

Preparing a Funding Ask: Four Easy Steps



Quality Improvement Center
for Research-Based
Infant-Toddler Court Teams

Introduction

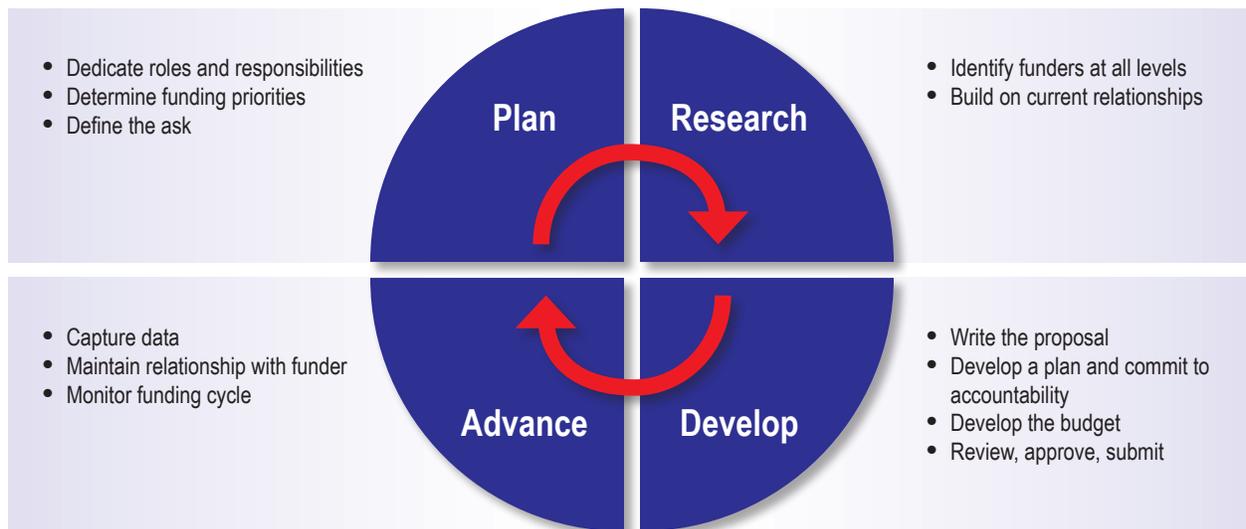
The Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-CT)¹ is building and disseminating knowledge of effective, collaborative court team interventions that seek to transform child welfare systems for infants and toddlers and their families. The QIC-CT provides intensive training and technical assistance to 12 sites^{2,3} that are working to implement and institutionalize an innovative approach—based on the ZERO TO THREE Safe Babies Court Team (SBCT) approach—for improving child, family, and system outcomes. This document, which is part of a series focused on using the *Framework for Sustainability*,⁴ provides support for sites seeking funding to sustain an aspect of the infant-toddler court team. Specifically, this document outlines a simple process to follow and provides a series of questions to answer to prepare for making the funding ask.

- 1 The QIC-CT, funded by the U.S. Department of Health and Human Services, Administration on Children and Families, Children's Bureau, is providing intensive training and technical assistance to fully develop and expand research-based infant-toddler court teams approach.
- 2 The 12 demonstration sites are located in: Connecticut, Florida, Hawai'i, Iowa, Mississippi, and Eastern Band of Cherokee Indians (located in North Carolina).
- 3 Throughout this brief, "site" refers to the systems and jurisdictions working to sustain change.
- 4 The *Framework for Sustainability* was created by CSSP for the QIC for Research-Based Infant Toddler Court Teams: www.qicct.org/sustainability



Process

The diagram below highlights the stages of the process in making the funding ask. Some infant-toddler court teams may be brand new and just pulling together partners, while others have been in place and are seeking funding to continue the work. The process below is applicable to both new and established court teams; however, the sources for infant-toddler court team data and stories will vary, either from the local or national level.



Data

Data is a critical component of each stage, including: identifying your priorities; knowing what works; communicating with funders; tracking your results; and holding the team accountable to children, families, and funders. In addition to monitoring and collecting data, infant-toddler court teams can work with systems to share data to inform each stage of the process.

Important data sources to review include: local and statewide child welfare data (The Statewide Automated Child Welfare Information System [SACWIS] and Tribal Automated Child Welfare Information System [TACWIS]); ZERO TO THREE SBCT database and dashboards; court data systems; U.S. Census Bureau QuickFacts;⁵ Kids Count Data Center,⁶ and departments of health, behavioral health, health care finance, and early childhood. The data sources available will depend on your state/local jurisdiction, and some of these data resources may already have the data by race and ethnicity.

5 www.census.gov/quickfacts

6 <http://datacenter.kidscount.org>

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Plan	<p>Dedicate roles and responsibilities</p> <ul style="list-style-type: none"> Designate responsibilities among the infant-toddler court team including who will lead overall, do the research into possible funding sources, lead the writing process, pull the data, approve and submit the proposal, and monitor funding cycles. <p>Determine funding priorities</p> <ul style="list-style-type: none"> Are you trying to implement for the first time, sustain at the current level, or scale the infant-toddler court team? Does the team need funding for: staffing positions? supportive services, including trainings or resource tools? Review the Core Components and gaps in ability to implement and/or sustain. <p>Define the ask—answer guiding questions about funding goals and impact</p> <ul style="list-style-type: none"> Based on the funding priorities, what is the “ask”? Why do you want to pursue/continue this approach? What are your desired results? How will you know this approach works? What data do you have locally about the need for the infant-toddler court team approach (e.g., number of children birth-3 in foster care, time to permanency, placement stability, placement with kin)? What data do you have about the impact of the infant-toddler court team that addresses this local need or, if your site is too new to have much data, what national data can you use to make your case? Is there qualitative data (including success stories/testimonials) from your site or nationally that support your goals and those of your funder?
Research	<p>Identify funders at all levels and build on current relationships/collaborations</p> <ul style="list-style-type: none"> Who are your current partners (collaborations)? Who do you have relationships with currently? Who are new partners that share your vision and could potentially partner in this pursuit? Is there a community or state-wide vision you can leverage? What public funding opportunities exist at the federal, state, and/or local levels? What are the federal and state dollars supporting systems you interact with, such as Title IV-E waiver, Medicaid, or state-specific funding? Which foundations have a mission that aligns with your desired results/guiding principles/mission/vision and do they currently fund work in your community? What are the funding cycles for different grant opportunities? How do your desired results tie to the funder’s mission: healthy development, well-being, permanency, and cost savings? Resource for identifying state/local foundations: The Grantsmanship Center—State by State Resource for identifying new funding opportunities: Philanthropy News Digest, GrantStation Insider
Develop	<p>Write the proposal building off your priorities and research</p> <ul style="list-style-type: none"> Use the information from the QIC/SBCT to help frame the problem and describe the solution. In framing the problem, review state data including percentage of children birth-3 who are victims of maltreatment, entered care in the last year, and are currently in care. Based on the SBCT Readiness Assessment tool, include important data about where your local site is and identified next steps for implementation. Where will the funding request be allocated? Sites will have different results from this assessment depending on whether they are just starting off or have been engaged in this work for some time. Use local data to further frame the need and results achieved thus far. What does the data—local and national—say about the potential impact of this approach? Be clear about your desired results and how the infant-toddler court team approach aligns with the funder’s mission and/or vision. What data and success stories will speak to your funder? What are your funder’s goals/mission/vision? How does your proposal fit within their overall work? Are you leveraging funding from another resource or grant? <p>Develop a data plan and commit to accountability</p> <ul style="list-style-type: none"> What data will you track? What is the target population, what will you do, and how well you are doing it? Identify existing data sources (SACWIS/TACWIS, court system, SBCT database) and develop a memorandum of understanding to share data. <p>Develop the budget</p> <ul style="list-style-type: none"> Identify how the requested funding will support the initiative, including: community coordinator salary, resources, training, travel, food. What do you need to support each Core Component? If you are seeking funding from other sources, show how the costs will be shared among funders. <p>Review, approve, submit proposal</p>
Advance	<p>Capture data</p> <ul style="list-style-type: none"> Ensure you are tracking data and engaged in continuous learning: What is your data telling you? What is working well? Where might you need to adjust? How can you incorporate the lived experience in an ethical (confidential), transparent manner to tell the story behind the numbers? <p>Maintain relationship with funder</p> <ul style="list-style-type: none"> Engage in ongoing discussions with funder to understand their expectations of when you will check-in, what type of information you will share, and deliverables. <p>Monitor funding cycle</p> <ul style="list-style-type: none"> Begin discussions internally and with funders for continued funding early on. How can you leverage funding from this source to grow your funding portfolio? What are other funding sources that can support your work?

Key Messaging for Proposals

The messages below are a guide for proposal writing. Teams should identify which messaging, tone, and language will speak the best to the prospective funder. For sites that are new, local data about the impact of the infant-toddler court team may not be available. For active sites, it is important to use local data when possible to show impact in your community. Even if the funder is familiar with the project, do not assume that the proposal reader(s) are familiar. The proposal may go through new staff or interns for screening before it gets to your program officer.

Defining the problem:

- Roughly one third (34%) of all child maltreatment victims are 3 years old or younger. Infants and toddlers accounted for three quarters (74.8%) of all child fatalities (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, 2017a, 2017b).
- One third (32%) of all children entering foster care were younger than 3 years old (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, 2016).
- When children are removed from their families, this is a traumatic experience for both the child and parent and can lead to negative outcomes if appropriate supports and services are not provided to the family.
- State data on percentage of birth-3 children who are victims of maltreatment, entered care in the last year, and are currently in care (The Adoption and Foster Care Analysis and Reporting System data).
- High worker caseloads can have a negative impact on worker's ability to engage with parents and support timely permanency.

What we know about what children and families need to thrive:

- The first years of a child's life are critical for development. This is a period of life during which a child's brain develops basic thinking and reasoning capacities, and the brain regions governing planning, self-control, and emotion develop rapidly.
- Early experiences can create a sturdy foundation for learning and self-confidence.
- Children do best when they can stay safely at home, however, children sometimes must be removed and placed in foster care while family risks are mitigated. When children are in care, we know that placement with family or kin and regular contact with their parents is important to their emotional well-being and can reduce trauma.
- Our system must place a greater emphasis on parent support and child abuse prevention activities; investments in the programs that empower parents to make significant changes in behavior and measurable progress toward their goals will yield great dividends not only for their children, but for their communities and society as a whole.

Why fund the SBCT approach—defining the solution:

Key successes of the SBCT approach include: viewing and supporting parents as true partners in the process; establishing family-centered casework aimed at achieving timely reunification; and improving child permanency outcomes and reducing time spent in out-of-home care.

Impact in national evaluations:

- “Evaluation findings indicate that the [Safe Babies Court Team] is a promising approach for promoting greater collaboration between the courts, child welfare, and the community to meet the needs of very young children in foster care and to realize positive safety, permanency, and well-being outcomes.” (James Bell Associates, 2009, p. 110).
- In an independent evaluation of the SBCT approach in four geographically diverse sites, researchers found that 99.05% were protected from further maltreatment; 97% of the identified service needs were met; and gains were made to achieve timely permanency (James Bell Associates, 2009).
- Children served by the SBCTs exited the foster care system approximately 1 year earlier than children in the comparison group. Children in the SBCT approach have reached permanency 2.67 times faster than the national comparison group. (McCombs-Thorton, 2012).
- Not only are children served by the SBCTs reaching permanency on average a year faster than children in the control group, but the children are more likely to reach permanency with a member of their biological family. Reunification was the most common type of exit for SBCT children (38%), whereas adoption was the most typical for the comparison group (41%). If kinship families are included, 62.4% of the SBCT children ended up with family members, whereas only 37.7% of the comparison group did (McCombs-Thornton, 2012).
- SBCT children were significantly more likely to receive a developmental screening (92% vs. 25%), health care visit (94% vs. 76%), and dental visit (29% vs. 18%; Foster & McCombs-Thornton, 2012).
- A cost-effectiveness study examined the effect the expedited permanency outcome had on the cost of SBCT implementation. Economics for the Public Good first calculated an average direct cost of \$10,000 per child. These costs are similar to or substantially lower than those found in other early childhood interventions. Short-term savings generated by the earlier exits from foster care by SBCT children are estimated at an average of \$7,300 per child.
- The study also demonstrated SBCTs’ ability to leverage substantial in-kind resources: For every grant dollar, the SBCTs were able to generate another dollar of in-kind support (Foster & McCombs-Thornton, 2012).
- In 2014, the SBCT approach was added to the California Evidence-Based Clearinghouse for Child Welfare with a scientific rating of 3, which signifies promising research evidence, high child welfare system relevance, and a child welfare outcome of permanency.

Impact at local/site-specific level:

- Our infant-toddler court team has been shown to improve outcomes related to well-being (*placement with kinship, increased placement stability, increased access to supports and services, parent feelings of engagement*) and permanency (*timeliness to reunification, adoption, or guardianship, concurrent planning data—permanency achieved with first out-of-home placement provider, permanency achieved with kinship resource, etc.*).
- Success stories and testimonials from parents involved with the SBCT approach report increased understanding of child development and attachment, feelings of engagement by child welfare system and partners, and increase in protective and promotive factors.
- System partners—judiciary, community-based providers, early learning systems, health systems—report increased engagement, and unified case planning to improve outcomes for children and families.
- Reduction in costs associated with out-of-home care (*time to permanency*).
- Early investments in prevention (*early access, Part C services, developmental assessments*) decrease future, often more expensive costs.

Key Resources:

- James Bell Associates. (2009). *Evaluation of the Court Teams for maltreated infants and toddlers: Final report*. Report submitted to the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. Arlington, VA. www.zerotothree.org/resources/515-safe-babies-court-team-a-proven-solution

This evaluation looked at evidence of system change, knowledge among Court Teams stakeholders regarding the impact of maltreatment on early development, and short-term outcomes for infants and toddlers monitored by the Safe Babies Court Teams
- McCombs-Thornton, K. L. (2012). The effect of the ZERO TO THREE Court Teams initiative on types of exits from the foster care system—A competing risks analysis. *Children and Youth Services Review*, 34, 169–178. www.zerotothree.org/resources/515-safe-babies-court-team-a-proven-solution

This analysis looked at the effect of Safe Babies Court Teams on time to permanency and how children exit the foster care system. It also examined how program components or client characteristics affected time to permanency.
- Foster, E. M., & McCombs-Thornton, K. L. (2012). *Investing in our most vulnerable: A cost analysis of the ZERO TO THREE Safe Babies Court Teams Initiative*. Birmingham, AL: Economics for the Public Good. www.zerotothree.org/resources/515-safe-babies-court-team-a-proven-solution

This analysis looked at cost savings of Safe Babies Court Teams
- Arkansas Fact Sheets for Legislature: Legislative Fact Sheet (Arkansas Advocates for Children and Families). (2017). *DCFS striving to work smarter, better in a time of increased need*. Arkansas Association for Infant Mental Health letter to members. www.aaimh.org/wp-content/uploads/2017/01/DCFS_Factsheet-Final_revised-1-22-17-FINAL.pdf

Reference List:

- California Evidence-Based Clearinghouse for Child Welfare www.cebc4cw.org
- Foster, E. M., & McCombs-Thornton, K. L. (2012). *Investing in our most vulnerable: A cost analysis of the ZERO TO THREE Safe Babies Court Teams Initiative*. Birmingham, AL: Economics for the Public Good. www.zerotothree.org/resources/515-safe-babies-court-team-a-proven-solution
- James Bell Associates. (2009). *Evaluation of the Court Teams for maltreated infants and toddlers: Final report*. Report submitted to the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. Arlington, VA. www.zerotothree.org/resources/515-safe-babies-court-team-a-proven-solution

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- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, Child Welfare Information Gateway (2017a). *Child Abuse and Neglect Fatalities 2015: Statistics and Interventions*. Retrieved from www.childwelfare.gov/pubPDFs/fatality.pdf
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau. (2017b). *Child maltreatment 2015*. Retrieved from www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment

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