



# State Scan of Initiatives and Programs Aligned with Safe Babies

Authors: Lisa McGarrie, Torey Silloway, and Jaclyn Szrom



**ZERO TO THREE**  
Early connections last a lifetime

# TABLE OF CONTENTS

Click on sections or subheads to go directly to topic area.

	<b>ABOUT THE INFANT-TODDLER COURT PROGRAM NATIONAL RESOURCE CENTER .....</b>	<b>4</b>
	<b>PURPOSE OF THE STATE SCAN OF INITIATIVES AND PROGRAMS TOOL .....</b>	<b>4</b>
	<b>PREVENTION AND FAMILY STRENGTHENING .....</b>	<b>5</b>
	Title V Maternal and Child Health (MCH) Services Block Grant .....	10
	Help Me Grow .....	12
	Community-Based Child Abuse Prevention (CBCAP) Grants .....	14
	Additional Programs .....	16
	<b>HEALTH .....</b>	<b>17</b>
	Healthy Start .....	22
	Medicaid .....	24
	Additional Programs .....	27
	<b>INFANT AND EARLY CHILDHOOD MENTAL HEALTH .....</b>	<b>28</b>
	Child-Parent Psychotherapy (CPP) and Other Dyadic Treatments .....	33
	State Associations for Infant Mental Health .....	35
	Additional Programs .....	37
	<b>EARLY INTERVENTION AND EARLY CHILDHOOD DEVELOPMENT .....</b>	<b>38</b>
	Early Childhood Comprehensive Systems (ECCS):	
	Health Integration Prenatal-to-Three Program .....	43
	Home Visiting / Maternal, Infant, and Early Childhood	
	Home Visiting (MIECHV) .....	45
	Early Head Start .....	47
	Additional Programs .....	49
	<b>ADULT MENTAL HEALTH .....</b>	<b>51</b>
	Certified Community Behavioral Health Clinics (CCBHCs) .....	56
	Regional Partnership Grants .....	58
	Additional Programs .....	60

# TABLE OF CONTENTS *(continued)*

*Click on sections or subheads to go directly to topic area.*



## **SUBSTANCE USE PREVENTION AND TREATMENT .....61**

State Opioid Response (SOR) Grants .....	66
Substance Abuse Prevention and Treatment Block Grant (SABG) .....	68
Plans of Safe Care / Family Care Plans Under the Child Abuse Prevention and Treatment Act (CAPTA) .....	70
Additional Programs .....	72



## **INTIMATE PARTNER VIOLENCE .....73**

Family Violence Prevention and Services Act (FVPSA) State and Territory Formula Grants .....	78
Victims of Crime Act (VOCA) Crime Victims Fund .....	80
Additional Programs .....	82



## **PARENT MENTORING AND CAREGIVER PEER SUPPORT .....83**

Iowa Parent Partner Approach .....	88
Medicaid-Reimbursed Peer Support.....	90
Additional Programs .....	92



## **CHILD WELFARE .....93**

Title IV-B of the Social Security Act (Subpart 1 and Subpart 2) .....	98
Title IV-E of the Social Security Act .....	100
Title IV-E Family First Prevention Services Act (FFPSA) State Plan.....	102
Additional Programs .....	104



## **COURTS .....105**

Family Treatment Drug Courts and Other Specialty Courts.....	110
Court Improvement Program (CIP).....	113
Additional Programs .....	115

## **ENDNOTES ..... 116**

## ABOUT THE INFANT-TODDLER COURT PROGRAM NATIONAL RESOURCE CENTER

The Infant-Toddler Court Program National Resource Center (ITCP NRC), housed at and supported by ZERO TO THREE, has worked throughout the country in local communities and states over the past 16 years to implement the Safe Babies approach. This evidence-based approach—targeted to families with children ages 0–3 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. Additionally, the approach works to build and strengthen communities so that parents can access supports and services when needed, thus lessening the risk for child welfare involvement. There are currently more than 120 sites implementing the [Safe Babies](#) approach across the country. Our reach covers 30 states, including 16 that are implementing a statewide approach in multiple sites.

This program was made possible through the support of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$6,424,967 with 0 percent financed from non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](#).

ZERO TO THREE deeply appreciates Ballmer Group for its generous support of our work to scale Safe Babies. We'd like to especially thank Connie Ballmer for her vision and commitment to transforming the child welfare system so that all babies thrive. Ballmer Group is committed to improving economic mobility for children and families in the United States, funding leaders and organizations that have demonstrated the ability to reshape opportunity and reduce systemic inequities.



## PURPOSE OF THE STATE SCAN OF INITIATIVES AND PROGRAMS TOOL

The following tool, developed by the ITCP NRC, is designed to support a collaborative, state-level scan of initiatives and programs that promote connectivity to key partnerships in the state supporting implementation and sustainability of the Safe Babies approach. This document serves as a starting point for aligning Safe Babies with the broader early childhood system, bringing together health (holistically defined and for all members of the family); child welfare, including the dependency court; early care and education; other human services; and family support program partners—as well as community leaders, families, and other partners—to achieve agreed-upon goals for thriving children and families.

The State Scan of Initiatives and Programs Tool supports states in assessing their programs, funding, and initiatives to identify where strong connections are in place, or where alignment is needed to provide supports and services for families. The tool contains fillable prompts under each main section, and we encourage State Teams to collaborate with other key partners when answering questions and researching a program's alignment with Safe Babies. For each section, we encourage State Teams to identify and add additional state-specific initiatives, programs, and funding opportunities. Links are provided below to searchable databases for federal funding opportunities for states.

### FEDERAL GRANT AGENCY LINKS – STATE-BY-STATE AWARDS

- [Health Resources and Services Administration \(HRSA\)](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)
- [Administration for Children and Families \(ACF\)](#)



# PREVENTION AND FAMILY STRENGTHENING

Prevention and family strengthening is a broad area that includes services and supports that match the strengths and needs of the whole family with the aim of giving very young children a strong start in life. Prevention efforts can create positive family outcomes despite negative experiences. This is accomplished through a myriad of strategies, including efforts to mitigate the stress of families overloaded by intergenerational trauma, financial insecurity, poverty, and hunger, among other hardships.

The prevention and family strengthening area includes universal supports that are offered to all families and are easily accessible—with the aim of reducing the likelihood that families will need deeper systems involvement. These primary prevention efforts aim to set families up for success by promoting strong, healthy parent-child relationships and building family knowledge of resources. These systems also strive to improve the connections between existing community resources to maximize uptake and impact. Secondary prevention services for families are part of the continuum and are offered depending on family need and whether a family has already had child welfare system or other system involvement.

Examples of prevention approaches include universal screening of infants for developmental and social-emotional milestones; universal screening programs with components for caregiver education and coaching; relationship-based services/supports; home visiting for expecting or new parents; and Family Resource Centers that provide information and referrals for families. Safe Babies teams should also consider programs that strengthen families by meeting their basic needs and supporting their economic stability. These include programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); affordable housing programs; the Supplemental Nutrition Assistance Program (SNAP); and Temporary Assistance for Needy Families (TANF).

## POTENTIAL RESOURCES TO REVIEW IN YOUR STATE:

Below you will find links to programs/resources that are commonly found across states. Several programs are highlighted as examples, and additional worksheets are included on the pages that follow to brainstorm other programs/resources in your state. The bolded programs in the list have dedicated worksheets. *Click on the title to go to the worksheet.*

- **[Title V Maternal and Child Health Block Grant](#)**
- **[Help Me Grow](#)**
- **[Community-Based Child Abuse Prevention \(CBCAP\) Grant](#)**
- [Family Resource Centers \(by state\)](#)
- [Prevent Child Abuse America Chapters](#)



*Click or tap below each question to enter text.*

### **KEY CONSIDERATIONS AROUND PREVENTION AND FAMILY STRENGTHENING:**

What are the priorities of the state around prevention and family strengthening (primary, secondary, and tertiary) for infants, toddlers, and families? How does Safe Babies align with these priorities?

Who are the major organizations or groups that operate in this area with whom you would want to connect (e.g., state-level taskforce, coalition, steering committee, council)?

Who are the key champions in the prevention and family strengthening area (including advocacy groups, parents/families, legislators, foundations, business leaders)?



## PREVENTION AND FAMILY STRENGTHENING

What opportunities exist to build partnerships with other organizations or key champions doing this work that could help strengthen Safe Babies and families either at the state or local level?

How would you prioritize the opportunities in this category? What level of engagement would you want to have (e.g., high: formal partnership; medium: ongoing information sharing; low: providing information on Safe Babies)?

What are the primary barriers in the prevention and family strengthening area (e.g., policy, geography, service accessibility, political context, funding)?



What evidence-based or evidence-informed practices are being piloted or implemented in this area?

What concrete supports are available for families in this area to lessen the risk of child welfare involvement?

What state and local policies need to be reviewed and explored to better understand the opportunities and limitations specifically related to infants, toddlers, and their families?





What considerations are there for tribal communities within this area? (It is critical to include tribal community organizations and leaders in the implementation of Safe Babies if tribal families will be served. Tribal communities have many assets and strengths, as well as insights about what their families need.)

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:**



RESOURCE EXAMPLE:

## Title V Maternal and Child Health (MCH) Block Grant

---

**SUMMARY:** The MCH Block Grant—one of the largest federal block grant programs—is a federal-state partnership program that provides health care and public health services for pregnant people, infants, and children, including those with special needs. States provide oversight and leadership to the direction and implementation of MCH Block Grant funds programs across areas such as direct health services, newborn screening, and other emergent areas as identified through a statewide needs assessment process. To see the award information and contacts for your state, please visit [HRSA's MCH Bureau website](#).

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*



Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



## RESOURCE EXAMPLE:

### Help Me Grow

---

**SUMMARY:** Help Me Grow works to promote cross-sector collaboration to build efficient and effective early childhood systems that mitigate the impact of adversity and support protective factors among families, helping all children grow, develop, and thrive to their full potential. Families benefit as Help Me Grow listens to them, links them to services, and provides ongoing support. Help Me Grow is available to all children, including those whose families may have concerns or simply want to learn more about their child’s development. Visit the [Help Me Grow National Center’s Affiliate Network](#).

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*



Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



### RESOURCE EXAMPLE:

# Community-Based Child Abuse Prevention (CBCAP) Grant

---

**SUMMARY:** Under Child Abuse Prevention and Treatment Act (CAPTA) legislation, CBCAP funds are used to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect.

**ALIGNMENT WITH SAFE BABIES:** CBCAP's focus on improving family access to formal and informal resources and opportunities in communities, and on providing referrals to early health and developmental services, is well aligned with the role of the community coordinator. Activities include parent education and mutual support; respite care; and outreach and follow-up (e.g., home visiting). Optional services include adoption services; childcare; programs supporting job readiness, education, and self-sufficiency; and referrals to community and domestic violence services. CBCAP lead agencies foster the development of a continuum of comprehensive child and family support and preventive services, including developing partnerships with other community-based organizations that provide services such as Early Head Start, home visiting, mental health, and substance use treatment. Supplemental funds can be used to enhance community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect in a manner consistent with any of the program purposes of CBCAP.

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*



**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



## Additional Program *(Enter title here):*

---

**SUMMARY:** *Click or tap below to enter text.*

**ALIGNMENT WITH SAFE BABIES:** *Click or tap below to enter text.*

**STATE-SPECIFIC INFORMATION:** *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*





# HEALTH

- The need for health care during the prenatal period and during the child's first three years is crucial to family well-being. For the youngest children, routine health care can mean the difference between a strong beginning and a fragile start. For parents and caregivers, access to consistent health care is paramount, as healthy caregivers 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; perinatal health, including prenatal and postnatal care; well-baby and well-child visits; oral health care; and universal health screening and referrals through early childhood programs. [Mental health](#) and [substance use prevention and treatment](#) are included in separate sections.

## POTENTIAL RESOURCES TO REVIEW IN YOUR STATE:

Below you will find links to programs/resources that are commonly found across states. Several programs are highlighted as examples, and additional worksheets are included on the pages that follow to brainstorm other programs/resources in your state. The bolded programs in the list have dedicated worksheets. *Click on the title to go to the worksheet.*

- **[Healthy Start](#)**
- **[Medicaid](#)**
- [HealthySteps](#)
- [HRSA Find a Health Center Database](#)
- [State Chapters of the American Academy of Pediatrics \(AAP\)](#)
- [HRSA Maternal Health Innovation Grants](#)
- [Perinatal Quality Collaboratives](#)



*Click or tap below each question to enter text.*

## KEY CONSIDERATIONS AROUND HEALTH:

What are the priorities in the of the state around prevention and family strengthening (primary, secondary, and tertiary) for infants, toddlers, and families? How does Safe Babies align with these priorities?

Who are the major organizations or groups that operate in this area with whom you would want to connect (e.g., state-level taskforce, coalition, steering committee, council)?

Who are the key champions in the area of health for families with infants and toddlers (including advocacy groups, parents/families, health care providers, legislators, foundations, and business leaders)?



What opportunities exist to build partnerships with other organizations or key champions doing this work that could help strengthen Safe Babies and families either at the state or local level?

How would you prioritize the opportunities in this category? What level of engagement would you want to have (e.g., high: formal partnership; medium: ongoing information sharing; low: providing information on the Safe Babies approach)?

What evidence-based or evidence-informed practices are being piloted or implemented in this area?



What concrete supports are available for families to lessen the risk of child welfare involvement?

What are the primary barriers in the health area (e.g., policy, geography, service accessibility, political context, funding)?

What state and local policies need to be reviewed and explored to better understand the opportunities and limitations specifically related to infants, toddlers, and their families?



What considerations are there for tribal communities within this area? (It is critical to include tribal community organizations and leaders in the implementation of Safe Babies if tribal families will be served. Tribal communities have many assets and strengths, as well as insights about what their families need.)

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:**



## RESOURCE EXAMPLE:

### Healthy Start

---

**SUMMARY:** Healthy Start aims to reduce infant mortality and such negative birth outcomes as maternal mortality, poverty, education, access to care, and other socioeconomic factors, as well as to reduce racial/ethnic differences in rates of infant death and adverse perinatal outcomes. Healthy Start emphasizes the need for multisector community engagement and collaboration. Since its transformation in 2014, the goal of Healthy Start has been to improve maternal and infant health and to reduce disparities in adverse perinatal outcomes in the United States. 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. The program targets communities with infant mortality rates that are at least one and a half times the U.S. national average. For more information, please see the ITCP NRC's [Federal Funding Guide](#).

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*



Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



## RESOURCE EXAMPLE:

# Medicaid

---

**SUMMARY:** Medicaid pays for nearly one-half of all births in the country, and, together with the Children’s Health Insurance Program (CHIP), covers about 45 percent of children under 6 years old and almost three-quarters of young children living in or near poverty.<sup>1</sup> In addition, Medicaid is the insurer for nearly all children in foster care.<sup>2</sup> State Medicaid programs, including contracted Medicaid managed care organizations, play a significant role in benefits administration and coordination of health and health-related services for their members. Nearly all children in Safe Babies are Medicaid-eligible, so this system is critically important to timely access to appropriate services and supports that can help them thrive.

For families with caregivers who are also Medicaid participants, there is additional opportunity to ensure that Medicaid services and supports can offer two-generation and early intervention approaches that address a wide array of family needs. Medicaid’s Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is a critical federal requirement for all state programs that requires coverage of any services necessary to correct or ameliorate a medical, behavioral, developmental, or social-emotional condition. EPSDT is essential to early childhood systems, as it outlines requirements for early screening through a child’s health home and serves as the policy pathway to additional services to address issues before they become long-term conditions. Federal EPSDT guidance for states is available on the [HHS Guidance Portal](#). The following page includes additional questions about your state Medicaid program from ZERO TO THREE’S *State of Babies Yearbook*.

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*





Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



## RELEVANT POLICIES FROM THE STATE OF BABIES YEARBOOK

[\(Visit the site to view your state's profile, which shows answers to the key policy questions below.\)](#)

Medicaid expansion state: *Choose one:*

- Yes    No    Recommended in the state

Children's Health Insurance Program (CHIP) unborn child option: *Choose one:*

- Yes    No    Recommended in the state

State Medicaid policy for maternal depression screening in well-child visits: *Choose one:*

- Yes    No    Recommended in the state

Medicaid plan covers social-emotional screening for young children: *Choose one:*

- Yes    No    Recommended in the state

Medicaid plan covers infant and early childhood mental health (IECMH) services at home: *Choose one:*

- Yes    No    Recommended in the state

Medicaid plan covers IECMH services at pediatric practices: *Choose one:*

- Yes    No    Recommended in the state

Medicaid plan covers IECMH services in early childhood settings: *Choose one:*

- Yes    No    Recommended in the state

Pregnant workers protection: *Choose one:*

- All employees    State employees only    Limited coverage    No protections

Postpartum extension of Medicaid coverage: *Choose one:*

- No law beyond 60 days (base Medicaid requirement)  
 Law covering all women for one year postpartum  
 Law covering some women but not all, or all women for less than one year



## Additional Program *(Enter title here):*

---

**SUMMARY:** *Click or tap below to enter text.*

**ALIGNMENT WITH SAFE BABIES:** *Click or tap below to enter text.*

**STATE-SPECIFIC INFORMATION:** *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



# INFANT AND EARLY CHILDHOOD MENTAL HEALTH

Infant and early childhood mental health (IECMH), or social and emotional well-being, is defined as the developing capacity of a child from birth to age 5 to experience, express, and regulate emotions; form close, secure interpersonal relationships; and explore his or her environment and learn—all within the context of family, community and culture. IECMH is also 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, including an array of direct supports as well as IECMH consultation across settings. For families that need support in this area, a two-generation approach, also known as dyadic treatment, is recommended. Evidence-based dyadic interventions (e.g., Child Parent Psychotherapy, Parent Child Interaction Therapy) are provided in the community and focus on the caregiver-child relationship.

See the [Health](#) section for related questions about your state's Medicaid program and IECMH services.

For more information on evidence-based dyadic treatment, please visit the [Title IV-E Prevention Services Clearinghouse](#).

## POTENTIAL RESOURCES TO REVIEW IN YOUR STATE:

Below you will find links to programs/resources that are commonly found across states. Several programs are highlighted as examples, and additional worksheets are included on the pages that follow to brainstorm other programs/resources in your state. The bolded programs in the list have dedicated worksheets. *Click on the title to go to the worksheet.*

- **[Child-Parent Psychotherapy \(CPP\) and Other Dyadic Treatments](#)**
- **[State Associations for Infant Mental Health](#)**
- [ZERO TO THREE IECMH Financing Policy Project](#)
- [SAMHSA Early Childhood Mental Health Programs and Grants](#)



*Click or tap below each question to enter text.*

## **KEY CONSIDERATIONS AROUND INFANT AND EARLY CHILDHOOD MENTAL HEALTH:**

What are the priorities in the of the state around prevention and family strengthening (primary, secondary, and tertiary) for infants, toddlers, and families? How does Safe Babies align with these priorities?

Who are the major organizations or groups (e.g., taskforce, council, steering committee, commission) that operate in this area with whom you would want to connect?

Who are the key champions in this area (including advocacy groups, parents/families, legislators, foundations, and business leaders)?



What opportunities exist to build partnerships with other organizations or key champions doing this work that could help strengthen Safe Babies and families either at the state or local level?

How would you prioritize the opportunities in this category? What level of engagement would you want to have (e.g., high: formal partnership; medium: ongoing information sharing; low: providing information on Safe Babies)?

What evidence-based or evidence-informed practices are being piloted or implemented in this area?



What concrete supports are available for families to lessen the risk of child welfare involvement?

What are the primary barriers in the infant and early childhood mental health area (e.g., policy, geography, service accessibility, political context, funding)?

What state and local policies need to be reviewed and explored to better understand the opportunities and limitations specifically related to infants, toddlers, and their families?



What considerations are there for tribal communities within this area? (It is critical to include tribal community organizations and leaders in the implementation of Safe Babies if tribal families will be served. Tribal communities have many assets and strengths, as well as insights about what their families need.)

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:**





RESOURCE EXAMPLE:

## Child-Parent Psychotherapy (CPP) and Other Dyadic Treatments

---

**SUMMARY:** Relational interventions are prevention approaches where the focus is on promoting a healthy bond between children and their caregivers while also developing resiliency and protective factors. Treatment programs are designed to alleviate the distress and suffering related to an infant or young child's mental health problem in the context of the caregiver-child relationship. Examples of evidence-based or evidence-informed interventions include Child-Parent Psychotherapy or Parent Child Interaction Therapy. The treatment service providers are considered key partners for Safe Babies given their shared goals of addressing trauma and strengthening families.

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*



Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text:*



RESOURCE EXAMPLE:

## State Associations for Infant Mental Health

---

**SUMMARY:** More than 30 states have a state-level association affiliated with the Alliance for the Advancement of Infant Mental Health, an internationally recognized membership organization that supports the IECMH workforce. State associations for infant mental health are leaders in early childhood advocacy, workforce development, and systems building.

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*



Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



## Additional Program *(Enter title here):*

---

**SUMMARY:** *Click or tap below to enter text.*

**ALIGNMENT WITH SAFE BABIES:** *Click or tap below to enter text.*

**STATE-SPECIFIC INFORMATION:** *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



# EARLY INTERVENTION AND EARLY CHILDHOOD DEVELOPMENT

Early intervention services help children achieve developmental milestones and provide parents and caregivers with extra support to understand how to best meet their children's unique needs. When assessments indicate that services are needed, early and timely identification can mitigate or even eliminate any long-term effects on health and development.

Early childhood development occurs in many different settings, and for many families, early care and education programs are often central to their children's social, emotional, and cognitive growth. Early childhood development programs include those that coach and train parents to build skills and relationships with their children, such as home visiting and IDEA Part C Early Intervention Services. These programs also include childcare provided across a range of settings, such as center-based care, childcare homes, family/relative care, and Early Head Start.

## POTENTIAL RESOURCES TO REVIEW IN YOUR STATE:

Below you will find links to programs/resources that are commonly found across states. Several programs are highlighted as examples, and additional worksheets are included on the pages that follow to brainstorm other programs/resources in your state. The bolded programs in the list have dedicated worksheets. *Click on the title to go to the worksheet.*

- **[Early Childhood Comprehensive Systems \(ECCS\): Health Integration Prenatal-to-Three Program](#)**
- **[Home Visiting / Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\)](#)**
- **[Early Head Start](#)**
- [SafeCare®](#) (an in-home behavioral parenting program proven effective with child welfare-involved families)
- [IDEA Part C Early Intervention Services State Systems and Coordinators](#)
- [Preschool Development Grant – Birth through Five Awardees](#)



*Click or tap below each question to enter text.*

## KEY CONSIDERATIONS AROUND EARLY INTERVENTION AND EARLY CHILDHOOD DEVELOPMENT:

What are the priorities in the of the state around prevention and family strengthening (primary, secondary, and tertiary) for infants, toddlers, and families? How does Safe Babies align with these priorities?

Who are the major organizations or groups that operate in this area with whom you would want to connect (e.g., state-level taskforce, coalition, steering committee, council)?

Who are the key champions in this area (including advocacy groups, parents/families, legislators, foundations, and business leaders)?



What opportunities exist to build partnerships with other organizations or key champions doing this work that could help strengthen Safe Babies and families either at the state or local level?

How would you prioritize the opportunities in this category? What level of engagement would you want to have (e.g., high: formal partnership; medium: ongoing information sharing; low: providing information on Safe Babies)?

What evidence-based or evidence-informed practices are being piloted or implemented in this area?





What concrete supports are available for families to lessen the risk of child welfare involvement?

What are the primary barriers in the early intervention and early childhood development area (e.g., policy, geography, service accessibility, political context, funding)?

What state and local policies need to be reviewed and explored to better understand the opportunities and limitations specifically related to infants, toddlers, and their families?



What considerations are there for tribal communities within this area? (It is critical to include tribal community organizations and leaders in the implementation of Safe Babies if tribal families will be served. Tribal communities have many assets and strengths, as well as insights about what their families need.)

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:**



## RESOURCE EXAMPLE:

### Early Childhood Comprehensive Systems (ECCS): Health Integration Prenatal-to-Three Program

---

**SUMMARY:** The Health Resources and Services Administration’s (HRSA) ECCS 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 on the prenatal-to-age-3 (P-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, that promote early developmental health and family well-being, and that 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. For more information, please see the ITCP NRC’s [Federal Funding Guide](#).

**ALIGNMENT WITH SAFE BABIES:** ECSS grant recipients are encouraged to engage a cross-sector advisory council to support advancements 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.

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*



Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



## RESOURCE EXAMPLE:

### Home Visiting / Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

---

**SUMMARY:** 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. The program provides federal funds to states and tribal entities to support voluntary, evidence-based home visiting services. States are supported in intensifying 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. For more information, please see the ITCP NRC's [Federal Funding Guide](#).

**ALIGNMENT WITH SAFE BABIES:** Home visiting, and specifically MIECHV, has high alignment with the Safe Babies approach. The required goals for MIECHV grantees also align closely with Safe Babies: improving maternal and child health; preventing child abuse and neglect; encouraging positive parenting; and promoting child development and school readiness.

**STATE-SPECIFIC INFORMATION:** Home visiting models implemented in the state with MIECHV funds. *Click or tap below to enter text.*

**OTHER HOME VISITING MODELS IMPLEMENTED IN THE STATE:** *Click or tap below to enter text.*



**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*

[Empty light green box for text entry]

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*

[Empty light green box for text entry]



## RESOURCE EXAMPLE:

### Early Head Start

---

**SUMMARY:** Early Head Start (EHS) is an evidence-based, community-based program with a two-generation approach to child development, designed to improve the early education experiences of low-income babies and toddlers. The mission of EHS is to support healthy prenatal outcomes and enhance the intellectual, social, and emotional development of infants and toddlers to promote later success in school and life. For more information, please see the ITCP NRC's [Federal Funding Guide](#).

**ALIGNMENT WITH SAFE BABIES:** Like Safe Babies, EHS uses a two-generation strategy, offering comprehensive services to children and families with the goal of supporting children within the family and the community. EHS is well-aligned with Safe Babies. Similar to how Safe Babies convenes partners, EHS takes an active role in community leadership in early childhood education and family support through convening partners to assess community needs and to plan and innovate responses. Research has shown that participation in Early Head Start led to a long-term reduction in children's involvement with the child welfare system. Children and families in Safe Babies 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.

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*



Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*





## Additional Program *(Enter title here):*

---

**SUMMARY:** *Click or tap below to enter text.*

**ALIGNMENT WITH SAFE BABIES:** *Click or tap below to enter text.*

**STATE-SPECIFIC INFORMATION:** *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



## RELEVANT POLICIES FROM THE STATE OF BABIES YEARBOOK

[\(Visit the site to view your state's profile, which shows answers to the key policy questions below.\)](#)

Infant eligibility level for childcare subsidy above 200% of FPL. *Choose one:*

- Yes     No

Allocated Child Care and Development Block Grant (CCDBG) funds (state-allocated new CCDBG funds to invest in infant/toddler care). *Choose one:*

- Yes     No

Group size requirements meet or exceed EHS standards for at least one age. *Choose one:*

- Infants  
 Infants and younger toddlers  
 All age groups

Adult/child ratio requirements meet or exceed EHS standards for at least one age. *Choose one:*

- Infants  
 Infants and younger toddlers  
 All age groups

Level of teacher qualification required by the state beyond a high school diploma. *Choose one:*

- Child Development Assistant (CDA) certification?  
 No credential beyond high school

Infant/toddler credential adopted: *Choose one:*

- Yes     No

State reimburses center-based childcare at/above 75th percentile of market rates: *Choose one:*

- Yes     No

State includes "at-risk" children as eligible for IDEA Part C services or reports that they serve "at-risk" children: *Choose one:*

- Yes     No



# ADULT MENTAL HEALTH

The mental well-being of adult family members is critical to the health and mental health of their children.<sup>3</sup> Parents and caregivers need access to timely and appropriate mental health services that match their needs, because unaddressed mental health concerns can lead to difficulties in caring for their children.

Adult-serving mental health systems are comprised of public and private service providers across a range of settings. The state public mental health authority, which oversees the mental health safety net system, is an important partner to consider for Safe Babies. Many funding sources and initiatives fall under the purview of the state mental health agency (called behavioral health in some states), including, but not limited to, the mental health crisis response system (9-8-8), community mental health centers, inpatient psychiatric care, and peer support. Other initiatives that should be considered if they are relevant to your state include those that address perinatal mental health, caregiver well-being (e.g., grandparents, fathers), and co-occurring disorders (e.g., mental health/substance use, mental health/intellectual disabilities).

## POTENTIAL RESOURCES TO REVIEW IN YOUR STATE:

Below you will find links to programs/resources that are commonly found across states. Several programs are highlighted as examples, and additional worksheets are included on the pages that follow to brainstorm other programs/resources in your state. The bolded programs in the list have dedicated worksheets. *Click on the title to go to the worksheet.*

- **[Certified Community Behavioral Health Clinics \(CCBHCs\)](#)**
- **[Regional Partnership Grants](#)**
- [SAMHSA Grants Dashboard](#)
- [Community Mental Health Services Block Grants](#)



*Click or tap below each question to enter text.*

### KEY CONSIDERATIONS AROUND ADULT MENTAL HEALTH:

What are the priorities in the of the state around prevention and family strengthening (primary, secondary, and tertiary) for infants, toddlers, and families? How does Safe Babies align with these priorities?

Who are the major organizations or groups (e.g., councils, commissions, steering committees) that operate in this area with whom you would want to connect?

Who are the key champions in the adult mental health area (including advocacy groups, individuals with mental illness and families, legislators, foundations, and business leaders)?



What opportunities exist to build partnerships with other organizations or key champions doing this work that could help strengthen Safe Babies and families either at the state or local level?

How would you prioritize the opportunities in this category? What level of engagement would you want to have (e.g., high: formal partnership; medium: ongoing information sharing; low: providing information on Safe Babies)? ?

What evidence-based or evidence-informed practices are being piloted or implemented in this area?



What concrete supports are available for families to lessen the risk of child welfare involvement?

What are the primary barriers in the adult mental health area (e.g., policy, geography, service accessibility, political context, funding)?

What state and local policies need to be reviewed and explored to better understand the opportunities and limitations specifically related to infants, toddlers, and their families?



What considerations are there for tribal communities within this area? (It is critical to include tribal community organizations and leaders in the implementation of Safe Babies if tribal families will be served. Tribal communities have many assets and strengths, as well as insights about what their families need.)

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:**



### RESOURCE EXAMPLE:

## Certified Community Behavioral Health Clinics (CCBHCs)

---

**SUMMARY:** CCBHCs are comprehensive outpatient clinics that offer a range of mental health and substance use services. CCBHCs serve anyone who needs help regardless of insurance status or diagnosis. To maintain certification, these clinics must adhere to high-quality standards related to timeliness of access to care, reporting, and coordination with other systems. Nationally, there are more than 500 CCBHCs operating in 46 states. To locate a CCBHC in your state, visit the [National Council for Mental Wellbeing](#).

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*





Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



### RESOURCE EXAMPLE:

## Regional Partnership Grants

---

**SUMMARY:** Regional Partnership Grants include services and activities such as those focused on addressing child well-being and trauma (e.g., screening, assessment, mental and behavioral health services, early intervention/prevention services); substance use disorder treatment for families that allow children to live on site with their parent; services to address responses to trauma and exposure to violence; and services that address parenting support/family functioning. Aims of the grant program include “increasing child and family well-being, improving treatment outcomes for parents, and supporting the implementation of the Family First Prevention Services Act of 2018 (FFPSA), along with the more traditional goals of enhancing safety and improving permanency for children who are in, or at risk of being placed in, an out-of-home placement as a result of a parent’s or caretaker’s substance misuse.” To view a map of grantees by state, visit the [National Center on Substance Abuse and Child Welfare’s Regional Partnership Grant Program page](#).

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*



Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



## Additional Program *(Enter title here):*

---

**SUMMARY:** *Click or tap below to enter text.*

**ALIGNMENT WITH SAFE BABIES:** *Click or tap below to enter text.*

**STATE-SPECIFIC INFORMATION:** *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



# SUBSTANCE USE 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.<sup>4</sup> 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 use treatment organizations and systems. Treatment can occur in a variety of settings, including outpatient, day treatment, residential, or inpatient, and may involve medical detoxification, medically monitored treatment, counseling, education, relapse prevention training, life skills training, peer support, and/or self-help groups.<sup>5</sup>

## POTENTIAL RESOURCES TO REVIEW IN YOUR STATE:

Below you will find links to programs/resources that are commonly found across states. Several programs are highlighted as examples, and additional worksheets are included on the pages that follow to brainstorm other programs/resources in your state. The bolded programs in the list have dedicated worksheets. *Click on the title to go to the worksheet.*

- **[State Opioid Response \(SOR\) Grants](#)**
- **[Substance Use Prevention and Treatment Block Grant \(SABG\)](#)**
- **[Plans of Safe Care / Family Care Plans Under the Child Abuse Prevention and Treatment Act \(CAPTA\)](#)**
- [Rural Communities Opioid Response Program – Neonatal Abstinence Syndrome \(RCORP-NAS\)](#), the goal of which is to reduce the incidence and impact of NAS in rural communities
- [Opioid Affected Youth Initiative \(OAYI\)](#)



*Click or tap below each question to enter text.*

### KEY CONSIDERATIONS AROUND SUBSTANCE USE PREVENTION AND TREATMENT:

What are the priorities in the of the state around prevention and family strengthening (primary, secondary, and tertiary) for infants, toddlers, and families? How does Safe Babies align with these priorities?

Who are the major organizations or groups that operate in this area with whom you would want to connect (e.g., state-level taskforce, coalition, steering committee, council)?

Who are the key champions in the substance use prevention and treatment area (including advocacy groups, parents/families, legislators, foundations, and business leaders)?



What opportunities exist to build partnerships with other organizations or key champions doing this work that could help strengthen Safe Babies and families either at the state or local level?

How would you prioritize the opportunities in this category? What level of engagement would you want to have (e.g., high: formal partnership; medium: ongoing information sharing; low: providing information on Safe Babies)?

What evidence-based or evidence-informed practices are being piloted or implemented in this area?



What concrete supports are available for families to lessen the risk of child welfare involvement?

What are the primary barriers in the substance use prevention and treatment area (e.g., policy, geography, service accessibility, political context, funding)?

What state and local policies need to be reviewed and explored to better understand the opportunities and limitations specifically related to infants, toddlers, and their families?





What considerations are there for tribal communities within this area? (It is critical to include tribal community organizations and leaders in the implementation of Safe Babies if tribal families will be served. Tribal communities have many assets and strengths, as well as insights about what their families need.)

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:**



## RESOURCE EXAMPLE:

## State Opioid Response (SOR) Grants

---

**SUMMARY:** SOR grants aim to address the opioid crisis by increasing access to medication for the treatment of opioid use disorder (OUD), reducing unmet treatment need, and reducing opioid overdose–related deaths through the provision of prevention, treatment, and recovery activities for OUD. SOR grants support evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders. For more information, please see the ITCP NRC’s [Federal Funding Guide](#).

**ALIGNMENT WITH SAFE BABIES:** SOR grants provide an avenue for addressing gaps in ensuring parents access necessary treatment for OUD. Aligned with Safe Babies, 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 Safe Babies.

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*



Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



### RESOURCE EXAMPLE:

# Substance Abuse Prevention and Treatment Block Grant (SABG)

---

**SUMMARY:** The Substance Abuse Prevention and Treatment Block Grant (SABG) is a formula grant 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. For more information, please see the ITCP NRC's [Federal Funding Guide](#).

**ALIGNMENT WITH SAFE BABIES:** The Safe Babies approach focuses on ensuring timely referral to high-quality services for parents and children. Under SABG funds, services for parents in Safe Babies can include trauma-informed mental health and SUD 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.

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*



**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text..*

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



### RESOURCE EXAMPLE:

## Plans of Safe Care / Family Care Plans Under the Child Abuse Prevention and Treatment Act (CAPTA)

---

**SUMMARY:** The Comprehensive Addiction and Recovery Act of 2016, which amended CAPTA, added requirements to address the effects of substance use disorder (SUD) on infants, toddlers, and families in the United States, requiring that Plans of Safe Care address the health and SUD treatment needs of both the infant and his or her affected family or caregiver.

**ALIGNMENT WITH SAFE BABIES:** Plans of Safe Care and Family Care Plans offer an opportunity to identify and address parental SUDs, both before and after coming to the attention of the child welfare system. These plans allow for formalizing the responsibilities of health care providers and child welfare to develop and execute plans that will ideally allow for healthy and safe transitions home from the hospital for newborns and their family. Diverse partners play critical roles in detecting and responding to the needs of infants with prenatal substance exposure and their families. While CAPTA does not specify which agency should implement and oversee individual plans, the 2016 amendment emphasized the benefits of an interagency approach. In addition to child welfare, this can include such partners as birthing hospitals, SUD treatment providers, primary care providers, home visiting, and public health agencies.<sup>6</sup> Plans of Safe Care and Family Care Plans may include the treatment and broad services of the whole family, including the infant and parent-child dyad.

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*



**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



## Additional Program *(Enter title here):*

---

**SUMMARY:** *Click or tap below to enter text.*

**ALIGNMENT WITH SAFE BABIES:** *Click or tap below to enter text.*

**STATE-SPECIFIC INFORMATION:** *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*





# INTIMATE PARTNER VIOLENCE

Also known as domestic violence, intimate partner violence is a pattern of assaultive and coercive behaviors designed to dominate and control a partner through fear and intimidation. Intimate partner violence occurs across all racial and ethnic groups, gender and gender identities, sexual orientations, and education and income levels.<sup>7</sup> One of the top three overlapping issues identified by child welfare practitioners working with families is adults who are experiencing or have survived intimate partner violence.<sup>8</sup> Overall, many individual factors have influenced survivors' ability to access services to address intimate partner violence. Several U.S.-based studies "identified that lack of financial means remained a critical barrier for survivors to obtain services, such as mental health care, childcare while receiving services, transportation to the services' location, and limited access to meet specific needs."<sup>9</sup>

## POTENTIAL RESOURCES TO REVIEW IN YOUR STATE:

Below you will find links to programs/resources that are commonly found across states. Several programs are highlighted as examples, and additional worksheets are included on the pages that follow to brainstorm other programs/resources in your state. The bolded programs in the list have dedicated worksheets. *Click on the title to go to the worksheet.*

- **[Family Violence Prevention and Services Act \(FVPSA\) State and Territory Formula Grants](#)**
- **[Victims of Crime Act \(VOCA\) Crime Victims Fund](#)**
- [Safe and Together™ Model](#)
- [Office on Violence Against Women – Grants for Outreach and Services to Underserved Populations Program](#)
- [National Coalition Against Domestic Violence \(NCADV\) State Coalitions](#)



## INTIMATE PARTNER VIOLENCE

*Click or tap below each question to enter text.*

### KEY CONSIDERATIONS AROUND INTIMATE PARTNER VIOLENCE:

What are the priorities in the of the state around prevention and family strengthening (primary, secondary, and tertiary) for infants, toddlers, and families? How does Safe Babies align with these priorities?

Who are the major organizations or groups that operate in this area with whom you would want to connect (e.g., state-level taskforce, coalition, steering committee, council)?

Who are the key champions in the intimate partner violence area (including advocacy groups, parents/families/survivors, legislators, foundations, and business leaders)?



## INTIMATE PARTNER VIOLENCE

What opportunities exist to build partnerships with other organizations or key champions doing this work that could help strengthen Safe Babies and families either at the state or local level?

How would you prioritize the opportunities in this category? What level of engagement would you want to have (e.g., high: formal partnership; medium: ongoing information sharing; low: providing information on the Safe Babies approach)?

What evidence-based or evidence-informed practices are being piloted or implemented in this area?



## INTIMATE PARTNER VIOLENCE

What concrete supports are available for families to lessen the risk of child welfare involvement?

What are the primary barriers in the intimate partner violence area (e.g., policy, geography, service accessibility, political context, funding)?

What state and local policies need to be reviewed and explored to better understand the opportunities and limitations specifically related to infants, toddlers, and their families?



## INTIMATE PARTNER VIOLENCE

What considerations are there for tribal communities within this area? (It is critical to include tribal community organizations and leaders in the implementation of Safe Babies if tribal families will be served. Tribal communities have many assets and strengths, as well as insights about what their families need.)

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

### **ACTION STEPS/FOLLOW UPS:**



### RESOURCE EXAMPLE:

# Family Violence Prevention and Services Act (FVPSA) State and Territory Formula Grants

**SUMMARY:** FVPSA formula grants to states and territories fund more than 1,600 local public, private, nonprofit, and faith-based organizations and programs demonstrating effectiveness in the field of domestic violence services and prevention. These programs provide victims of domestic and dating violence and their children with shelter; safety planning; crisis counseling; information and referral; legal advocacy; and additional support services. More information can be found on the [Family and Youth Services Bureau's FVPSA formula grants page](#).

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*



## INTIMATE PARTNER VIOLENCE

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



### RESOURCE EXAMPLE:

## Victims of Crime Act (VOCA) Crime Victims Fund

**SUMMARY:** As authorized by VOCA, the Department of Justice’s Office for Victims of Crime (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 funds to specially designated programs, such as the Children’s Justice Act Program and the Federal Victim Notification System. 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.

Additionally, state and local court appointed special advocate (CASA)/guardian ad litem (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.

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*





## INTIMATE PARTNER VIOLENCE

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



## Additional Program *(Enter title here):*

**SUMMARY:** *Click or tap below to enter text.*

**ALIGNMENT WITH SAFE BABIES:** *Click or tap below to enter text.*

**STATE-SPECIFIC INFORMATION:** *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



# PARENT MENTORING AND CAREGIVER PEER SUPPORT

Parent mentoring and caregiver peer support is a service provided to parents by other parents or caregivers who have lived experience in the dependency court system. For example, peer support specialists with relatable child welfare experiences are paired with parents currently involved in the system to provide advocacy, peer coaching, and help in navigating and understanding systems and services. These programs may fall under recovery peer support for adults with mental health, substance use, and/or co-occurring disorders.

Some states may also have a system of caregiver peer support—also known as parent navigation, family peer support, or parent mentoring—that offers direct support to families with children who are involved in systems (e.g., mental health, child welfare, juvenile justice, hospitals). It is important to consider whether these existing peer support programs have capacity and can be adapted to serve families with very young children in child welfare and how they could align with Safe Babies, or whether a new program should be developed. States can opt to include peer support as a Medicaid benefit, including adult-focused peer support programs as well as those for families with children. In addition, various federal funding opportunities support peer support programs, several of which are highlighted below.

## POTENTIAL RESOURCES TO REVIEW IN YOUR STATE:

Below you will find links to programs/resources that are commonly found across states. Several programs are highlighted as examples, and additional worksheets are included on the pages that follow to brainstorm other programs/resources in your state. The bolded programs in the list have dedicated worksheets. *Click on the title to go to the worksheet.*

- **[Iowa Parent Partner Approach](#)**
- **[Medicaid-Reimbursed Peer Support](#)**
- [Family Voices Affiliates](#)
- [National Federation of Families](#)
- [SAMHSA Statewide Consumer Network Grant Program](#)
- [SAMHSA Statewide Family Network Program](#)



*Click or tap below each question to enter text.*

### KEY CONSIDERATIONS AROUND PARENT MENTORING AND CAREGIVER PEER SUPPORT:

What are the priorities in the of the state around prevention and family strengthening (primary, secondary, and tertiary) for infants, toddlers, and families? How does Safe Babies align with these priorities?

Who are the major organizations or groups (e.g., taskforce, council, steering committee, commission) that operate in this area with whom you would want to connect?

Who are the key champions in the parent mentoring and caregiver peer support area (including advocacy groups, parents/families, legislators, foundations, and business leaders)?



What opportunities exist to build partnerships with other organizations or key champions doing this work that could help strengthen Safe Babies and families either at the state or local level?

How would you prioritize the opportunities in this category? What level of engagement would you want to have (e.g., high: formal partnership; medium: ongoing information sharing; low: providing information on Safe Babies)?

What evidence-based or evidence-informed practices are being piloted or implemented in this area?



What concrete supports are available for families to lessen the risk of child welfare involvement?

What are the primary barriers in the parent mentoring and caregiver peer support area (e.g., policy, geography, service accessibility, political context, funding)?

What state and local policies need to be reviewed and explored to better understand the opportunities and limitations specifically related to infants, toddlers, and their families?



What considerations are there for tribal communities within this area? (It is critical to include tribal community organizations and leaders in the implementation of Safe Babies if tribal families will be served. Tribal communities have many assets and strengths, as well as insights about what their families need.)

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:**



## RESOURCE EXAMPLE:

### Iowa Parent Partner Approach

---

**SUMMARY:** The Iowa Parent Partner Approach pairs parent partners with parents whose children have been removed from the home or can only reside with their children under special conditions set by the courts. Parent partners mentor eligible families by providing social support, offering guidance on how to navigate the process of reunification, and working with social workers and other professionals to ensure the family is getting needed resources. Learn more about the program at the [Title IV- E Prevention Services Clearinghouse](#).

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*





Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



## RESOURCE EXAMPLE:

### Medicaid-Reimbursed Peer Support

---

**SUMMARY:** The availability of peer support varies from state to state, including the eligibility criteria to access services either from the adult- or child-serving systems. In some states, peer support services may be available through community-based programs regardless of an individual’s health insurance status, and state Medicaid programs have increasingly added peer support as a benefit for Medicaid-covered individuals.

State Medicaid programs have the option to offer peer support to adults and families with Medicaid coverage. For adults, peer support is typically available to those diagnosed with substance use and/or mental health disorders and would be provided through the adult-serving behavioral health system based on the adult’s Medicaid enrollment. For families, caregiver peer support can be provided to those with children who have mental health disorders, substance use disorders, developmental delays, and/or other issues that put them at risk for one of these conditions, such as child welfare involvement. Caregiver peer support is usually available through the children’s system of care and is tied to the child’s enrollment in Medicaid.

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*



Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



## Additional Program *(Enter title here):*

---

**SUMMARY:** *Click or tap below to enter text.*

**ALIGNMENT WITH SAFE BABIES:** *Click or tap below to enter text.*

**STATE-SPECIFIC INFORMATION:** *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



# CHILD WELFARE

A coordinated support system can buffer the effects of trauma and stress on families, minimizing the need for child welfare involvement. By supporting states and local communities, Safe Babies partners can work together to build the supports that families need when experiencing overwhelming stress, setting each baby up for living a life of promise. State and local child welfare agencies are core leaders and partners in this integrated approach. Child welfare systems are complex structures with many distinct operational units, such as prevention, child protective services/investigations, family preservation, foster care, and permanency. Safe Babies should partner with different child welfare divisions and seek out key partners within various levels of child welfare systems, from frontline staff to top leadership. Initiatives within child welfare will vary state to state, so it may be helpful to review your state's strategic plan for its child welfare system, as well as the state plan for prevention of child abuse and neglect, to better understand child welfare system priorities and potential alignment with Safe Babies.

## POTENTIAL RESOURCES TO REVIEW IN YOUR STATE:

Below you will find links to programs/resources that are commonly found across states. Several programs are highlighted as examples, and additional worksheets are included on the pages that follow to brainstorm other programs/resources in your state. The bolded programs in the list have dedicated worksheets. *Click on the title to go to the worksheet.*

- **[Title IV-B of the Social Security Act \(Subpart 1 and Subpart 2\)](#)**
- **[Title IV-E of the Social Security Act](#)**
- **[Title IV-E Family First Prevention Services Act \(FFPSA\) State Plan](#)**
- [Child and Family Services Plans \(CFSPs\) and Annual Progress and Services Reports \(APSRs\)](#)
- [Child and Family Services Reviews \(CFSRs\)](#)



*Click or tap below each question to enter text.*

### KEY CONSIDERATIONS AROUND CHILD WELFARE:

What are the priorities in the of the state around prevention and family strengthening (primary, secondary, and tertiary) for infants, toddlers, and families? How does Safe Babies align with these priorities?

Who are the major organizations or groups that operate in this area with whom you would want to connect (e.g., state-level taskforce, coalition, steering committee, council)?

Who are the key champions in the child welfare area (including advocacy groups, parents/families, legislators, foundations, and business leaders)?



What opportunities exist to build partnerships with other organizations or key champions doing this work that could help strengthen Safe Babies and families either at the state or local level?

How would you prioritize the opportunities in this category? What level of engagement would you want to have (e.g., high: formal partnership; medium: ongoing information sharing; low: providing information on Safe Babies)?

What evidence-based or evidence-informed practices are being piloted or implemented in this area?



What concrete supports are available for families to lessen the risk of child welfare involvement?

What are the primary barriers in the child welfare area (e.g., policy, geography, service accessibility, political context, funding)?

What state and local policies need to be reviewed and explored to better understand the opportunities and limitations specifically related to infants, toddlers, and their families?





What considerations are there for tribal communities within this area? (It is critical to include tribal community organizations and leaders in the implementation of Safe Babies if tribal families will be served. Tribal communities have many assets and strengths, as well as insights about what their families need.)

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

### **ACTION STEPS/FOLLOW UPS:**



### RESOURCE EXAMPLE:

## Title IV-B of the Social Security Act (Subpart 1 and Subpart 2)

---

**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:

- Stephanie Tubbs Jones Child Welfare Services (CWS) Program — This CWS program 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.
- 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 Child and Family Services; Court Improvement Programs; Regional Partnership Grants; Monthly Caseworker Visit Grants; Research, Evaluation, and Technical Assistance; and Kinship Navigators.

For more information, please see the ITCP NRC's [Federal Funding Guide](#).

**ALIGNMENT WITH SAFE BABIES:** The purpose and goals of Title IV-B are in direct alignment with Safe Babies. 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. Activities aligned with Safe Babies include 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.

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*



Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



### RESOURCE EXAMPLE:

## Title IV-E of the Social Security Act

---

**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 it) guardianship assistance to children who meet federal Title IV-E eligibility criteria. This funding covers costs related to foster care, including the care of eligible children, administration, and training. Funds also cover adoption assistance and kinship/guardianship assistance. In addition, funds may be used to support high-quality legal representation for children in child welfare, as well as those who are candidates for foster care and their parents. Title IV-E may also be used for the cost of trainings for judicial and legal partners. For more information, please see the ITCP NRC's [Federal Funding Guide](#).

**ALIGNMENT WITH SAFE BABIES:** In the Safe Babies approach, the Community Coordinator identifies training needs and facilitates the provision of training for community partners on best practices, effective services, and ensuring a trauma-responsive approach to child welfare. Given Title IV-E's emphasis on training, there is high alignment in this area with Safe Babies.

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*



Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



### RESOURCE EXAMPLE:

# Title IV-E Family First Prevention Services Act (FFPSA) State Plan

---

**SUMMARY:** Title IV-E FFPSA state plan funding supports time-limited prevention services for mental health, substance abuse, and in-home parent skill-based programs for children or youth who are candidates for foster care; pregnant or parenting youth in foster care; and the parents or kin caregivers of those children and youth. Each state determines the eligibility criteria for children and families served in their five-year prevention plan. The [Title IV-E Prevention Services Clearinghouse](#) rates eligible programs and services as promising, supported, and well-supported practices.

**ALIGNMENT WITH SAFE BABIES:** FFPSA brings potential sustainable funding for expanding the reach of Safe Babies by applying the approach to working with families whose babies and toddlers are at risk of out-of-home care but can remain at home or with relatives. The state's FFPSA plan outlines approved evidence-based supports and services (e.g., mental health and substance use disorder prevention and treatment, infant and early childhood mental health, and in-home, skill-based parenting services), which can be integrated into the local structure. FFPSA requires states to undertake activities that align with Safe Babies, 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 supporting a child welfare workforce with the competencies to deliver trauma-informed and evidence-based services.

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*



Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



## Additional Program *(Enter title here):*

---

**SUMMARY:** *Click or tap below to enter text.*

**ALIGNMENT WITH SAFE BABIES:** *Click or tap below to enter text.*

**STATE-SPECIFIC INFORMATION:** *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*





# COURTS

The courts are critical partners in helping to ensuring permanency, safety, and well-being of children and families involved in the child welfare system, as well as in supporting court personnel—including judges and attorneys—in developing knowledge and capacity in early childhood development. The court system has unique infrastructure and funding sources that potentially align with Safe Babies goals. At the core of the Safe Babies approach are the judges and attorneys who are knowledgeable about early childhood development and can apply this knowledge to their roles and interactions with families and other professionals across systems. The judges are visible and vocal champions for child welfare and court system improvements to better meet the needs of infants, toddlers, and their families. Through their leadership, judges encourage colleagues forward through a shared vision of improvement and, by modeling this cross-system partnership, demonstrate the possibility and power of collaborating across family serving and early childhood systems to effect change.

## POTENTIAL RESOURCES TO REVIEW IN YOUR STATE:

Below you will find links to programs/resources that are commonly found across states. Several programs are highlighted as examples, and additional worksheets are included on the pages that follow to brainstorm other programs/resources in your state. The bolded programs in the list have dedicated worksheets. *Click on the title to go to the worksheet.*

- **[Family Treatment Drug Courts and Other Specialty Courts](#)**
- **[Court Improvement Program \(CIP\)](#)**
- State Bar Association Law Sections enhance attorney and judicial practice in the areas of family and juvenile law, including special court projects such as Safe Babies and other treatment courts, through general knowledge, training, and skill building.
- State Supreme Court Workgroups, often managed by CIPs, seek statewide recommendations for best practices and statutory updates; offer training and peer collaboration, which enhance the skills of the legal community; and address applicable laws and legal practices and procedures around family/juvenile law and specialty courts.



*Click or tap below each question to enter text.*

### KEY CONSIDERATIONS AROUND COURTS:

What are the priorities in the of the state around prevention and family strengthening (primary, secondary, and tertiary) for infants, toddlers, and families? How does Safe Babies align with these priorities?

Who are the major organizations or groups that operate in this area with whom you would want to connect (e.g., state-level taskforce, coalition, steering committee, council)?

Who are the key champions in the courts (including judges, lawyers, guardians ad litem, advocacy groups, parents/families, foundations, and business leaders)?



What opportunities exist to build partnerships with other organizations or key champions doing this work that could help strengthen Safe Babies and families either at the state or local level?

How would you prioritize the opportunities in this category? What level of engagement would you want to have (e.g., high: formal partnership; medium: ongoing information sharing; low: providing information on Safe Babies)?

What evidence-based or evidence-informed practices are being piloted or implemented in this area?



What concrete supports are available for families to lessen the risk of child welfare involvement?

What are the primary barriers in the courts (e.g., policy, geography, service accessibility, political context, funding)?

What state and local policies need to be reviewed and explored to better understand the opportunities and limitations specifically related to infants, toddlers, and their families?



What considerations are there for tribal communities within this area? (It is critical to include tribal community organizations and leaders in the implementation of Safe Babies if tribal families will be served. Tribal communities have many assets and strengths, as well as insights about what their families need.)

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:**



### RESOURCE EXAMPLE:

## Family Treatment Drug Courts and Other Specialty Courts

---

**SUMMARY 1:** The Office of Juvenile Justice and Delinquency Prevention (OJJDP) Family Treatment Court Program is a competitive grant program for states and territories, state and local courts, units of local government and tribal governments, and state administrative offices of the court. OJJDP's Family Treatment 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.

**ALIGNMENT WITH SAFE BABIES:** The OJJDP Family Treatment Court Program focuses on reuniting families and improving family outcomes. Grantees include the State Administrative Office of the Court, 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.<sup>10</sup>

**SUMMARY 2:** The SAMHSA Family Treatment Drug Courts program aims to expand substance use disorder (SUD) treatment services in existing family treatment drug courts. The expectations of the grant are to help reduce the rates of substance misuse and the severity of SUDs and co-occurring disorders, and to help decrease out-of-home placements for children through family reunification and preservation. For more information, please see the ITCP NRC's [Federal Funding Guide](#).

**ALIGNMENT WITH SAFE BABIES:** The SAMHSA Family Treatment Drug Courts program focuses 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, and 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."<sup>11</sup>



**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*



Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*





## RESOURCE EXAMPLE:

### Court Improvement Program (CIP)

---

**SUMMARY:** Authorized through Title IV-B of the Social Security Act, the CIP grant program provides funding to the highest court of each state and territory to conduct assessments of foster care and adoption laws and judicial processes and to develop and implement a plan for system improvement. 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), as well as implement a corrective action plan in response to findings from a child and family services review of the state’s child welfare system. For more information, please see the [ITCP NRC’s Federal Funding Guide](#). The Children’s Bureau supports CIPs through the [Child Welfare Capacity Building Center for Courts](#).

**ALIGNMENT WITH SAFE BABIES:** The Court Improvement Program is well aligned with Safe Babies. Under the CIP, the critical role of the courts is recognized in ensuring permanency, safety, and well-being, with an emphasis on the need for training court personnel—including judges and attorneys—on child development. At the heart of the Safe Babies 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.

**STATE-SPECIFIC INFORMATION:** Use this box to think about the focus areas of this initiative in your state and describe potential areas of overlap with Safe Babies. *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*



Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*



## Additional Program *(Enter title here):*

---

**SUMMARY:** *Click or tap below to enter text.*

**ALIGNMENT WITH SAFE BABIES:** *Click or tap below to enter text.*

**STATE-SPECIFIC INFORMATION:** *Click or tap below to enter text.*

**OPPORTUNITIES FOR SAFE BABIES TO MAKE CONNECTIONS:** *Click or tap below to enter text.*

Use the box below to summarize next steps in the process, who will own each task, and the expected timeline.

**ACTION STEPS/FOLLOW UPS:** *Click or tap below to enter text.*

# ENDNOTES

- 1 Georgetown University Health Policy Institute Center for Children and Families. (2016, December). *Medicaid's role for young children*. <https://ccf.georgetown.edu/wp-content/uploads/2017/02/MedicaidYoungChildren.pdf>
- 2 Child Welfare Information Gateway. (2022, January). Health-care coverage for children and youth in foster care—and after [Issue brief]. [https://www.childwelfare.gov/pubpdfs/health\\_care\\_foster.pdf](https://www.childwelfare.gov/pubpdfs/health_care_foster.pdf)
- 3 Centers for Disease Control and Prevention. (2022). *Mental health of children and parents—a strong connection*. <https://www.cdc.gov/childrensmentalhealth/features/mental-health-children-and-parents.html>
- 4 Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (2023). *Center for Substance Abuse Treatment*. <https://www.samhsa.gov/about-us/who-we-are/offices-centers/csat>
- 5 California Evidence-Based Clearinghouse for Child Welfare. (n.d.). [www.cebc4cw.org](http://www.cebc4cw.org)
- 6 National Center on Substance Abuse and Child Welfare. (2018, March). *A planning guide: Steps to support a comprehensive approach to plans of safe care*. [https://www.cffutures.org/files/fdc/A-Planning-Guide\\_-\\_Steps-to-Support-a-Comprehensive-Approach-to-Plans-of-Safe-Care-3.21.18-final.pdf](https://www.cffutures.org/files/fdc/A-Planning-Guide_-_Steps-to-Support-a-Comprehensive-Approach-to-Plans-of-Safe-Care-3.21.18-final.pdf)
- 7 Blumenfeld, S. J. (2022, April 22). *Let's talk about intimate partner violence* [Presentation]. National Infant-Toddler Court Program, ZERO TO THREE.
- 8 Blumenfeld, S. J. (2022, April 22). *Let's talk about intimate partner violence* [Presentation]. National Infant-Toddler Court Program, ZERO TO THREE.
- 9 Banda, L. C., Carlson, J., Diaz, A., Akin, B. A., Davis, L., Rose, J., & Yellowhammer, T. (2022, December 19). Barriers to services at the intersection of child maltreatment and domestic violence: A multi perspective analysis of parents with lived experience and professionals. *Journal of Family Violence*. <https://doi.org/10.1007/s10896-022-00457-8>
- 10 Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. (2022). *OJJDP FY 2022 Family Treatment Court Program* [Grant solicitation]. <https://ojjdp.ojp.gov/funding/fy2022/O-OJJDP-2022-171249#:~:text=Family%20treatment%20courts%20offer%20a,neglect%2C%20or%20other%20parenting%20issues>
- 11 Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (2022). *FY 2022 grants to expand substance abuse treatment capacity in adult and family treatment drug courts* [Notice of funding opportunity]. <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-22-drug-courts-nofo.pdf>



**ZERO TO THREE**  
Early connections last a lifetime