 2021.

ELIGIBILITY: For Early Head Start, except when the child is transitioning to Head Start, a child must be an infant or a toddler younger than three years old. A pregnant woman or a child is eligible if: (i) The family's income is equal to or below the poverty line; (ii) The family is or in the absence of child care would potentially be eligible for public assistance, including TANF child-only payments; (iii) The child is homeless, as defined in part 1305; or (iv) The child is in foster care. Program eligibility also allows for additional allowances.^{xxxvii}

SUMMARY: Local organizations (public and private agencies) are awarded federal EHS grant funds on a competitive basis to operate programs and provide comprehensive services to communities. EHS grantees tailor services to community needs by choosing from several program options, including center-based, home-based, or family childcare services.^{xxxviii}

Early Head Start is an evidence-based, community-based program with a two-generation approach to child development, designed to improve early education experiences of low-income babies and toddlers. The mission of EHS is to support healthy prenatal outcomes and enhance intellectual, social and emotional development of infants and toddlers to promote later success in school and life.

SERVICES

Flexibility
of Funds

MEDIUM

Services at a Glance

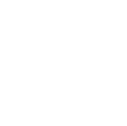
Click on an icon, or see Appendix B, for explanations of these service areas.



BASIC NEEDS

PHYSICAL
HEALTHINFANT AND EARLY
CHILDHOOD
MENTAL HEALTHEARLY CARE AND
EDUCATION

HOME VISITING

ADULT MENTAL
HEALTHSUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

Early Head Start programs are comprehensive early childhood development programs that support the full range of child development — physically, socially, emotionally and cognitively — from infancy through preschool age, with access to a range of services including:

- Access for children to medical, infant and early childhood mental health, and early intervention screenings and services;
- Early learning services that support the full range of child development from infancy to preschool;
- Parent support and linkages to needed services, including participation in parenting education and health education, including emergency and crisis intervention, adult education and mental health services;
- Prenatal health care and support and linkages to health services;
- Annual community assessments to ensure the programs offer the most meaningful program options to address local family needs, identify resources and gaps in services, and reach the families that are most in need; and
- Additional supports to promote children's development, such as: adult education, emergency/crisis intervention, English as a Second Language (ESL), training, health education, housing assistance, job training, mental health services, parent education and transportation assistance.^{xxxxix}

As of 2020, increased federal Quality Improvement funding allows for Head Start and Early Head Start programs to develop and improve trauma-informed approaches to support children, families and staff impacted by adverse experience attributable to increased prevalence of substance use, economic hardship, home and community violence and other traumatic experiences that can negatively impact child development. This includes staff training for trauma-informed care and identification of signs of addiction and hardship, mental health consultation services to provide expert care and counseling to families and the workforce and additional staffing to classes in substance use communities. Guidance from HHS indicates that activities related to implementing a trauma-informed approach vary widely and can include additional qualified staff to lower teacher-child ratios or family service staff caseloads, enhanced mental health partnerships and services for children and families and transportation services.^{xi}

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



COMMUNITY
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TRAININGS



DATA COLLECTION AND
CONTINUOUS QUALITY
IMPROVEMENT

Relevance for Infant-Toddler Court Teams

Like the SBCT approach, EHS uses a two-generation strategy, offering comprehensive services to children and families with the goal of supporting the child within the family and the community. EHS is well-aligned with the SBCT approach. Similar to how the Active Community Team (Core Component 3) brings stakeholders together to address the needs of children and families and identify and respond to gaps in services and policies procedures, Early Head Start takes an active role in community leadership in early childhood education and family support through convening stakeholders to assess community needs and plan and innovate response. Research shows that participation in Early Head Start led to a long-term reduction in children's involvement with the child welfare system.^{xli}

The SBCT approach ensures a continuum of services for children and families (Core Component 5), including meeting parents' basic needs. Children and families in Infant-Toddler Court Teams who are enrolled in EHS can benefit from access to additional support services to promote children's development, such as job training, transportation and housing assistance.

New Quality Improvement funding for a trauma-informed approach to EHS can potentially include services for infants, toddlers and families in court teams, including potentially hiring and training infant mental health specialists and clinicians licensed in Child-Parent Psychotherapy.

EHS funding can also potentially be used to fund multidisciplinary training. 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.

Where to Begin:[Funding Announcement](#)**Who to Contact in Your State:**[State OJJDP Contacts](#)**Relevant Resources:**[Family Treatment Courts](#)[Family Drug Court TA](#)**OVERVIEW**

FUNDING: Competitive grant awarded to states and territories, state and local courts, units of local government and tribal governments, as well as state administrative office of the court, with total anticipated funding of \$18.25M to be awarded in FY2020.

ELIGIBILITY: No eligibility requirements.

SUMMARY: OJJDP's Family Drug Court Program seeks to build the capacity of state and local courts, local government and tribal governments to enhance existing family drug courts or implement statewide or countywide family drug court practices to more effectively intervene with parents, children and families affected by a substance use and/or co-occurring mental health disorder who are involved in the child welfare system as a result of child abuse and neglect or other parenting issues. Three grant categories include:

Category 1: Enhancing Family Drug Courts;

Category 2: Serving Veterans Through Family Drug Courts; and

Category 3: State and County Family Drug Courts Expansion.

The overarching goal is to increase collaboration with substance abuse treatment and child welfare systems to ensure the provision of treatment and other services for families that improve child, parent, and family outcomes.

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BASIC NEEDS

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MENTAL HEALTHEARLY CARE AND
EDUCATION

HOME VISITING

ADULT MENTAL
HEALTHSUBSTANCE USE
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AND TREATMENT

Allowable Use Of Funds

The program focuses on providing services that address the needs of the entire family, including direct services to children of parents served in the program. This includes access to treatment and recovery services that will ultimately protect children; reunite families, when safe to do so; and expedite permanency. Programs must include the provision of treatment and recovery services to specifically address opioid, stimulant and substance abuse reduction.

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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DATA COLLECTION AND
CONTINUOUS QUALITY
IMPROVEMENT

Relevance for Infant-Toddler Court Teams

Well aligned with the SBCT approach, the Family Drug Court Program includes a focus on reuniting families and improving child and parent outcomes. For the State and County Family Drug Courts Expansion category of the grant, grantees include the State Administrative Office of the Court, working in conjunction with and coordinating closely with the state's Court Improvement Program. Grantees are required to partner with the state child welfare agency and state substance use treatment agency. States and counties are expected to develop and implement practices and policies that strengthen existing family drug courts, child welfare, substance use disorder treatment service systems and community-based organizations that serve and support children and families.^{xlii}

Funding under The Family Drug Court Program 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 for parents and children, including assessment of and services to support the parent-child relationship. The Family Drug Court Program specifically addresses "the use of coordinated, multisystem approach that combines the oversight authority of family drug courts with evidence-based interventions... that focus on child and parent trauma, and parent-child relationships."^{xliii}
- **The Community Coordinator (Core Component 2):** 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. A direct goal of The Family Drug Court Program is to align services for children and families involved with dependency court and child welfare systems and supportive community services needed in preventing child maltreatment.
- **Multidisciplinary Training:** 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.
- **Data Collection and Continuous Quality Improvement (Core Component 10):** The grant also requires a needs assessment, which includes developing and/or strengthening state- and local-level information sharing, evaluation, and performance monitoring capacity to track client progress and cost savings across systems/agencies. This aligns with the SBCT approach and can potentially be used to fund an Infant-Toddler Court Team's data collection to monitor, identify, and improve implementation progress and outcomes for children and families at the community and state levels, through integration of data across multiple health and human services systems. It is important to note that funding for data collection may be restricted to specific sub-populations targeted by the grant and may not be applicable to all families in Infant-Toddler Court Teams.

Where to Begin:

[Grant Announcement](#)

Who to Contact in Your State:

[Grant Awardees 2019](#)

Relevant Resources:

[Family Treatment Courts](#)

OVERVIEW

FUNDING: Competitive funding totaled \$10.6M in FY2019.

ELIGIBILITY: No specific eligibility requirements; the grant announcement stipulates that recipients should serve a minimum of 35 parents that are enrolled in the FTDC program, and recipients must also serve the children of the parents enrolled in the program.

SUMMARY: Family Treatment Drug Courts is one of SAMHSA's services grant programs. The purpose of this program is to expand substance use disorder (SUD) treatment services in existing family treatment drug courts, which use the family treatment drug court model in order to provide alcohol and drug treatment (including recovery support services, screening, assessment, case management, and program coordination) to parents with a SUD and/or co-occurring SUD and mental disorders. The expectations of the grant are to provide funding for FTDCs to assist participants in reducing the rates of substance misuse, the severity of SUDs and co-occurring disorders, and decreasing out of home placements for children through family reunification and preservation. This, in turn, should also decrease the number of parents or guardians whose parental rights have been or will be terminated.

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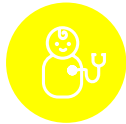
SERVICES

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BASIC NEEDS



PHYSICAL
HEALTH



INFANT AND EARLY
CHILDHOOD
MENTAL HEALTH



EARLY CARE AND
EDUCATION



HOME VISITING



ADULT MENTAL
HEALTH



SUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

Services must address the needs of the family as a whole and include direct service provision to children (18 and under). Grantees provide a coordinated, multisystem approach designed to combine the sanctioning power of treatment drug courts with effective treatment services promoting successful family preservation and reunification. Funding addresses gaps in the treatment continuum for court involved individuals who need treatment for a SUD and/or co-occurring SUD and mental disorders while simultaneously addressing the needs of their children. As a SAMHSA service grant program, the funds must primarily be used to support direct services, such as:

- Providing strategies to strengthen parent child bonding, such as home visits and supervised visits as well as family counseling to strengthen family functioning and assist with reunification of families when children have been in out of home placement.
- Providing outreach and other engagement strategies to increase participation in, and access to, treatment services for parents and their children.
- Coordinating with the child welfare agency around case management, safety planning, reunification and sharing information across systems.
- Providing “wraparound”/recovery support services (e.g., child care, vocational, educational, transportation services, case management and legal services) designed to improve access and retention in services.
- Collaborating with community partners to provide comprehensive services for children to meet their varied needs. Children of parents in family drug court may have been affected by prenatal and postnatal exposure to substance use and trauma that could result in deficits, delays, and concerns of a neurological, physical, socioemotional, behavioral or cognitive nature.
- Providing SUD and co-occurring disorders treatment (including screening, assessment and care management) services for diverse populations at risk. Treatment must be provided in outpatient, day treatment (including outreach-based services), intensive outpatient or residential programs.

INFANT-TODDLER COURT TEAMS

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

Well aligned with the SBCT approach, Family Treatment Drug Courts focus on services promoting successful family preservation and reunification. The grant adheres to the Family Drug Court guidelines, including enhancing interagency partnerships, addressing the needs of parents through health, mental health, behavioral health services; and addressing the needs of children through health and mental health services (including infant and early childhood mental health). Specifically, the grant calls for a “coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective treatment services promoting successful family preservation and reunification.”^{xliv} The grant’s two-generational, multisystem approach can 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 for parents and children, including assessment of and services to support the parent-child relationship. Family Treatment Drug Courts addresses allowable services to meet the health and mental health needs of children, as well as the needs of parents, including comprehensive health, mental health, substance use disorder treatment and developmental evaluations for children; the grant also includes providing wraparound support services for parents, such as child care and transportation services. SAMHSA indicates this grant is intended to fund services or practices that have a demonstrated evidence base and are appropriate for the population of focus. Specifically, the grant lists Child-Parent Psychotherapy as an example of an allowable evidence-based practice.
- Multidisciplinary Training:** 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.
- Data Collection and Continuous Quality Improvement (Core Component 10):** The grant provides guidance on data collection, including the need to collect data on the children of parents participating in the FTDC, as well as family functioning outcomes and report it on their local performance assessment such as number and type of services provided to children and additional family members, number of children placed in out of home care, re-entries to out-of-home care/foster care, and number of children reunited with parents after being removed from the home and placed in temporary placement.^{xlv} This aligns with the SBCT approach and can potentially be used to fund an Infant-Toddler Court Team’s data collection to monitor, identify and improve implementation progress and outcomes for children and families at the community and state levels, through integration of data across multiple health and human services systems. It is important to note that funding for data collection may be restricted to specific subpopulations targeted by the grant and may not be applicable to all families in Infant-Toddler Court Teams.

11

Healthy Start

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau

Where to Begin:

[Healthy Start Grant Awards](#)

[Healthy Start TA Center](#)

Who to Contact in Your State:

[Grantee Map](#)

Relevant Resources:

[Healthy Start Resources and Toolkit](#)

[Evidence-Based Practices for Healthy Start Programs](#)

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OVERVIEW

FUNDING: Healthy Start is a competitive grant, awarding over \$115 million to 101 grantees in 34 states, D.C. and Puerto Rico in FY2020, including health departments, community-based organizations, health centers and universities.

ELIGIBILITY: Healthy Start serves women of reproductive age, pregnant women, mothers who have just given birth and infants and families from birth to 18 months of age.^{xlvi} The program targets communities with infant mortality rates that are at least one and a half times the U.S. national average.

SUMMARY: Healthy Start aims to reduce infant mortality and other negative birth outcomes such as maternal mortality, poverty, education, access to care and other socioeconomic factors; aims to reduce racial/ethnic difference in rates of infant death and adverse perinatal outcomes. Healthy Start emphasizes the need for multisectoral community engagement and collaboration. Since its transformation in 2014, the goal of Healthy Start is to improve maternal and infant health and to reduce disparities in adverse perinatal outcomes in the U.S.

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



HOME VISITING



ADULT MENTAL
HEALTH



SUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

Healthy Start's goal is carried out through evidence-based practices, community collaboration, organizational performance monitoring and quality improvement. Healthy Start employs four community-based approaches to service delivery and facilitates access to comprehensive health and social services: (1) improve women's health, (2) improve family health and wellness, (3) promote systems change and (4) assure impact and effectiveness.^{xlvii}

Services provided under Healthy Start include: ^{xlviii}

- Support for ongoing evaluation.
- Standardized interventions, including risk and needs assessment, health education, medical and psychosocial supports and referrals.
- Health Care Services – prenatal, postpartum, well-baby, adolescent care, reproductive life planning, and women's health.
- Enabling Services – case management, outreach, home visiting, adolescent pregnancy prevention, childbirth education, parenting skill-building, self-esteem building, transportation, translation, child care, breastfeeding and nutrition education, father support, housing assistance, job training, and prison/jail-based services.
- Public Health Services – immunization and health education (e.g., smoking cessation).
- Provider training.

INFANT-TODDLER COURT TEAMS

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

Impacting many families within Infant-Toddler Court Teams and their communities is lack of access to preventive and primary care services for pregnant women and infants. These services are critical in helping to close the disparity in the maternal mortality rate among Black women and women of other races.

Despite comprising a large share of our young child population, children of color disproportionately lack resources that help children and their families thrive. Mortality is more than twice as high for Black infants (11.1 per thousand births) as it is for white infants (4.8).^{xlix} Nationally, maternal mortality among Black women (40.8 per 100,000 live births) is more than three times higher than among white women (13.2 per 100,000 live births). Moreover, this gap has not decreased over multiple decades.ⁱ

Healthy Start focuses on access to quality health care for mothers and children with low incomes and/or limited availability of care, which addresses a large portion of families in court teams using the SBCT approach:

- **Continuum of Services for Children and Families (Core Component 5):** Funding under Healthy Start could potentially cover a range of services for families in Infant-Toddler Court Teams, including health care services developmental screenings and immunizations and a broad array of “enabling services” like transportation and housing assistance.
- **Meeting Parents Where They Are (Core Component 6):** Healthy Start also closely aligns with and covers services which focuses on empowering parents by creating opportunities to increase their capacity for self-advocacy and confidence. Healthy Start’s “Enabling Services” also include parenting skill-building, self-esteem building, and other related services.

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](#)[Back to List of Funding Sources](#)[Back to How to Use the Federal Funding Guide](#)**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.ⁱⁱ 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 Indian and Alaska Native (AIAN) communities. Program goals include supporting the development of happy, healthy, and successful AIAN children and families through a coordinated home visiting strategy that addresses critical maternal and child health, development, early learning, family support, and child abuse and neglect prevention needs; implementing high-quality, culturally relevant, evidence-based home visiting programs in AIAN communities; expanding the evidence base around home visiting interventions with Native populations; and supporting and strengthening cooperation and coordination and promoting linkages among various early childhood programs.ⁱⁱⁱ

SERVICES

Flexibility
of Funds

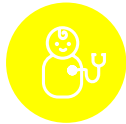
MEDIUM

Services at a Glance

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



BASIC NEEDS

PHYSICAL
HEALTHINFANT AND EARLY
CHILDHOOD
MENTAL HEALTHEARLY CARE AND
EDUCATION

HOME VISITING

ADULT MENTAL
HEALTHSUBSTANCE 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:^{liii}

- 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 and intervention for autism and other developmental disabilities;
- Connecting families to other services and resources as appropriate, including referral to State IDEA Part C program; and
- Referrals to appropriate services, including civil legal services.^{liv}

Funding also allows for training home visitors on infant mental health, how to support socioemotional development, and how to identify/address the social-emotional needs of children birth to 5. Funding can also support coordination with comprehensive statewide early childhood systems to support the needs of eligible families.

INFANT-TODDLER COURT TEAMS

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 household reported substance abuse.^{lv}

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.^{lvi} About 85% of children identified as in need of early intervention had their first appointment within 60 days of court order.^{lvii}

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.^{lviii} Findings from SBCT data revealed that of services needed by parents, 56% required mental health screening and 46% needed mental health counseling. Of those in need, 97% received mental health screening, 84% received a psychological evaluation and 88% received a psychiatric evaluation.^{lix}
- Meeting Parents Where They Are (Core Component 6):** Importantly, woven throughout home visiting models is a tenet aligned with engaging and valuing parents, responding to their history of trauma, increasing awareness of structural racism and discrimination and empowering parents and building parental resilience and improved functioning. Under MIECHV's benchmark area of prevention of child maltreatment and reduction of emergency department visits, one of the required performance measures is the percent of children enrolled in home visiting with at least one investigated case of maltreatment following enrollment within the reporting period. Programs reporting on this data to demonstrate improvements for eligible families participating in the program is important for understanding how very young children in the child welfare system are benefiting from home visiting.

Where to Begin:[Overview of Services](#)**Who to Contact in Your State:**[State Medicaid Contacts](#)**Relevant Resources:**[Help Me Grow](#)[Healthy Steps](#)[Medicaid Resources for States](#)[State Medicaid and EPSDT Factsheets](#)[EPSDT: A Guide for States Medicaid and CHIP Coverage](#)[Medicaid and CHIP Enrollment Data by State](#)[HRSA Overview and Information](#)[CMS Bulletin: State Guidance for Implementation of the Treatment for Infants with NAS](#)[CMS Bulletin: State Guidance for Limited Exception to the IMD Exclusion for Certain Pregnant and Postpartum Women](#)[SUPPORT Act Legislation](#)[How States Use Medicaid to Cover Key IECHMH Services](#)**OVERVIEW**

FUNDING: Medicaid is a means-tested entitlement program, jointly funded by the federal government and the states. The federal government pays a share of the medical assistance expenditures under each state's Medicaid program, known as the Federal Medical Assistance Percentage (FMAP), which is determined annually.^{lx} In FY2018, Medicaid was estimated to have provided health care services to almost 75 million individuals at a total cost of \$616B, with the federal government paying \$386B of that total.^{lxi} It is estimated that, under the Family First Coronavirus Response Act, the federal government's share of Medicaid expenditures will increase by about \$50B from FY2020 to FY2022.^{lxii}

ELIGIBILITY: Within broad federal guidelines, each state establishes its own eligibility standards. To be eligible for federal funds, states are required to provide Medicaid coverage for certain individuals, including children under age 6 whose family income is at or below 133% of the FPL; pregnant women with income at or below 133% of the FPL; all children under age 19 in families with incomes at or below the FPL; infants born to Medicaid-eligible women, for the first year of life; and children and youth in foster care who receive Title IV-E payments.

SUMMARY: Medicaid, or Title XIX of the Social Security Act, is a federal/state entitlement program that pays for medical assistance for certain individuals and families with low incomes and resources. Within broad national guidelines established by federal statutes, regulations, and policies, each state establishes its own eligibility standards; determines the type, amount, duration, and scope of services; sets the rate of payment for services; and administers its own program. Medicaid policies for eligibility, services and payment are complex and vary considerably, even among states of similar size or geographic proximity.^{lxiii}

Medicaid's Early and Periodic Screening, Diagnostic, and Treatment benefit (EPSDT) provides comprehensive and preventative health care services and is key to ensuring that children receive appropriate physical, dental, developmental and mental health services — from prevention to treatment. All children under 21 enrolled in Medicaid are eligible for the EPSDT benefit.

Early: Assessing and identifying problems early.

Periodic: Checking children's health at periodic, age-appropriate intervals.

Screening: Providing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems.

Continued next page

OVERVIEW *Continued*

Diagnostic: Performing diagnostic tests to follow up when a risk is identified.

Treatment: Control, correct or reduce health problems found.

In 2018, passage of legislation titled The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act — or the SUPPORT Act — created Medicaid provisions (updating the Social Security Act) to address the opioid crisis, including:

Section 1012: States may receive federal payment under Medicaid for outside services provided to pregnant and postpartum women who are substance-use disorder patients at institutions for mental diseases (IMDs).

Section 1007: Allows State Medicaid programs to cover residential pediatric recovery center services for infants with the diagnosis of neonatal abstinence syndrome (NAS) without any other significant medical risk factors.

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SERVICES

Flexibility
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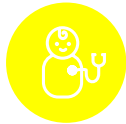
MEDIUM

Services at a Glance

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



BASIC NEEDS

PHYSICAL
HEALTHINFANT AND EARLY
CHILDHOOD
MENTAL HEALTHEARLY CARE AND
EDUCATION

HOME VISITING

ADULT MENTAL
HEALTHSUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

States have the flexibility to set parameters for how to determine whether there is a necessity to cover a medical service or treatment within their state Medicaid plan. However, some federal requirements are mandatory if federal matching funds are to be received. A state's Medicaid program must offer medical assistance for certain basic services to categorically needy populations, which generally include services such as: inpatient and outpatient hospital services; pregnancy-related services, including prenatal care and 60 days postpartum pregnancy-related services; vaccines for children; physician services; pediatric and family nurse practitioner services; and EPSDT services for children under age 21.

It is important to ensure that states define "medically necessary services" to cover the provision of mental health preventive and early intervention services to infants, toddlers and their families

EPSDT Benefit

The EPSDT benefit includes screening, diagnostic and treatment services. States are required to provide comprehensive services and furnish all Medicaid coverable, appropriate and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines. EPSDT is made up of the following screening, diagnostic and treatment services:

- Screening Services (Comprehensive health and developmental history, physical exam, appropriate immunizations, laboratory tests, health education)
- Vision Services
- Dental Services
- Hearing Services
- Other Necessary Health Care Services
- Diagnostic Services (when a screening examination indicates the need for further evaluation of an individual's health, diagnostic services must be provided)
- Treatment (necessary health care services must be made available for treatment of all physical and mental illnesses or conditions discovered by any screening and diagnostic procedures).

Continued next page

SERVICES *Continued*

Some services are state options and are not a federal requirement. Examples of relevant services for children and families include the following:

- Developmental and behavioral health screening;
- Speech-language-hearing, occupational and physical therapy;
- Diagnostic assessments (such as DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0–5), which provides developmentally specific diagnostic criteria and information about mental health disorders in infants and young children);
- Therapeutic childcare;
- Rehabilitation services;
- Personal care services;
- Nutritional supplements/medical foods;
- Maternal depression screening (covered under the child's Medicaid);
- Maternal depression treatment when directly benefitting the child and the child is present (covered under the child's Medicaid number);
- Parent-child dyadic treatment (including Child-Parent Psychotherapy);
- Substance Use Disorder treatment for qualifying pregnant and postpartum women;
- Treatment of infants with NAS;
- Services to mothers or caretakers of infants receiving NAS treatment at residential pediatric recover centers, including counseling or referrals for services, activities to encourage caregiver-infant bonding and training on caring for infants with NAS;
- Pregnancy and pregnancy-related services that generally include prenatal care, delivery, postpartum care and family planning services and can also include diagnosis or treatment of illnesses or medical conditions that might threaten the health or well-being of the mother or fetus; and
- Women enrolled in a state plan can be eligible if they are pregnant or up to 60 days postpartum, or a patient in an institution for mental diseases (IMD) for purposes of receiving treatment for a substance use disorder (SUD)

INFANT-TODDLER COURT TEAMS

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

The SBCT approach prioritizes screening, assessment, and linkage to services as early as possible to meet the urgent needs of infants and toddlers in child welfare. Ensuring a Continuum of Services for Children and Families (Core Component 5), the Infant-Toddler Court Team Family Team is charged with ensuring assessment-driven needs identification, including assessment of the parent-child relationship. Access to Medicaid helps to ensure all infants and toddlers in the court teams have comprehensive assessments, identification of problems as early as possible, and timely referral to evidenced-based services.

An example of a diagnostic assessment is DC:0–5 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood).^{lxiv} A survey by NCCP on states' use of Medicaid to cover key Infant and Early Childhood Mental Health services found that 13 states have a policy requiring or allowing providers to use DC:0–5; 5 states recommend but do not require use; and 1 state requires providers to use DC:0–5.^{lxv}

Another potential use of ESPDT is dyadic therapy such as Child-Parent Psychotherapy (CPP). The central goal of CPP is to support and strengthen the parent-child relationship, with a focus on the stresses in the parent's life that may affect this relationship — a critical support for parents in court teams. In the study by NCCP, 42 states reported that Medicaid pays for dyadic treatment of young children and parents; only nine states reported that they do not cover this service. Moreover, among the states that cover dyadic treatment, 41 states indicated that the treatment can be provided and paid for by Medicaid in a range of settings, including a foster home.^{lxvi}

Substance use is a factor in the vast majority of child maltreatment cases.^{lxvii} In cases involving infants and toddlers, it is important to address the possibility that the child may have been exposed to alcohol and drugs in utero. Court teams play an important role in supporting parents in managing their addiction and helping maintain their attachment with a newborn exposed to any of a variety of substances in utero. Studies show that pregnant women with Medicaid are more likely to report substance use but are also more likely to receive SUD treatment than women with other forms of coverage.^{lxviii} Medicaid's EPSDT benefit can potentially be used to cover mental and behavioral health services for parents in court teams, such as maternal depression screening (covered under the child's Medicaid) and substance use disorder treatment for qualifying pregnant women.

Where to Begin:[FY20 Grant Solicitation](#)**Who to Contact in Your State:**[FY20 Grantees](#)**Relevant Resources:**[2019 Grantees](#)**OVERVIEW**

FUNDING: Opioid Affected Youth Initiative is a discretionary grant. In FY2020, 18 awards were made with a total award amount of \$12.4M.

ELIGIBILITY: No specific eligibility requirements.

SUMMARY: This program supports the efforts of states, communities, tribal jurisdictions, nonprofit organizations, for-profit organizations and institutions of higher education to implement programs and strategies that identify, respond to, treat and support children, youth and families impacted by the opioid epidemic. Objectives include implementing prevention, intervention and treatment programs that address the needs of pregnant and postpartum women, parents and youth; reducing foster care system involvement; implementing integrated services for parents and children that support families through treatment and recovery; and supporting the juvenile and criminal justice systems to address the needs of children and youth impacted by opioids.

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SERVICES

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



HOME VISITING



ADULT MENTAL
HEALTH



SUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

A list of allowable services is not provided within the grant solicitation and appears to be broad in scope. It states that funding under this program may be used to support programs and services to youth and families impacted by both opioids and other substance use disorders. This includes implementing integrated services for parents and children that support families through treatment and recovery.^{lxix} The Office of Justice Programs strongly emphasizes the use of evidence-based programs or practices, as well as the use of data and evidence in policymaking and program development in criminal justice, juvenile justice and crime victim services.

INFANT-TODDLER COURT TEAMS

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

A focus of the grant is implementing integrated services for parents and children that support families through treatment and recovery. A study from the U.S. Department of Health and Human Services on how substance use affects child welfare systems across the country found that child welfare agencies and their community partners are struggling to meet families' needs. Haphazard substance use assessment practices, barriers to collaboration with treatment providers and other stakeholders and shortages of trained staff undermine the effectiveness of responses to families.

Findings from the Safe Babies Court Teams revealed that while two-thirds of young children in court teams were removed from their home for reasons related to substance use, more than 75% of SBCT parents needed substance use screening, and, of those in need, 91% received substance use screening and 95% received outpatient services.^{1xx}

Given the broad scope of the grant funds, an Opioid Affected Youth Initiative grant could potentially cover a range of activities aligned with the SBCT approach, though the grant guidance was limited in this area. Potential areas of alignment include:

- 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, addressing comprehensive health, mental health, substance use disorder screening and treatment and developmental evaluations for children as well as services for meeting parents' basic needs. The grant also includes an objective of implementing prevention and treatment programs that address the needs of pregnant and postpartum women and parents. This could include funding for important services for pregnant and postpartum women in Infant-Toddler Court Teams, including follow-up diagnostic and treatment services; preventive and primary care; and Substance Use Disorder Treatment.
- Multidisciplinary Training:** The grant also addresses training needs associated with the project. 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.
- Data Collection and Continuous Quality Improvement (Core Component 10):** This aligns with the SBCT approach and can potentially be used to fund an Infant-Toddler Court Team's data collection to monitor, identify and improve implementation progress and outcomes for children and families at the community and state levels, through integration of data across multiple health and human services systems. It is important to note that funding for data collection may be restricted to specific subpopulations targeted by the grant and may not be applicable to all families in Infant-Toddler Court Teams.

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Part C of the Individuals with Disabilities Education Improvement Act (Part C)

U.S. Department of Education, Office of Special Education Programs

Where to Begin:

[IDEA Information and Resources](#)

Who to Contact in Your State:

[State Part C Coordinators](#)

[OSEP IDEA State Contacts](#)

Relevant Resources:

[State Guidance on Remote Service Delivery and Distance Learning](#)

[IDEA Infant and Toddler Coordinators Association](#)

[Child Find Systems](#)

[State Part C Financing Survey](#)

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OVERVIEW

FUNDING: Funding for IDEA Part C was \$477M FY2020, a \$7M increase over FY2019.^{boxi} Annual funding to each state is based upon census figures of the number of children from birth to age 2 in the population.

ELIGIBILITY: Infants and toddlers with disabilities, ages birth through age 2 years, and their families (including, at state option, children who are “at risk” of developing a delay or special need that may affect their development of impede their education. Eligibility criteria varies from state to state.

SUMMARY: Part C of IDEA authorizes a federal grant program for implementing statewide, coordinated, interagency system for making early intervention (EI) services available to children with disabilities, aged birth through 2. Part C enhances service availability and accessibility enabling children to receive appropriate Individualized Family Service Plan (IFSP) services to meet their identified needs and to support their families’ capacity to help them grow and develop. To the maximum extent feasible, services are to be provided in “natural environments,” including the home, with other infants and toddlers who are not disabled.^{boxii} Part C requires each state to establish a state Interagency Coordinating Council (ICC) to support implementation of the Part C program.

SERVICES

Services at a Glance

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



BASIC NEEDS



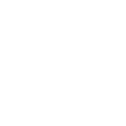
PHYSICAL
HEALTH



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

Part C of IDEA includes:

- Referral to EI services, which can originate with a child welfare professional, an early education specialist, a physician or other professionals;
- Timely, comprehensive and multidisciplinary evaluation of the child to determine if the child has a developmental delay and is eligible for services;
- Multidisciplinary assessment and a family-directed assessment;
- Connection to EI services including special instruction, family training, occupational or physical therapy, psychological services and speech language pathology services;
- State adaptations for virtual delivery and support, including providing service providers with access to training on virtual service delivery; accepting digital signatures and/or verbal consent from families; offering flexible timelines for intake; providing virtual child assessments and evaluations; and offering families services through a variety of virtual platforms.

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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TRAININGS



DATA COLLECTION AND
CONTINUOUS QUALITY
IMPROVEMENT

Relevance for Infant-Toddler Court Teams

Infants and toddlers who have been maltreated are six times more likely than the general population to have a developmental delay. Child Abuse Prevention and Treatment Act (CAPTA) legislation sets provisions and procedures for referral of a child under age 3 who is involved in a substantiated case of child abuse or neglect to EI services funded under Part C.

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.^{lxxiii} About 85% of children identified as in need of early intervention had their first appointment within 60 days of court order.^{lxxiv} Timely screening and referral to children's services, including Part C Early Intervention, is an important part of SBCT Core Component 5: Continuum of Services for Children and Families. An Infant-Toddler Court Team's Family Team ensures timely referral to children's services and problem-solves to expedite access. States can facilitate collaboration between public health, child welfare and early intervention services to ensure all children in the child welfare system are screened for needed services.

Where to Begin:[Program Overview](#)[Funding Announcement 2019](#)[Funding Announcement 2018](#)**Who to Contact in Your State:**[Contacts for Funded States](#)**Relevant Resources:**[Program Factsheet](#)**OVERVIEW**

FUNDING: Competitive grant with \$1.335M for a total of 4 years beginning in 2019. Eligible applications include 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)).

ELIGIBILITY: No eligibility requirements.

SUMMARY: The purpose of the Pediatric Mental Health Care Access Program is to promote behavioral health integration into pediatric primary care by supporting pediatric mental health care telehealth access programs. The program goal is to use telehealth modalities to provide timely detection, assessment, treatment and referral of children and adolescents with behavioral health conditions, using evidence-based practices and methods such as web-based education and training sessions. The target population to be served by grantees are:

1. Pediatric primary care (e.g., pediatricians, family physicians, nurse practitioners, physician assistants, care coordinators); and
2. Children and adolescents with behavioral health concerns and their families.

This program meets a critical need, as research indicates that telehealth can improve access to care, reduce health care costs, improve health outcomes and address workforce shortages in rural and other underserved areas.^{lxv}

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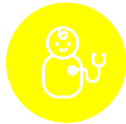
SERVICES

Services at a Glance

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BASIC NEEDS



PHYSICAL
HEALTH



INFANT AND EARLY
CHILDHOOD
MENTAL HEALTH



EARLY CARE AND
EDUCATION



HOME VISITING



ADULT MENTAL
HEALTH



SUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

Program priorities and activities include:

- Integrate behavioral health into pediatric primary care using telehealth;
- State or regional networks of pediatric mental health teams to provide training, technical assistance and care coordination for pediatric primary care providers to diagnose, treat and refer children with behavioral health conditions;
- Increase the availability and accessibility of statewide or regional networks of pediatric mental health teams composed of child and adolescent psychiatrists, licensed mental health professionals and care coordinators through telehealth consultation and referral to pediatric primary care providers who care for children and adolescents with behavioral health conditions; and
- Conduct training and provide technical assistance to primary care providers to enable them to conduct early identification, diagnosis and treatment for children with behavioral health conditions.

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



COMMUNITY
COORDINATOR



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DATA COLLECTION AND
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Relevance for Infant-Toddler Court Teams

A key component of the SBCT approach is a focus on incorporating comprehensive developmental, medical and mental health services into a child's case plan. In Core Component 5: Continuum of Services for Children and Families, the Infant-Toddler Court Team's Family Team is charged with ensuring children's needs are identified in a timely manner, including the child-parent relationship. This is aligned with the Pediatric Mental Health Care Access Program's focus on increasing the accessibility of statewide or regional networks of pediatric mental health teams.

An analysis of data from the State of Babies Yearbook 2020^{lxvii} found that mothers in rural areas are less likely to receive timely prenatal care and infants and toddlers in rural areas are less likely to receive a preventive medical or dental visit and less likely to receive recommended vaccines.^{lxviii} Subsequently, ensuring timely screening and linkages to services can be difficult in more rural or remote communities, instances where transportation is a barrier, and in cases when a child has transitioned from their home to foster care or kinship care. This reflects barriers faced by families in Infant-Toddler Court Teams across the country.

Pediatric Mental Health Care Access Program also supports telehealth services, which can help ensure continuity of care for children by expanding access to providers like mental health clinicians licensed in CPP. This is aligned with the components of the SBCT approach to build in array of preventive services through addressing training and workforce issues.

Where to Begin:[Grant Overview](#)**Who to Contact in Your State:**[PDG B–5 State Contacts](#)**Relevant Resources:**[ZERO TO THREE Resources](#)[HHS 2018 Application](#)[BUILD Analysis of
Initial Applications](#)[Back to List of
Funding Sources](#)[Back to How to Use
the Federal Funding
Guide](#)**OVERVIEW**

FUNDING: PDG B–5 is a competitive grant, with \$275M for FY2020; this represents a \$25M increase over FY2019. The initial grant in 2018 was awarded to 46 states/territories for one year. In 2019, states and territories that were awarded first-year planning grants could apply for funding to begin implementation and states that did not receive planning grants could apply for initial funds. In FY2020, 23 states were awarded three-year Renewal Grants, with six additional states/territories received an initial planning grant award.

ELIGIBILITY: No family-specific eligibility requirements.

SUMMARY: PDG B–5 is designed to improve states' early childhood systems by building upon existing federal, state, and local investments, assisting states in the coordination of existing early childhood funding streams, resulting in services provided to more infants and toddlers in a mixed delivery system. The 2018 planning grants were designed for states to conduct comprehensive statewide birth–5 needs assessment followed by in-depth strategic planning, while enhancing parent choice, including child care centers and home-based providers, Head Start/Early Head Start, state prekindergarten and home visiting. States and territories receive funding to facilitate collaboration among early childhood care and education (ECE) programs to prepare disadvantaged children to transition into the local educational agency or elementary school.

The overall partners play a key role in referral to support the early identification of children with disabilities and/or developmental delays and connection to Part B and Part C services.

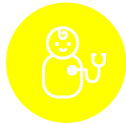
SERVICES

Services at a Glance

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



BASIC NEEDS

PHYSICAL
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CHILDHOOD
MENTAL HEALTHEARLY CARE AND
EDUCATION

HOME VISITING

ADULT MENTAL
HEALTHSUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

PDG B–5 offers a unique opportunity for states to consider the full range of services that support children birth–5 and their families. Examples of activities include:

- Strengthening engagement with parents, promoting infant and toddler development, navigating transitions among ECE programs and connecting to other early childhood system services;
- Integrating infant-toddler content into existing early childhood system-building technical assistance, coaching and peer-to-peer learning opportunities;
- Coordinate professional development across ECE;
- Training on evidence-based programs;
- Health provider outreach, including direct services such as screening, assessment and services; and
- Many state activities included a focus on developing a system of home visiting services, connecting families to home visiting services and providing training and other support to home visitors.^{xxviii}

INFANT-TODDLER COURT TEAMS

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

PDG B–5 is well aligned to the SBCT approach, as Infant-Toddler Court Teams implement a systems-change innovation designed to improve the health and well-being of babies and their families, both to prevent families from entering the child welfare system and to support in-tact families or safe reunification for those already involved.

The broad PDG B–5 grant prioritizes serving children with the greatest need. A 2019 report of the Preschool Development Grants Program (of which the promising practices can inform the PDG B–5 grantees) reveals that the children who benefited from PDG-supported preschool included children involved in the welfare system and children whose families were homeless; overall, children with these needs were prioritized and served.^{lxxix}

The PDG B–5 grant offers opportunities for staff working with infants and toddlers from programs in the broader early childhood system, including child welfare, to be involved in strategic planning. Guidance from HHS indicates that grantees are encouraged to incorporate trauma-informed approaches to counter the impact of trauma and adverse childhood experiences into their plans. Additionally, family engagement and helping families with navigating services is a key strategy in many states.

Funding under PDG B–5 could potentially cover a range of activities aligned with the SBCT approach, including:

- **The Community Coordinator (Core Component 2):** 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.
- **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.
- **Multidisciplinary Training:** 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.
- **Data collection and Continuous Quality Improvement (Core Component 10):** This aligns with the SBCT approach and can potentially be used to fund an Infant-Toddler Court Team's data collection to monitor, identify and improve implementation progress and outcomes for children and families at the community and state levels, through integration of data across multiple health and human services systems. It is important to note that funding for data collection may be restricted to specific subpopulations targeted by the grant and may not be applicable to all families in Infant-Toddler Court Teams.

Where to Begin:

[Grant Program Overview](#)

[Program Factsheet](#)

Who to Contact in Your State:

[Grant Program Sites](#)

Relevant Resources:

[Regional Partnerships
Cross-Site Design Report](#)

OVERVIEW

FUNDING: Competitive funding is \$18.55M for Round 6 cohorts beginning in FY2019–2024. Other grant cohorts include RPG4 for the grant period of 2017–2022 and RPG5 for 2018–2021.

ELIGIBILITY: No specific eligibility restrictions; grants are focused on services for families with substance use disorders with children in, or at risk of, out-of-home placement.

SUMMARY: The Regional Partnership Grants are authorized to solely and specifically address the issues that arise at the intersection of child welfare and substance use. Under the Regional Partnership Grants, partnerships are collaborations of two or more agencies, including providers of child welfare services, substance use disorder treatment, community-based services organizations, court administration agencies and university research centers (one must be the child welfare agency administering the Title IV-E program or a tribal child welfare agency) in a defined region or area. Since the RPG program was launched in September 2006, more than 80 partnerships have been funded in at least 36 states, including some tribal areas.

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SERVICES

Flexibility
of Funds

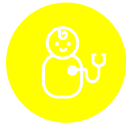
MEDIUM

Services at a Glance

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BASIC NEEDS



PHYSICAL
HEALTH



INFANT AND EARLY
CHILDHOOD
MENTAL HEALTH



EARLY CARE AND
EDUCATION



HOME VISITING



ADULT MENTAL
HEALTH



SUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

Regional Partnership Grants are used for activities designed to increase the well-being, improve the permanency, and enhance the safety of children who are in, or at risk of, out-of-home placements as the result of a parent or caregiver's substance use disorder. Program strategies include: ^{boxx}

- Family-Centered Substance Use Disorder Treatment;
- In-Home Parenting and Child Safety Supports for Families, including Child-Parent Psychotherapy;
- Strengthening Collaborative Capacity;
- Trauma-Focused Services;
- Family Treatment Courts;
- Medication-Assisted Treatment;
- Services to Pregnant and Postpartum Women and Families;
- Training and Staff Development;
- Parenting and Family Strengthening Programs; and
- Peer and Recovery Support.

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



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TRAININGS



DATA COLLECTION AND
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IMPROVEMENT

Relevance for Infant-Toddler Court Teams

The Regional Partnership Grants have a high alignment with the SBCT approach. The grant focuses on interagency collaboration and use of evidence-based practices to increase the wellbeing, improve the permanency, and enhance the safety of children who are in, or at risk of, out-of-home placements as a result of a parent's or caregiver's substance use disorder. Many parents participating in Infant-Toddler Court Teams have experienced significant trauma. A survey from the Safe Babies Court Teams found that 63% of parents had four or more ACEs; one in six had from eight to all 10 ACEs.^[xxxi] The same study found that almost three quarters of parents screened and then referred for substance use disorder treatment begin services within a week of referral.

Funding under The Regional Partnership grant could potentially cover a range of activities aligned with the SBCT approach, including:

- **The Community Coordinator (Core Component 2):** 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.
- **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.
- **Multidisciplinary Training:** 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.
- **Data collection and Continuous Quality Improvement (Core Component 10):** This aligns with the SBCT approach and can potentially be used to fund an Infant-Toddler Court Team's data collection to monitor, identify and improve implementation progress and outcomes for children and families at the community and state levels, through integration of data across multiple health and human services systems. It is important to note that funding for data collection may be restricted to specific subpopulations targeted by the grant and may not be applicable to all families in Infant-Toddler Court Teams.

Where to Begin:[About the SSBG](#)**Who to Contact in Your State:**[SSBG State Officials
and Program Contacts](#)**Relevant Resources:**[SSBG Factsheet](#)[SSBG Definition of Services](#)[SSBG Background and Funding](#)[SSBG Annual Reports](#)[Back to List of
Funding Sources](#)[Back to How to Use
the Federal Funding
Guide](#)**OVERVIEW**

FUNDING: SSBG is a mandatory formula-based grant. In FY2019, SSBG allocations to states and territories totaled \$1.7B.

ELIGIBILITY: No federal eligibility criteria for SSBG participation; states can determine eligibility.

SUMMARY: SSBG is a very flexible grant that states use to support a wide variety of social service activities. States are required to report annually on their actual SSBG expenditures in each of the 29 service categories.^{bxxxii} Social services funded by states must be linked to one or more of the following five goals:^{bxxxiii}

1. Achieving or maintaining economic self-support to prevent, reduce or eliminate dependency;
2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
3. Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families;
4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care; and
5. Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

SERVICES

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
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EARLY CARE AND
EDUCATION



HOME VISITING



ADULT MENTAL
HEALTH



SUBSTANCE USE
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Allowable Use Of Funds

States have broad discretion in how they spend funds on services to support the program goals and can tailor these services to their population's needs. The largest expenditures for services under the SSBG are for child care, foster care and special services for the disabled. States may also transfer up to 10% of their Temporary Assistance for Needy Families (TANF) block grants to the SSBG.

Social services allowed under the SBBG grant include: child care; protective services for children and adults; services for children and adults in foster care; services related to the management and maintenance of the home; adult day care; transportation; family planning; training and related services; employment services; referral and counseling services; meal preparation delivery; health support services; and services to meet the special needs of children, the aged, the mentally retarded, the blind, the emotionally disturbed, the physically handicapped and alcoholics and drug addicts.^{xxxiv} Allowable use of SSBG funds also includes: administration, planning, evaluation and training.

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



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Relevance for Infant-Toddler Court Teams

Several goals of SSBG are very closely aligned with the SBCT approach, with one goal focusing on preventing child abuse and neglect. This aligns with the SBCT approach focus on strengthening families and keeping families together by ensuring equitable access to comprehensive services, resources and supports.

In FY 2017, the highest share of SSBG expenditures (32%) went toward child welfare/youth at risk services, targeted to improve the safety, permanency and well-being of children and youth involved with or at risk of entering the child welfare or juvenile justice systems.^{lxxxv}

The allowable service categories under the grant support the SBCT approach in ensuring a continuum of services for children and families in infant-toddler court teams. Service categories relevant to SBCT include foster care services, case management, legal services, information and referral, prevention and intervention, child protection services and substance use services.

SSBG funding can potentially cover a range of activities aligned with the SBCT approach, including:

- **The Community Coordinator (Core Component 2):** 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.
- **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. SSBG services allowable under the "Prevention and Intervention Services" includes mental health counseling or therapy as needed; developmental and parenting skills training; respite care; and other services including supervision, case management and transportation.^{lxxxvi}
- **Data collection and Continuous Quality Improvement (Core Component 10):** SSBG's "Case Management Services" area allows for activities such as monitoring of services to meet the needs of individuals and families and monitoring and evaluating client progress. This aligns with the SBCT approach and can potentially be used to fund an Infant-Toddler Court Team's data collection to monitor, identify and improve implementation progress and outcomes for children and families at the community and state levels, through integration of data across multiple health and human services systems. It is important to note that funding for data collection may be restricted to specific subpopulations targeted by the grant and may not be applicable to all families in Infant-Toddler Court Teams.

Where to Begin:

[About WIC](#)

Who to Contact in Your State:

[Food and Nutrition Service
State Directory](#)

[WIC Eligibility Requirements](#)

Relevant Resources:

[WIC Program Factsheet](#)

[WIC Food Packages](#)

[WIC Substance Use Prevention](#)

[State Factsheets on WIC](#)

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OVERVIEW

FUNDING: WIC is a discretionary federal grant program for which Congress authorizes a specific amount of funds each year. Federal funding for WIC in FY2020 totaled \$6 billion.^{lxxxvii} WIC provides federal grants to 90 state agencies in all 50 states, 34 Indian Tribal Organizations, American Samoa, the District of Columbia, Guam, Commonwealth of the Northern Mariana Islands, Puerto Rico and the Virgin Islands with services provided at a variety of clinic locations including, but not limited to, county health departments, hospitals, schools and Indian Health Service facilities.

ELIGIBILITY: Pregnant, postpartum and breastfeeding women; infants; and children up to age 5 who meet certain requirements are eligible. These requirements include income eligibility and state residency. Additionally, the applicant must be individually determined to be at “nutrition risk” by a health professional or a trained health official.^{lxxxviii}

SUMMARY: WIC was established as a permanent program in 1974 to safeguard the health of low-income women, infants and children up to age 5 who are at nutritional risk. The WIC target populations are pregnant women (through pregnancy and up to six weeks after birth or after pregnancy ends); breastfeeding women (up to infant’s 1st birthday); nonbreastfeeding postpartum women (up to 6 months after the birth of an infant or after pregnancy ends); infants (up to 1st birthday); and children up to their 5th birthday.

WIC provides nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support and referrals to health care.

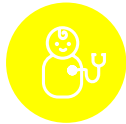
SERVICES

Services at a Glance

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



BASIC NEEDS



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HEALTH



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Allowable Use Of Funds

The foods provided through the WIC Program are designed to supplement participants' diets with specific nutrients. WIC authorized foods include infant cereal, baby foods, iron-fortified adult cereal, fruits and vegetables, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, yogurt, soy-based beverages, tofu, peanut butter, dried and canned beans/peas, canned fish, whole wheat bread and other whole-grain options. For infants of women who do not fully breastfeed, WIC provides iron-fortified infant formula.

WIC benefits are not limited only to food. Participants have access to a number of resources, including:

- Health screening,
- Nutrition and breastfeeding counseling,
- Immunization screening and referral, and
- Substance abuse referral.

Substance Use Referral and/or Screening: The WIC Program has a defined role in providing substance abuse prevention information and conducting referral activities. WIC's role in preventing substance abuse is to provide WIC participants with education, referrals and coordination of services. WIC programs do not play a role in diagnosing substance use disorders.^{lxxxix}

Immunization Screening and Referral: As an adjunct to services that provide immunizations, the WIC Program's role is to find out about a child's need for immunizations and share that information with parents, including where to get a child immunized.^{xc}

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



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Relevance for Infant-Toddler Court Teams

WIC plays an important role in addressing the health and nutrition needs of many families, serving over half of all infants born in the United States.^{xci} WIC is also one of the largest providers of nutrition education in the U.S. and often the only reliable source of nutrition counseling available for women in low-income communities.

Infants, toddlers and families in Infant-Toddler Court Teams face many conditions affecting their health, including food insecurity and lack of access to nutritious food and nutrition education. A lack of nutritious food during pregnancy increases the risk of low-birth-weight babies; infant mortality; and adverse effects on long-term health, growth and developmental trajectories.^{xcii} Participation in WIC is associated with better outcomes for women and babies, with the most significant improvements seen in birth outcomes for Black women. Specifically, Black mothers who were WIC participants experienced markedly lower infant mortality than those who did not participate (9.6 versus 21.0 deaths per 1,000 births). Nearly 86% of eligible infants and toddlers receive this assistance, with participation rates ranging by state from 54% to 100%.^{xciii}

A multiyear investigation of the barriers to WIC participation and benefits shows that many eligible families not participating in WIC face significant barriers to reaching the much-needed benefits WIC offers. Barriers to WIC include common misconceptions about who is or is not eligible, transportation and other costs to reach WIC clinics and language and cultural barriers.^{xciv}

Infant-Toddler Court Teams play an important role in connecting families to needed services and can help eligible families in overcoming these barriers to accessing WIC benefits. Families in Infant-Toddler Court Teams that are eligible for WIC services can benefit from not only nutritious foods but also nutrition and breastfeeding counseling, referral for substance use services and more.

With a focus on cross-systems collaboration, Infant-Toddler Court Teams can potentially look toward partnering with health agencies providing WIC, as USDA has recommended that state health officers use the resources and opportunities provided through WIC in their substance use prevention efforts. WIC's substance abuse prevention and referral activities are intended to increase participants' access to information about the dangers of substance use during pregnancy and postpartum, as well as while breastfeeding due to potential effects of these substances on both the mother and the child.^{xcv}

State Opioid Response Grant (Short Title: SOR)

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration,
Center for Substance Abuse Treatment

Where to Begin:

[SAMHSA Grant Summary](#)

[Funding Announcement](#)

Who to Contact in Your State:

[2020 Grant Awardees](#)

Relevant Resources:

[2018 Grantees Projects](#)

[SAMHSA Opioid Resources](#)

OVERVIEW

FUNDING: In FY2020, two-year formula grants were released to states and territories, with \$1.5B in funding.

ELIGIBILITY: No specific eligibility requirements.

SUMMARY: The SOR aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need and reducing opioid overdose-related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD).

The SOR supports evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

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Allowable Use Of Funds

In addition to treatment services, grant recipients are required to employ effective prevention and recovery support services to ensure individuals are receiving a comprehensive array of services across the spectrum of prevention, treatment and recovery. Grantees will use epidemiological data to demonstrate the critical gaps in availability of treatment for OUDs in geographic, demographic and service-level terms; use evidence-based implementation strategies to identify which system design models will most adequately address the gaps in their systems of care; develop an infrastructure to deliver evidence-based treatment interventions that include medication for treatment of OUD; and psychosocial interventions in a continuum of care focusing on co-occurring medical/mental illnesses, opioid treatment programs, primary care-based substance use disorder services, recovery housing and community-based recovery services and evaluation and measurement.^{xvii}

The FY 2020 SOR Funding Opportunity Announcement explains that grantees are “required to employ effective prevention and recovery support services to ensure that individuals are receiving a comprehensive array of services across the spectrum of prevention, treatment and recovery.” Civil legal advocacy can potentially help advance these goals through prevention, service delivery and comprehensive recovery support services that facilitate effective treatment outcomes and long-term recovery.^{xviii}

INFANT-TODDLER COURT TEAMS

Alignment with
SBCT Approach

LOW

SBCT Functions at a Glance

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

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IMPROVEMENT

Relevance for Infant-Toddler Court Teams

SOR grants provide an avenue for addressing gaps in ensuring parents access necessary treatment for OUD. Aligned with SBCT Core Component 5: Continuum of Services for Children and Families, funding also includes community recovery support services, such as peer supports and housing, and vocational/educational resources, which can be used to address services gaps for parents in Infant-Toddler Court Teams.

Substance Abuse Prevention and Treatment Block Grant (SABG)

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment's (CSAT) Performance Partnership Branch, in collaboration with the Center for Substance Abuse Prevention's (CSAP) Division of State Programs

Where to Begin:

[Overview from SAMHSA](#)

Who to Contact in Your State:

[State Authority](#)

Relevant Resources:

[Online Course on Primary Prevention Component of SABG](#)

[FY2020–2021 Block Grant Application](#)

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OVERVIEW

FUNDING: SABG is a formula grant, with FY2020 funding levels at \$1.8B.

ELIGIBILITY: Pregnant women and women with dependent children; intravenous drug users; tuberculosis services.

SUMMARY: SABG is distributed to all states and territories to prevent and treat substance abuse. It is the key funding for a state's substance abuse prevention and treatment, with the following target populations and service areas: pregnant women and women with dependent children; intravenous drug users; tuberculosis services; early intervention services for HIV/AIDS; and primary prevention services. SABG grantees have subrecipients, such as community- and faith-based organizations that deliver substance abuse prevention activities to individuals and communities impacted by substance abuse and substance use disorder (SUD) treatment and recovery support services.

The objective of the grant is to help plan, implement and evaluate activities that prevent and treat substance abuse.

SERVICES

Services at a Glance

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



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AND TREATMENT

Allowable Use Of Funds

SAMHSA requires that grantees spend no less than 20% of their SABG allotment on substance abuse primary prevention strategies. This prevention set-aside is a core component of each state's prevention system.^{xcviii} States are required to maintain the availability of treatment services for pregnant and parenting women, make available prenatal care and childcare to pregnant women and women with dependent children who are receiving treatment services under expansion funds and assure that preferential access to treatment is given to substance using pregnant women.

Services include: Community Treatment, Residential Treatment and Recovery Support Services (Substance use disorder (SUD) treatment and recovery support services to individuals and families) and Prevention and health promotion services (prevention and intervention services, information dissemination, education, community-based processes, problem identification and referral).

The authorizing legislation for SABG establishes a set-aside for services for Pregnant Women and Women with Dependent Children^{xcix} and requires that treatment programs receiving funding for such services also provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children: primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care; primary pediatric care, including immunization, for their children; therapeutic interventions for the parent and for children in custody of women in treatment that may, among other things, address their developmental needs, their issues of sexual and physical abuse and neglect; and sufficient case management and transportation to ensure that women and their children have access to services.

To further the efforts in developing partnerships to advance overall health equity, some organizations have established medical-legal partnerships — one type of civil legal advocacy — to assist persons with mental and substance use disorders in meeting their housing, employment and education needs.^c

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



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Relevance for Infant-Toddler Court Teams

An evaluation of Infant-Toddler Court Team sites implementing the SBCT approach revealed that two-thirds of young children were removed from their home for reasons related to substance use.^{ci} The SBCT approach can enhance the referral process: at SBCT sites, among parents with substance use disorders 85.1% got an appointment within 30 days. For substance use services 73.8% received their first appointment within a week. Infant-Toddler Court Teams focus on strengthening families and keeping families together by ensuring equitable access to comprehensive services, resources and supports. Funding under SABG could potentially cover a range of activities aligned with the SBCT approach, including:

- Continuum of Services for Children and Families (Core Component 5):** The Infant-Toddler Court Team's Family Team focuses on ensuring timely referral to high-quality services for parents and children. Under SABG funds, services for parents in infant-toddler court teams can include trauma-informed mental health and substance use disorder prevention and treatment services, as well as primary medical care and transportation to services. Under the set-aside for Pregnant Women and Women with Dependent Children is language on ensuring services for therapeutic interventions for the parent and for children in custody of women in treatment that may, among other things, address their developmental needs. This potentially allows for funding for Child-Parent Psychotherapy for families in infant-toddler court teams.
- Meeting Parents Where They Are (Core Component 6):** An important piece of addressing the needs of families under the SSBG approach is shifting perceptions and bias about substance use disorder so that it is recognized as a complex, recurring medical condition that necessitates a therapeutic approach. Aligned with this is SABG funding for health promotion services, including education and community-based processes and services.

Where to Begin:[USDA SNAP](#)**Who to Contact in Your State:**[SNAP State Directory of Resources](#)[SNAP Eligibility](#)[SNAP E&T Eligibility](#)**Relevant Resources:**[SNAP State-by-State Factsheets](#)[SNAP — Education](#)[SNAP Employment & Training](#)[SNAP-Ed Toolkit](#)[Back to List of Funding Sources](#)[Back to How to Use the Federal Funding Guide](#)**OVERVIEW**

FUNDING: SNAP is a federal entitlement program, administered by the Food and Nutrition Service in partnership with states. In FY2019, SNAP total costs were \$60.4 billion.^{cii}

ELIGIBILITY: To receive SNAP benefits, an individual must apply in the state in which they currently reside and must meet certain requirements, including resource and income limits. SNAP has two sets of work requirements. If you are age 16–59 and able to work, you will need to meet the general work requirements to get SNAP benefits. The general work requirements include registering for work, participating in SNAP Employment and Training or workfare if assigned by your state SNAP agency, taking a suitable job if offered, and not voluntarily quitting a job or reducing your work hours below 30 a week without a good reason.

SUMMARY: SNAP (formerly known as the Food Stamp Program) is the nation's largest domestic food and nutrition assistance program for low-income Americans. SNAP provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency.

In addition to SNAP benefits, SNAP also operates the SNAP-Education program (SNAP-Ed) and the SNAP Employment and Training program (SNAP E&T). SNAP-Ed supports evidence-based nutrition education and obesity prevention interventions and projects for persons eligible for SNAP through complementary direct education, multilevel interventions and community and public health approaches to improve nutrition. SNAP E&T helps SNAP participants gain skills and find work that moves them forward to self-sufficiency. Through SNAP E&T, SNAP participants have access to training and support services to help them enter or move up in the workforce. Each state is required to operate a SNAP E&T program and receives federal funding annually to operate and administer the program.

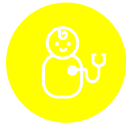
SERVICES

Services at a Glance

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



BASIC NEEDS



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Allowable Use Of Funds

SNAP benefits can be used for food for the household, such as:

- Fruits and vegetables;
- Meat, poultry, and fish;
- Dairy products;
- Breads and cereals;
- Other foods such as snack foods and non-alcoholic beverages; and
- Seeds and plants, which produce food for the household to eat.

Through SNAP E&T, SNAP participants have access to training and support services to help them enter or move up in the workforce. These programs also help to reduce barriers to work by providing support services — such as transportation, books, supplies, and childcare — as participants prepare for and obtain employment.

SNAP-Ed builds partnerships with community organizations and can be used by communities to implement social marketing campaigns, hold nutrition education classes, and improve their policies, systems, and the environment of the community. The Nutrition Education components can be used to deliver nutrition messages to the SNAP-Ed audience.

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



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Relevance for Infant-Toddler Court Teams

In 2019, 2.3 million households with children under age 6 were food insecure.^{ciii} A young child who goes hungry or consistently lacks nutritious food is less likely to grow and develop properly. In fact, infants and toddlers living in food insecure households are 76% more likely than those living in food secure households to be at developmental risk. If unaddressed, the effects of hunger and malnutrition can become permanently built into a child's immune system, cardiovascular system and brain, causing risks to both the child and society at-large.

Infants, toddlers, and families in Infant-Toddler Court Teams face many conditions affecting their health, including food insecurity and lack of access to nutritious food. Research shows that young children participating in SNAP, WIC or both programs have lower rates of failure to thrive and lower risk of abuse and neglect, when compared to low-income nonparticipants.^{civ}

Infant-Toddler Court Teams play an important role in connecting families to services to meet their basic needs and can help eligible families access SNAP. In addition to food for the household through SNAP benefits, Infant-Toddler Court Teams can help families who are eligible SNAP recipients potentially access additional supportive services to assist with employment and job training activities provided under SNAP E&T, such as transportation or dependent care costs.^{cv}

24 SUPPORT Act Demonstration Project to Increase Substance Use Provider Capacity

U.S. Department of Health and Human Services, Centers for Medicaid and Medicare Services (CMS)

Where to Begin:

[Demonstration Project Grants](#)

Who to Contact in Your State:

[State Medicaid 2019 Recipients](#)

[State Medicaid Contacts](#)

Relevant Resources:

[Notice of Funding](#)

OVERVIEW

FUNDING: This is a competitive grant totaling \$50M in FY2019.

ELIGIBILITY: A focus on current and prospective providers who deliver SUD treatment or recovery services to Medicaid beneficiaries.

SUMMARY: The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) requires CMS to establish a demonstration project to increase provider treatment capacity for substance-use disorders (SUD). This 54-month demonstration planning grant aims to increase the capacity of Medicaid providers to deliver SUD treatment or recovery services through an ongoing assessment of the SUD treatment needs of the state; recruitment, training and technical assistance for Medicaid providers that offer SUD treatment or recovery services; and improved reimbursement for and expansion of the number or treatment capacity of Medicaid providers. The demonstration project includes planning grants awarded to 15 states (\$50 million aggregate) for 18 months and 36-month demonstrations with up to five states receiving grants.

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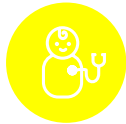
SERVICES

Services at a Glance

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Allowable Use Of Funds

- Initial assessment of the mental health and SUD treatment needs of the state to determine the extent to which providers are needed to address the SUD treatment and recovery needs of Medicaid beneficiaries; applicants were encouraged to focus on the following Medicaid subpopulations in their assessments: pregnant women, postpartum women, infants (including those with neonatal abstinence syndrome), adolescents and young adults, AI/ANs, people living in rural areas and Medicare-Medicaid dual-eligible).
- Recruiting prospective providers and providing training and technical assistance to providers; conducting activities to improve reimbursement, training and education to expand Medicaid provider capacity to deliver SUD treatment and recovery services.
- Postplanning that will result in long-term and sustainable provider networks under the Medicaid program that will offer a continuum of care for SUD.

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



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DATA COLLECTION AND
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Relevance for Infant-Toddler Court Teams

Grantees are encouraged to focus on specific Medicaid subpopulations in their assessments, including pregnant women, postpartum women and infants (including those with neonatal abstinence syndrome). Infant-Toddler Court Teams play an important role in supporting parents in managing their addiction and helping maintain their attachment with a newborn exposed to any of a variety of substances in utero. Studies have found that pregnant women with Medicaid are more likely to report substance use but are also more likely to receive SUD treatment than women with other forms of coverage.^{cvi}

Under the SBCT Core Component 5: Continuum of Services for Children and Families, the Infant-Toddler Court Team's Family Team focuses on ensuring timely referral to high-quality, trauma-informed mental health and substance use disorder prevention and treatment services for parents. The SBCT approach can enhance the referral process, as Family Teams work diligently to connect families to services. At SBCT sites, among parents with substance use disorders, 85.1% got an appointment within 30 days. The time between the court order for substance use services and the first treatment session received at SBCT sites was less than a week for 73.8% of parents.^{cvi}

Where to Begin:[About TANF](#)**Who to Contact in Your State:**[TANF State Contacts](#)**Relevant Resources:**[TANF Factsheet](#)[TANF and MOE Spending and Transfers Activity 2019](#)[TANF Spending Activities by State](#)[TANF Block Grant FAQs 2019](#)[TANF Resources from OFA](#)[Back to List of Funding Sources](#)[Back to How to Use the Federal Funding Guide](#)**OVERVIEW**

FUNDING: The basic TANF block grant to states has been set at \$16.5 billion each year since 1996.^{cvi} To receive federal funds, states must also spend some of their own funds, known as maintenance-of-effort (MOE) dollars, on programs for needy families. The information presented here refers only to federal TANF dollars.

ELIGIBILITY: States set eligibility criteria for children and families for cash assistance and other benefits and services within broad federal parameters.

SUMMARY: TANF is designed to help needy families achieve self-sufficiency. States receive block grants to design and operate programs meeting four statutory purposes: (1) provide assistance to needy families so that children may remain in their homes or in the homes of relatives; (2) reduce dependency of needy parents on government benefits through work, job preparation and marriage; (3) prevent and reduce out-of-wedlock pregnancies; and (4) encourage the formation and maintenance of two-parent families.

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
HEALTHINFANT AND EARLY
CHILDHOOD
MENTAL HEALTHEARLY CARE AND
EDUCATIONEARLY
INTERVENTION

HOME VISITING

ADULT MENTAL
HEALTHSUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

The purposes of TANF allow for funding for a variety of services to support the economic and social well-being of children and families, with states having broad flexibility over how to administer their TANF programs. Federal TANF funds a range of services, including childcare; work-related activities (including education and training); and certain child welfare services, including family preservation and family support to families with children who have experienced or are at risk of experiencing child abuse or neglect. In FY 2019, states spent about \$1.96 billion of their federal TANF funds on child welfare services.^{cx} TANF funds are also used for short-term and emergency benefits and a wide range of other social services.^{cx} Legal aid can further the TANF program's goals of helping needy families achieve self-sufficiency and provide support for job preparation and employment alongside other social services. States can use TANF funds to support legal help for needy families pursuing SSI benefits and to resolve personal or family legal problems.^{cx}

INFANT-TODDLER COURT TEAMS

Alignment with
SBCT Approach

MEDIUM

SBCT Functions at a Glance

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

COMMUNITY
COORDINATORMULTIDISCIPLINARY
TRAININGSDATA COLLECTION AND
CONTINUOUS QUALITY
IMPROVEMENT

Relevance for Infant-Toddler Court Teams

A study from FY2016 found that the most commonly reported child welfare agency services and activities funded through TANF were family preservation services, child welfare services and foster care payments.^{cxii} Funding under TANF could potentially cover several activities aligned with the SBCT approach, which would need to be cost allocated for the portion supporting TANF-eligible families. Potential areas include:

- **The Community Coordinator (Core Component 2):** 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.
- **Multidisciplinary Training:** 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.

Where to Begin:

[Child Welfare Policy Manual: Title IV-B](#)

Who to Contact in Your State:

[State Child Welfare Agencies](#)

Relevant Resources:

[State and Tribal Child and Family Services Plan Toolkit](#)

[PSSF Factsheet](#)

[Use of Additional Funding Under the CARES Act](#)

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OVERVIEW

FUNDING: Funding under Title IV-B authorizes formula grants to states and tribes for child and family services. Total FY2021 funding for Title IV-B Subpart 1 (CWS) and Subpart 2 (PSSF) and for related research or other activities authorized in IV-B is \$781M, including \$85M in supplemental PSSF funding in response to COVID-19.^{cxiii}

ELIGIBILITY: Eligibility determined by states; covers children and families in need of services with no income requirements.

SUMMARY: Title IV-B grants are for child and family services to protect and promote the well-being of children and youth who are at risk of, or have been found to be victims of, maltreatment. Title IV-B contains two subparts:

Subpart 1:**Stephanie Tubbs Jones Child Welfare Services (CWS) Program**

The purpose of CWS is to promote state flexibility in the development and expansion of a coordinated child and family services program that uses community-based agencies and ensures all children are raised in safe, loving families. CWS is used for a broad variety of child welfare services, including, but not limited to, the prevention of maltreatment, family preservation, family reunification, services for foster and adopted children and training for child welfare professionals.

Subpart 2:**MaryLee Allen Promoting Safe and Stable Families Program (PSSF)**

The purpose of PSSF is to enable states to operate coordinated programs of community-based family support services, family preservation services, family reunification services and adoption promotion and support services. PSSF includes set-asides for capped mandatory and/or discretionary funds for Child and Family Services; [Court Improvement Program](#); [Regional Partnership Grants](#); Monthly Caseworker Visit Grants; Research, Evaluation and Technical Assistance; and Kinship Navigators. In order to receive federal funding under Title IV-B, a state or tribal agency requesting must submit a five-year Child and Family Services Plan (CFSP) that addresses improved outcomes in the following areas: permanency for children; well-being of children and their families; and the nature, scope and adequacy of existing child and family and related social services.^{cxiv}

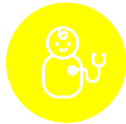
SERVICES

Services at a Glance

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



BASIC NEEDS

PHYSICAL
HEALTHINFANT AND EARLY
CHILDHOOD
MENTAL HEALTHEARLY CARE AND
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INTERVENTION

HOME VISITING

ADULT MENTAL
HEALTHSUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

The purpose of Title IV-B is to promote state flexibility in the development and expansion of a coordinated child and family services program that uses community-based agencies and ensures all children are raised in safe, loving families.

Subpart 1 includes services to:

- Protect and promote the welfare of all children;
- Prevent neglect, abuse or exploitation of children;
- Support at-risk families through services that allow children, where appropriate, to remain safely with their families or return home in a timely manner;
- Promote the safety, permanence and well-being of children in foster care and adoptive families; and
- Provide training, professional development and support to ensure a well-qualified workforce.

Subpart 2 primarily funds family support, family preservation, time-limited reunification, and adoption-promotion and support activities, with a requirement that at least 20% of the funds go to each of these categories of services:

- To prevent child maltreatment among families at risk through the provision of supportive family services (family support services);
- To assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively (family preservation services);
- To address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner (time-limited family reunification services); and
- To support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children (adoption promotion and support services).^{cxv}

SERVICES *Continued*

Kinship navigator funds under Part 2 can be used to provide brief legal services to “assist kinship caregivers in learning about, finding and using programs and services to meet the needs of the children they are raising and their own needs,” which may include “support[ing] any other activities designed to assist kinship caregivers in obtaining benefits and services to improve their caregiving. Also, under Subpart 2, Family Support Services may include offering information and referral services to afford families access to other community services, including legal services to help families prevent evictions, loss of benefits or other issues that may make them vulnerable to entry into the child welfare system.”^{cxvi}

Restrictions: The definition of the term “child welfare services” in section 425 (a)(1) of the Act does not include the provision of medical or health care as one of the purposes for which expenditures may be reimbursed with Title IV-B funds.

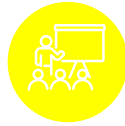
INFANT-TODDLER COURT TEAMS

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
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Relevance for Infant-Toddler Court Teams

The purpose and goals of Title IV-B are in direct alignment with the SBCT approach. Title IV-B includes funding for the prevention of maltreatment, family preservation, time-limited family reunification, and training for child welfare professionals, with a focus on community-based services. Funding could potentially cover a range of activities aligned with the SBCT approach, including:

- Continuum of Services for Children and Families (Core Component 5):** Relevant preservation services under PSSF include service programs designed to help children either return to families or preventive service programs designed to help children at risk of foster care placement remain safely with their families; and services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health and nutrition. Under PSSF Family Support Services, funding covers community-based services such as services to increase the strength and stability of families; increase parents' confidence and competence in their parenting abilities; and enhance child development, including through mentoring.^{cxvii} For infant-toddler court teams, this can potentially include supporting prompt, comprehensive health and developmental evaluations for children as well as services for meeting parents' basic needs.
- The Community Coordinator (Core Component 2):** 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.
- Multidisciplinary Training:** 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.
- Data Collection and Continuous Quality Improvement (Core Component 10):** Administrative costs under Subpart 1 also allow for data collection. This aligns with the SBCT approach and can potentially be used to fund an Infant-Toddler Court Team's data collection to monitor, identify and improve implementation progress and outcomes for children and families at the community and state levels, through integration of data across multiple health and human services systems. It is important to note that funding for data collection may be restricted to specific subpopulations targeted by the grant and may not be applicable to all families in Infant-Toddler Court Teams.

Where to Begin:[Title IV-E Overview](#)**Who to Contact in Your State:**[State Child Welfare Agencies](#)**Relevant Resources:**[A Primer on Title IV-E Funding for Child Welfare](#)[Overview of Child Welfare Programs and Funding](#)[Back to List of Funding Sources](#)[Back to How to Use the Federal Funding Guide](#)**OVERVIEW**

FUNDING: Budget authority for Title IV-E costs was provided at \$8.4B for FY2020.

ELIGIBILITY: For foster care assistance, Title IV-E eligibility criteria includes an income test, removal requirements, and placement in a licensed family home or other Title IV-E eligible facility.

SUMMARY: Title IV-E is the largest federal funding stream for child welfare. It primarily supports the provision of foster care, adoption assistance, and (in jurisdictions electing to provide this) guardianship assistance to children who meet federal Title IV-E eligibility criteria. Title IV-E maintenance, administration and training requires states to provide assistance to eligible children, and the federal government is committed to paying a part of the cost of that aid (50% to 83%, depending on the state's FMAP rate), as well as a part of the cost of administering the program (50% in all states) and for training (75% in all states). Administrative funds can be used to support various activities, including high quality legal representation for children and their parents.

Beginning in FY2020, as authorized by the Family First Prevention Services Act ("Family First"), states may also use Title IV-E to fund certain foster care prevention services. Funding is authorized permanently and on an open-ended entitlement basis.^{cxviii}

SERVICES

Flexibility
of Funds

LOW

Services at a Glance

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



BASIC NEEDS

PHYSICAL
HEALTHINFANT AND EARLY
CHILDHOOD
MENTAL HEALTHEARLY CARE AND
EDUCATIONEARLY
INTERVENTION

HOME VISITING

ADULT MENTAL
HEALTHSUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

Title IV-E is made up of the following programs, with key services listed below:

- **Foster Care Program:** Covers costs related to providing foster care for eligible children, including administrative and training costs;
- **Adoption Assistance Program:** Covers costs related to providing adoption assistance for eligible children, including administrative and training costs;
- **Guardianship Assistance Program:** Covers costs related to providing kinship and guardianship assistance for eligible children, including administrative and training costs; and
- **Chafee Foster Care Program for Successful Transition to Adulthood/Education and Training Vouchers:** Provides assistance for youth transitioning out of foster care to adulthood.

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



COMMUNITY
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TRAININGS



DATA COLLECTION AND
CONTINUOUS QUALITY
IMPROVEMENT

Relevance for Infant-Toddler Court Teams

Title IV-E funds align with the SBCT approach and potentially be used to fund:

- **Multidisciplinary Training:** 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.
- As of 2019, Title IV-E administrative costs can also be used for attorneys to provide legal representation for a candidate for Title IV-E foster care or a Title IV-E eligible child in foster care and the child's parents, to prepare for and participate in all stages of foster care related legal proceedings.^{cxix} This offers a potential funding avenue for Infant-Toddler Court Teams that are interested in expanding the number of families served and potentially adding a new docket, where an additional attorney position may be needed. Title IV-E matching funds can also be used for training of attorneys for parents and children working with infant-toddler court teams.

Where to Begin:[Program Guidance](#)[Title IV-E Prevention Services Clearinghouse](#)**Who to Contact in Your State:**[State Child Welfare Agencies](#)**Relevant Resources:**[Status of Submitted Title IV-E Prevention Five-Year Plans](#)[ASPE Planning Toolkit for States](#)[ZERO TO THREE Family First Act Toolkit](#)[Family First Act Resources](#)[Family First Transition Act](#)[Back to List of Funding Sources](#)[Back to How to Use the Federal Funding Guide](#)**OVERVIEW**

FUNDING: The FY2020 Appropriations Act provided a one-time appropriation of \$500M for the "Family First Transition Act," to be used by states and tribes for any of the child welfare purposes authorized in Title IV-B, including work related to implementing FFPSA, or to continue support for activities previously supported under a Title IV-E waiver. Under Title IV-E Family First dollars, states and tribes with an approved plan will be reimbursed at 50% match for approved, evidence-based prevention services.

ELIGIBILITY: Allowable prevention services are provided to eligible populations of children and caregivers. There are three groups of eligibility: 1) children who are determined to be "candidates for foster care" who are at imminent risk of entering foster care as defined by the state, identified in a child-specific prevention plan and can remain safely at home with provided evidence-based services; 2) caregivers of candidates for foster care and pregnant or parenting foster youth.^{xxx}

SUMMARY: The 2018 Family First Act changed the existing child welfare financing structure by allowing all states to use Title IV-E to fund evidence-based services that keep children safely with their families and prevent entry into foster care. Family First allows states and tribes operating a Title IV-E child welfare system to provide funding for specific evidence-based services to prevent foster care placements, potentially transforming child welfare practice for many children and families. The Family First Title IV-E Prevention Services Clearinghouse must rate the specific services in the areas of substance use prevention and treatment, mental health prevention and treatment and in-home parent skill-based services. These services must be included in a child's prevention plan and delivered in a trauma-informed manner; the state must monitor the child's ongoing risk.

SERVICES

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

Beginning in FY2020, states may use funds for allowable Family First prevention services that must meet evidence-based criteria and approval under the Title IV-E Prevention Services Clearinghouse and fall into three categories: substance abuse treatment, mental health treatment and in-home parenting services. In addition, as of 2019, states can use these dollars to fund evidence-based kinship navigator services. Services and programs must meet other program rules in order to be eligible for 50% federal cost sharing.^{*cxi}

Family First requires states to submit a Title IV-E Prevention Program Five-Year Plan that includes a description of activities related to administration oversight and requires details about:

- How the state defines "candidate for foster care";
- Services for which the state will seek reimbursement;
- Plans to implement and monitor services selected and use information from monitoring to improve practice;
- Consultation with other agencies and coordination of services;
- Steps to support a child welfare workforce to deliver trauma-informed and evidence-based services; and
- Provision of Family First services and programs "under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma."

*The Family First Transition Act for FY2020 modified the Family First requirement that 50% of state expenditures must be for services that meet the "well-supported" practice criteria and introduced a phase-in approach for this requirement.^{*cxii}*

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



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TRAININGS



DATA COLLECTION AND
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Relevance for Infant-Toddler Court Teams

Family First brings potential sustainable funding for expanding the reach of the SBCT approach by applying the approach to working with families whose babies and toddlers are at risk for out-of-home care but can remain at home or with relatives. The allowable evidence-based Family First enhanced supports and services — including mental health and substance use disorder prevention and treatment, infant and early childhood mental health and in-home skill-based parenting services — can be integrated into an Infant-Toddler Court Team's structure using the comprehensive SBCT approach.

Additionally, if included in a state's Title IV-E Prevention Program Five-Year Plan, funding for administrative activities necessary for the administration of the prevention program could potentially be used to support aspects of the SBCT approach. Family First requires states to undertake activities in administering the program under an organizational structure and framework that is similar to the structure embedded in the SBCT approach, including implementing and monitoring services, using data to refine and improve practices, performing assessments of parents' and children's needs, consulting and coordinating with other agencies and steps to support a child welfare workforce with the competencies to deliver trauma-informed and evidence-based services.

Where to Begin:[Overview](#)[Title V MCH Block Grant Guidance](#)[MCH Background and Funding](#)**Who to Contact in Your State:**[State Maternal and Child Health Agency](#)**Relevant Resources:**[National Snapshot](#)[State Reports](#)[Title V Toolkit](#)[Title V Transformation Tools](#)[Explore the Title V Federal-State Partnership](#)[Association of Maternal and Child Health Programs](#)[Back to List of Funding Sources](#)[Back to How to Use the Federal Funding Guide](#)**OVERVIEW**

FUNDING: MCH block grant is a formula-based grant allocated to each state. The federal allocation for FY2020 is \$551M (the federal grant complements each state's dedicated Maternal and Child Health funding, which comprises state and local funds, other funds and program income).^{cxxiii}

ELIGIBILITY: Pregnant women, infants, children and children with special needs; although the program primarily serves low-income pregnant women, mothers and children, individuals who are not from low-income families are also eligible to receive services.

SUMMARY: The MCH block grant is a federal-state partnership program and one of the largest federal block grant programs, providing health care and public health services for pregnant women, infants, children and children with special needs. It contains three funding sources:

1. MCH Formula Grants to 59 states and jurisdictions;
2. Special Projects of Regional and National Significance (SPRANS); and
3. Community Integrated Service Systems (CISS).

The purpose of the MCH block grant is to: provide and to assure mothers and children access to quality MCH services; to reduce infant mortality; to provide rehabilitation services for blind and disabled individuals under the age of 16; and to provide and to promote family-centered, community-based, coordinated care for children with special health care needs and to facilitate the development of community-based systems.

SERVICES

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



HOME VISITING



ADULT MENTAL
HEALTH



SUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

Each state may use its MCH funds for the provision of health services and related activities (including planning, administration, education and evaluation). States determine the actual services provided, which are divided into four types of services: (1) direct health care services, (2) enabling services, (3) population-based services and (4) infrastructure building services.^{cxxiv} Examples of funding uses include:

- Direct health care services: health assessments and follow-up diagnostic and treatment services; preventive and primary care for pregnant women, mothers and infants up to age 1; preventive and primary care services for children; and Substance Use Disorder Treatment and Counseling;
- Enabling services: transportation; family support services; case management;
- Population-based services: newborn screening;
- Infrastructure-building services: establishing mechanisms that ensure children with identified developmental risks and conditions are linked to a family-centered, community-based, coordinated system of care; training and professional development; education and outreach; and
- Allocation of these funds at a state's direction and discretion to address its priority and emerging needs through direct, enabling and population-based and system services for its MCH populations. A state could choose to support civil legal advocacy efforts through its Title V MCH Services Block Grant funds, if such efforts were consistent with state needs/priorities and the purpose/requirements of the Block Grant.^{cxxv}

INFANT-TODDLER COURT TEAMS

SBCT Functions at a Glance

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



COMMUNITY
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TRAININGS



DATA COLLECTION AND
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IMPROVEMENT

Relevance for Infant-Toddler Court Teams

The broad reach of programs and services under the MCH block could potentially cover a range of activities aligned with the SBCT approach, including:

- **The Community Coordinator (Core Component 2):** 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.
- **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.
- **Multidisciplinary Training:** 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.
- **Data Collection and Continuous Quality Improvement (Core Component 10):** Administrative costs under Subpart 1 also allow for data collection. This aligns with the SBCT approach and can potentially be used to fund an Infant-Toddler Court Team's data collection to monitor, identify and improve implementation progress and outcomes for children and families at the community and state levels, through integration of data across multiple health and human services systems. It is important to note that funding for data collection may be restricted to specific subpopulations targeted by the grant and may not be applicable to all families in Infant-Toddler Court Teams.

States are encouraged through the Title V funds to ensure that they have the ability to engage and empower families to seek care and discuss their child's health and health care needs and ensure that evidence-based tools being used are culturally appropriate and available in the most prevalent local languages. This is a critical focus of the SBCT approach and woven throughout our work.

One of the MCH population domains that the funding can be used for is "Cross-Cutting and Systems-Building Needs." This aligns well with the SBCT approach. Provided examples of topics addressed in this MCH domain include:

- Partnerships with individuals, families and family-led organizations;
- Social determinants of health;
- Workforce development; and
- Enhanced data infrastructure.

Where to Begin:[CRS Overview of the Crime Victims Fund](#)**Who to Contact in Your State:**[State Administrators](#)**Relevant Resources:**[VOCA Administrator Announcements](#)[VOCA Victim Assistance Grant Program Final Rule](#)[VOCA Victim Assistance Guidelines and Rule](#)[U.S. Department of Justice Grants](#)[Back to List of Funding Sources](#)[Back to How to Use the Federal Funding Guide](#)**OVERVIEW**

FUNDING: OVC awards Crime Victims Fund money through formula and discretionary grants to states, local units of government, individuals and other entities. The OVC also awards CVF money to specially designated programs, such as the Children's Justice Act Program. In FY2020, the ACF received \$17 million from the CVF to fund the Children's Justice Act Program.^{cxvii} States apply each year for funds via the VOCA Formula Grant Program.

ELIGIBILITY: VOCA puts forth the definition for crime victim or victim of crime to mean a person who has suffered physical, sexual, financial, or emotional harm as a result of the commission of a crime.

SUMMARY: As authorized by VOCA, the OVC awards Crime Victims Fund (CVF) money through formula and discretionary grants to states, local units of government, individuals and other entities. The OVC also distributes CVF money to specially designated programs, such as the Children's Justice Act Program and the Federal Victim Notification System

The OVC and the Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS) manage the Children's Justice Act Program, a grant program designed to improve the investigation, handling and prosecution of child abuse cases. Up to \$20 million must be distributed annually to the Children's Justice Act Program. Of the designated funds, ACF receives up to \$17 million to manage this program for the states, while the OVC distributes up to \$3 million for tribal populations. In FY2020, the ACF received \$17 million from the CVF to fund the Children's Justice Act Program.

SERVICES

Flexibility
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MEDIUM

Services at a Glance

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



BASIC NEEDS

PHYSICAL
HEALTHINFANT AND EARLY
CHILDHOOD
MENTAL HEALTHEARLY CARE AND
EDUCATIONEARLY
INTERVENTION

HOME VISITING

ADULT MENTAL
HEALTHSUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Allowable Use Of Funds

Under the CVF, the Victim Assistance Formula Grant Program provides grants to states to administer funds for state and community-based victim assistance, including but not limited to:

- Crisis intervention,
- Counseling,
- Emergency shelter,
- Criminal justice advocacy, and
- Emergency transportation.

The VOCA Assistance rule from 2016 includes a clarification that state VOCA administrators have the freedom and flexibility to use their funds for a broad array of legal needs beyond the immediate aftermath of a crime, and that an individual's eligibility to receive VOCA-funded services is not dependent on immigration or citizen status; a nonexhaustive list of legal services that state VOCA administrators could fund includes helping families with abused and neglected children.^{cxxvii}

Supporting activities for which VOCA funds may be used include, but are not limited to, the following:

1. Coordination of activities;
2. Supervision of direct service providers;
3. Multisystem, interagency, multidisciplinary response to crime victim needs;
4. Contracts for professional services;
5. Automated systems and technology;
6. Volunteer trainings; and
7. Restorative justice.

Costs related to providing mental health counseling and care, including residential care, for children who are crime victims as a result of their parents' or caretakers' substance abuse may be allowable if those services are provided by a person who meets professional standards to provide these services in the jurisdiction in which the care is administered.

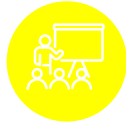
INFANT-TODDLER COURT TEAMS

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 VOCA could potentially cover a range of activities aligned with the SBCT approach, including:

- **The Community Coordinator (Core Component 2):** 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.
- **Multidisciplinary Training:** 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.
- **Data Collection and Continuous Quality Improvement (Core Component 10):** Administrative costs under Subpart 1 also allow for data collection. This aligns with the SBCT approach and can potentially be used to fund an Infant-Toddler Court Team's data collection to monitor, identify and improve implementation progress and outcomes for children and families at the community and state levels, through integration of data across multiple health and human services systems. It is important to note that funding for data collection may be restricted to specific subpopulations targeted by the grant and may not be applicable to all families in Infant-Toddler Court Teams.

Additionally, state and local CASA/GAL programs are eligible to receive VOCA funding through state victim assistance grants. The use of direct service funds to support the recruitment, screening, training and supervision of CASA/GAL volunteers enables programs to provide more direct services. In some states, the state CASA/GAL organization also receives funding to support state-level services such as training, program development, data collection and administration.

APPENDIX A: CRITERIA FOR RATING FEDERAL FUNDING SOURCES

CRITERION 1: Flexibility of Funds

A three-level rating scale was developed for Criterion 1:



This criterion is based on the number of categories for staffing/services/supports for which the funding source can be used, including:

- 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

A secondary factor is the extent to which funding is flexible within a particular category of funding (for example, a funding source that is targeted specifically for mental health services).

CRITERION 2: Alignment with the Safe Babies Court Team™ (SBCT) Approach

A three-level rating scale was developed for Criterion 2:



This criterion is based on three factors. The score for each funding source is based on the total points from each of the three factors:

- 1. Target Population:** The extent to which the target population is similar or different to the target population for Infant-Toddler Court Teams using the SBCT approach. The target population is children birth to age 3 under court jurisdiction who are in or at risk of entering out of home care and their families. Other key characteristics of Infant-Toddler Court Team families include a high percentage with a history of mental health issues and substance use disorder and a significant number of adverse childhood experiences.

The rating for the Target Population factor was scored as follows:

1=Low Alignment; 2=Medium Alignment; 3=High Alignment

-
- 2. Program Goals and Intended Outcomes:** The extent to which the goals and intended outcomes of the grant program are aligned with those of the SBCT approach. The Goal is to advance the health and well-being of very young children and their families, so they flourish. Other key goals include driving best practices for infants, toddlers and their families (prioritizing evidence-based programs); removing barriers to racial equity and social justice; empowering parents and the parent voice; and implementing two-generation programs that help strengthen protective factors and address social determinants of health. The other consideration was the extent to which the Intended Outcomes of the grant program are aligned with the intended outcomes of the SBCT approach. Intended outcomes include:
- a. Attachment relationships that are nurtured and protected,
 - b. Early childhood development that is on a healthy track, and
 - c. Strengthened parent protective factors.

The rating for Program Goals and Intended Outcomes:

1=Low Alignment, 2=Medium Alignment, 3=High Alignment.

- 3. Core Components of the SBCT Approach:** The SBCT approach is guided by a strategic framework containing 10 core components that work synergistically to produce best outcomes for children and parents. The framework and core components are as follows. For more detail, visit our [SBCT Core Components webpage](#).

Area 1: Interdisciplinary, Collaborative, and Proactive Teamwork

1. Judicial and Child Welfare Leadership.
2. Local Community Coordinator.
3. Active Community Team.

Area 2: Enhanced Oversight and Collaborative Problem-Solving

4. Pre/Post-Removal Conferences and Family Team Meetings.

Area 3: Expedited, Appropriate, and Effective Services

5. Continuum of Services for Children and Families.

Area 4: Trauma-Responsive Support

6. Meeting Parents Where They Are.
7. Nurturing Parents' Relationships and Building Social Supports in the Community.
8. Frequent, Quality Family Time.
9. Concurrent Planning.

Area 5: Continuous Quality Improvement

10. System Commitment to Continuous Learning and Improvement.

APPENDIX B: DEFINITIONS FOR SERVICES AT A GLANCE

The section labeled “Services” includes a set of icons for “Services at a Glance,” with a list of services for infants, toddlers and families that are available through different federal programs. When programs are aligned within a coordinated, well-funded system, high-quality services are accessible to more young children and families. Within these comprehensive systems, states and communities are best able to create a strong foundation of child development and foster parent engagement, and to help ensure success in school and later in life. Below are the explanations for the terms included in this section. For the purposes of this guide, a color icon represents an area that can potentially be provided under the respective program, a grayed out icon means these services are likely not provided. Please note: the colored service area may not be a requirement under the program and also may not be covered under all state or community plans.



BASIC NEEDS



BASIC NEEDS

Basic Needs: Services and supports under this category can include sufficient quantities of nutritious foods or nutrition education, transportation, housing assistance, employment pathways, education and skills training, and legal representation and civil advocacy to assist families with accessing the supports, services or benefits to which they are entitled. Within the SBCT approach, the cross-sector stakeholder Active Community Team identifies and responds to gaps in the availability, accessibility and alignment of services for children and families involved with the dependency court and child welfare systems. With the Community Coordinator leading the effort, the Team advocates for and identifies comprehensive and equitable resources and services to fill these basic needs. These services include primary prevention efforts that can help keep families intact and reduce the number of families entering the child welfare system.



PHYSICAL
HEALTH



PHYSICAL
HEALTH

Physical Health: The need for health care during a child’s first three years is more crucial than at most other times in life; for the youngest children, routine health care can spell the difference between a strong beginning and a fragile start. Moreover, the need for parents to have consistent health care is paramount; healthy parents are better able to care for their children. Services under this category can include health insurance coverage; culturally appropriate health services for children and adults; prenatal care, postnatal care and women’s health; well-baby and well-child visits; oral health care; and periodic health screening and referrals through early childhood programs.



INFANT AND EARLY
CHILDHOOD
MENTAL HEALTH



INFANT AND EARLY
CHILDHOOD
MENTAL HEALTH

Infant and Early Childhood Mental Health (IECMH): IECMH, or social and emotional well-being, is defined as the developing capacity of a child from birth to 5 years old to: (1) experience, express, and regulate emotions; (2) form close, secure interpersonal relationships; and (3) explore his or her environment and learn, all within the context of family, community and culture. IECMH is used to describe the range of services and supports necessary to promote this healthy development, prevent mental health problems and treat mental health disorders. A comprehensive IECMH system provides services and supports across this entire continuum.^{cxxviii} IECMH consultation is a multilevel preventive intervention in which a mental health professional partners with an early childhood professional or program staff to infuse activities and interactions that promote healthy social and emotional development, prevent the development of problem behaviors and intervene to reduce the occurrence of challenging behaviors. IECMH consultation services can be provided in a variety of settings, including child care and early education, early intervention, home visiting, primary health care, child welfare programs and domestic violence and homeless shelters.^{cxxvii}



EARLY CARE AND
EDUCATION



EARLY CARE AND
EDUCATION

Early Care and Education: Early Care and Education (ECE) is the setting in which development unfolds for many infants and toddlers. ECE encompasses settings where young children are cared for out of their home by people other than their parents or primary caregivers, including child care in a range of provider settings and types, including centers, family child care homes, relatives and faith-based providers, as well as Early Head Start programs. Quality ECE programs give families a variety of strategies to draw from that nurture children, support parents and strengthen families.^{cxxx}



EARLY
INTERVENTION

Early Intervention: Early Intervention (EI) services are for infants and toddlers at risk for developmental delays and disabilities. Appropriate EI services are based on scientific research, to the extent practicable, and are available to all infants and toddlers with disabilities and their families. EI services include timely and comprehensive multidisciplinary evaluation of the needs of children and family-directed identification of the needs of each family.^{cxxxi} Early Intervention services are organized and coordinated under an Individualized Family Service Plan for each child and family.



HOME VISITING

HOME VISITING

Home Visiting: Home visiting is a mechanism to provide direct support and coordination of services for families in the home setting.^{cxxxii} Home visiting programs match parents with trained professionals who provide information and support starting at pregnancy and continuing throughout a child's first years. While home visiting programs vary in goals and content of services, in general they combine parenting and health care education, child abuse prevention and early intervention and education.^{cxxxiii}



ADULT MENTAL
HEALTH

ADULT MENTAL
HEALTH

Adult Mental Health: Adult Mental Health encompasses adults with mental disorders and serious mental illnesses. Diagnosable behavioral, mental or emotional conditions are defined by the Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders.^{cxxxiv} A system of care for adults with mental illnesses speaks of recovery, cultural competency, use of evidence-based practices, anti-stigma initiatives, special populations, consumer empowerment, jail diversion and activities or services that enhance a person's ability to function independently.^{cxxxv} Services under this category can include community-based treatment programs, including trauma treatment and depression treatment; assessments; outpatient psychiatric services; outpatient counseling; residential services; illness management; crisis stabilization; and more.



SUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT



SUBSTANCE USE
DISORDER PREVENTION
AND TREATMENT

Substance Use Disorder Prevention and Treatment: This category encompasses both substance use prevention and substance use disorder treatment services. Substance use prevention services aim to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse and abuse and underage alcohol and tobacco use.^{cxxxvi} Substance use disorder treatment encompasses the treatment of adults with a diagnosed substance use disorder, or substance use problem, addiction, dependence, or abuse. This can include a variety of services from substance abuse treatment organizations and systems. Treatment can occur in a variety of settings, including outpatient, day treatment, residential or inpatient, and may involve detoxification, counseling, education, relapse prevention training, life skills training and self-help groups.^{cxxxvii}

APPENDIX C: DEFINITIONS FOR SAFE BABIES COURT TEAM FUNCTIONS AT A GLANCE

The section labeled “Infant-Toddler Court Teams” includes a set of icons for “SBCT Functions at a Glance,” illustrating the key court team services and administrative functions of the SBCT approach that can *potentially* be supported through various funding sources. Below are the explanations for the icons.



COMMUNITY
COORDINATOR



COMMUNITY
COORDINATOR

Community Coordinator: A Core Component of the SBCT Approach (Core Component #2), the community coordinator serves in a full-time position with an Infant-Toddler Court Team, working with up to 20 families at a time due to the intensity and expansive nature of the role. The coordinator facilitates real-time information sharing and collaboration among the cross-sector professionals working to support the child and family, explore and coordinate community-based resources for families and build relationships across traditional and nontraditional services and systems.



MULTIDISCIPLINARY
TRAININGS



MULTIDISCIPLINARY
TRAININGS

Multidisciplinary Trainings: Woven throughout the SBCT approach is the importance of identifying training needs and, subsequently, facilitating the provision of training for community stakeholders on best practices and effective services. Within an Infant-Toddler Court Team, the cross-sector stakeholder Active Community Team advocates for, facilitates access to, and participates in multidisciplinary trainings to enhance capacity to better meet child and family needs, including training on trauma-informed care, reflective practice, racial equity and other topics.



DATA COLLECTION AND
CONTINUOUS QUALITY
IMPROVEMENT



DATA COLLECTION AND
CONTINUOUS QUALITY
IMPROVEMENT

Data Collection and Continuous Quality Improvement: Continuous Quality Improvement is the engine that drives effective uptake and sustainability of the SBCT approach. This includes systematically collecting data and using it to reflect on and implement needed improvements (Core Component #10). Infant-Toddler Court Teams collect program data which the team uses to monitor, identify and improve implementation progress and outcomes at the child and family for children and families at the community and state levels through integration of data across multiple health and human services systems.

APPENDIX D: SUMMARY OF FUNDING SOURCES BY FLEXIBILITY AND ALIGNMENT RATINGS

FUNDING SOURCE	FLEXIBILITY	ALIGNMENT
Child Abuse Prevention and Treatment Act (CAPTA)	Medium	High
Child Care and Development Block Grant (CCDBG)	Medium	Medium
Children's Health Insurance Program (CHIP)	Medium	Medium
Community Mental Health Services Block Grant (MHBG)	Medium	Medium
Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SOC)	Medium	Medium
Court Improvement Program (CIP)	Medium	High
Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three Program	Medium	Medium
Early Head Start (EHS)	Medium	High
Family Drug Court Program	Medium	High
Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts	Medium	High
Healthy Start	Medium	Medium
Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)	Medium	High
Medicaid	Medium	Medium
Opioid Affected Youth Initiative	Medium	Medium
Part C of the Individuals with Disabilities Education Improvement Act	Medium	Medium
Pediatric Mental Health Care Access Program	Medium	Low
Preschool Development Grant Birth through Five (PDG B-5)	High	Medium
Regional Partnership Grants	Medium	High
Social Services Block Grant (SSBG)	High	High
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Medium	Medium
State Opioid Response Grant (SOR)	Low	Low
Substance Abuse Prevention and Treatment Block Grant (SABG)	Medium	Medium
Supplemental Nutrition Assistance Program (SNAP)	Medium	Medium
SUPPORT Act Demonstration Project to Increase Substance Use Provider Capacity	Low	Low
Temporary Assistance for Needy Families (TANF)	Medium	Medium
Title IV-B of the Social Security Act: Subpart 1 and Subpart 2	Medium	High
Title IV-E of the Social Security Act	Low	Medium
Title IV-E Prevention Services/Family First Act Prevention Services Act (Family First)	Medium	Medium
Title V Maternal and Child Health (MCH) Services Block Grant	High	High
Victims of Crime Act (VOCA) Crime Victims Fund	Medium	Medium

APPENDIX E: SUMMARY OF FUNDING SOURCES BY SUPPORTIVE SERVICES AND SBCT 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
Child Abuse Prevention and Treatment Act (CAPTA)	●	●	●	●	●	●	●	●	●	●	●
Child Care and Development Block Grant (CCDBG)	●	●	●	●	●	●	●	●	●	●	●
Children's Health Insurance Program (CHIP)	●	●	●	●	●	●	●	●	●	●	●
Community Mental Health Services Block Grant (MHBG)	●	●	●	●	●	●	●	●	●	●	●
Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SOC)	●	●	●	●	●	●	●	●	●	●	●
Court Improvement Program (CIP)	●	●	●	●	●	●	●	●	●	●	●
Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three Program	●	●	●	●	●	●	●	●	●	●	●
Early Head Start (EHS)	●	●	●	●	●	●	●	●	●	●	●
Family Drug Court Program	●	●	●	●	●	●	●	●	●	●	●
Grants to Expand Substance Abuse Treatment Capacity in Family Treatment Drug Courts	●	●	●	●	●	●	●	●	●	●	●
Healthy Start	●	●	●	●	●	●	●	●	●	●	●
Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)	●	●	●	●	●	●	●	●	●	●	●
Medicaid	●	●	●	●	●	●	●	●	●	●	●
Opioid Affected Youth Initiative	●	●	●	●	●	●	●	●	●	●	●

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)	●	●	●	●	●	●	●	●	●	●	●
Title IV-B of the Social Security Act: Subpart 1 and Subpart 2	●	●	●	●	●	●	●	●	●	●	●
Title IV-E of the Social Security Act	●	●	●	●	●	●	●	●	●	●	●
Title IV-E Prevention Services/ Family First Act Prevention Services Act (Family First)	●	●	●	●	●	●	●	●	●	●	●
Title V Maternal and Child Health (MCH) Block Grant	●	●	●	●	●	●	●	●	●	●	●
Victims of Crime Act (VOCA) Crime Victims Fund	●	●	●	●	●	●	●	●	●	●	●

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