Preschool Development Grant Birth to Five and the Family First Prevention Services Act: Leveraging Opportunities and Federal Resources

A window of opportunity exists for state officials to leverage the federal Birth to Five Preschool Development Grant (PDG B-5) with the availability of new federal resources that seek to prevent foster care placements. The PDG B-5 one-year timeline overlaps with the initial stages for planning and implementing the Family First Prevention Services Act (FFPSA).

The FFPSA is the most significant change in federal child welfare policy in decades, presenting an important new opportunity for states to provide more families with services and programs, such as home visiting, that seek to keep children out of the foster care system and safely with their families. States can coordinate the PDG B-5 and the FFPSA to build an approach that supports the healthy growth and development of infants, toddlers, and preschoolers who are at risk of child maltreatment or have experienced the trauma of child abuse and neglect.

Federal data underscores the need to prevent the risk of trauma and adversity among the PDG B-5 target population. Statistics from a 2016 report published by the Administration of Children and Families’ (ACF) Office of Planning, Research & Evaluation indicate that children under the age of five are at higher risk of maltreatment and involvement with the child welfare system than older children; 46.6 percent of confirmed victims of child maltreatment were under the age of six in federal fiscal year (FFY) 2014; and 40 percent of children under the age of six were placed in foster care in FFY 2014. Furthermore, the report indicates that enrollment of foster care children in early care and education services remains low, despite their categorical eligibility for Early Head Start (EHS) and Head Start (HS) programs. Research links the availability of ECE services to reduced rates of child maltreatment and involvement with child protective services, in addition to demonstrating positive impact on early childhood development.

The Family First Prevention Services Act: KEY HIGHLIGHTS OF RELEVANT PREVENTION PROVISIONS

The Family First Prevention Services Act (FFPSA), signed into law in 2018, is transformational. Under the new law, all states, the District of Columbia, territories, and tribes have the option to use federal child welfare financing, the Title IV-E open-ended entitlement, to reduce the number of children who enter the foster care system by providing supports and services to the child or family to keep children safely living with their parents or kin caregivers. If states take the option, the federal government will reimburse at 50 percent allowable evidence-based, trauma-informed services, which can include in-home parent skill-building programs, mental health treatment, substance abuse prevention and treatment, and kinship navigator services. Children who meet the state’s definition of “candidates for foster care” and youth in foster care who are pregnant or already parents are eligible. An income test is not required. This federal match for most of the new services is accessible to states as early as October 2019. For kinship navigator services, the federal match became available on October 1, 2018.
Both the PDG B-5 and FFPSA fall under the authority of the U.S. Department of Health and Human Services ACF. The HHS Strategic Plan Goal 3 calls for “safeguard[ing] the public against preventable injuries and violence or their results.” This objective includes a strategy to “disseminate evidence-based strategies to keep children and youth safe from violence and injuries, including child maltreatment…” A corresponding technical package provides a framework of five strategies that offer “the greatest potential for broad public health impact on child abuse and neglect…that might impact more select populations (e.g., first-time parents or those for whom child abuse and neglect is already present).” All five strategies identified in this technical package are relevant to a broad segment of the birth to five population. The strategies identified are: 1) strengthen economic supports to families; 2) change social norms to support parents and positive parenting; 3) provide quality care and education early in life; 4) enhance parenting skills to promote healthy child development; and 5) intervene to lessen harms and prevent future risk. Specifically, strategies three, four, and five provide compelling, interconnected reasons to leverage the resources, timing, and coordination across state agencies responsible for the PDG B-5 and FFPSA implementation.

The timing of these two federal opportunities creates a focal point for collaboration and coordination among early childhood and child welfare leaders on a range of newly accessible programs and services that a state can choose to make available to help “strengthen, engage, and stabilize families and their infants and young children,” (PDG B-5 Funding Opportunity Announcement (FOA), pg. 7). The anticipated start date of the 12-month PDG B-5 is mid-December 2018. States can begin to draw down Title IV-E reimbursement for prevention programs and services as early as October 1, 2019. Although the new federal FFPSA resources are not yet available, and states need to determine if they will opt to provide the required matching funds, the FFPSA effectively defines a potential new B-5 target population for programs, services, supports, and interventions. As a new development in the early childhood landscape, the FFPSA provisions are important to consider as part of the PDG B-5 goal of assisting states in: “promoting growth and success among children from birth through age five; improving developmental outcomes at kindergarten entry; and ensuring families are linked to the full range of services they need” (FOA, pg. 4).

This document offers a crosswalk between the PDG B-5 applicant requirements and relevant FFPSA opportunities. It is structured to seed ideas for activities that states may want to consider writing into the PDG B-5 grant application to leverage the two opportunities.

Considerations for Leveraging the PDG B-5 and the FFPSA

Include the FFPSA program population in the description of the B-5 vulnerable populations.

The PDG B-5 calls for a clear description of the populations of children who are vulnerable or underserved (FOA, Activity One, item 4, pg. 47). States should consider including the birth-to-five age subset from within the new FFPSA program population in the PDG B-5 application. The new FFPSA program population includes: children who meet the state’s definition as candidates for foster care but can safely remain at home or in a kinship placement with receipt of FFPSA-eligible services or programs; the parents and kin caregivers of children who are eligible for FFPSA programs and services; and pregnant and parenting youth who are in the foster care system.

Include young children and families living with substance abuse in the description of the B-5 vulnerable populations.

Evidence shows that parental substance abuse is a risk factor for child maltreatment and child welfare involvement. For example, from 2004 to 2014, there was a rise in the percentage of infants with neo-natal abstinence syndrome (NAS) who were reported to child protective services. A state needs assessment that includes young children and their families living with substance abuse as a vulnerable population may be useful in identifying the scope of need for accessible early childhood care and education opportunities for this population and relevant FFPSA-eligible services. In addition to reimbursing evidence-based substance abuse prevention and treatment services, the FFPSA allows IV-E reimbursement for eligible child(ren) to live in a family-based residential facility with their parent(s) receiving substance abuse treatment.
In the development or update of the PDG B-5 Strategic Plan, consider the state’s possible definition of “candidate for foster care.”

Child welfare agencies in many states are beginning to consider who would be included in a state-specific definition of “candidate for foster care.” To draw down federal IV-E prevention resources, state must define who will be eligible, in other words, who will be “candidates for foster care.” The authors of this report assume that this eligible population will overlap in part with the PDG B-5 population. Jerry Milner, Associate Commissioner, Children’s Bureau, Administration for Children, Youth and Families (ACYF), made a statement of record at a congressional hearing that the federal government will not be further defining “candidate for foster care” beyond what is currently in federal statute. Further, Mr. Milner explained that ACYF will strive to provide maximum flexibility to states in claiming prevention funding for the population the state determines as eligible for the IV-E prevention funding. Therefore, how states choose to define “candidate for foster care” is an open question at this time and one that is worth exploring as an activity supported by the PDG B-5 grant. Specifically, states may want to include a grant-supported convening and/or process for state early childhood and child welfare leaders to confer to help inform the state’s definition for “candidate for foster care” as it relates to the birth-to-five population.

Determine if there are FFPSA-related needs assessments, data, or research available to help inform the PDG B-5 Statewide Needs Assessment.

The PDG B-5 requires states to conduct a B-5 Statewide Needs Assessment and demonstrate “how other federal and state needs assessments will be leveraged to inform” the B-5 assessment (FOA, Activity One, item 3, pg. 47). State child welfare agencies, community-based organizations, and statewide entities engaged in FFPSA implementation may be able to contribute recent, relevant needs assessments, data, or research that could be helpful in identifying the current quality and availability of programming that could benefit children birth through five who are in foster care; at risk of entering foster care; experiencing trauma, toxic stress or maltreatment; or at risk of maltreatment.

Convene public and private partners to analyze potential barriers to the funding and provision of evidence-based practices.

The PDG B-5 and FFPSA rely on the use of evidence-based practices (EBPs) to provide high-quality programs, services, and supports to benefit young children and their families, though two different definitions for evidence-based are used. The PDG B-5 FOA defines evidence-based practices according to the federal Every Student Succeeds Act (ESSA) (FOA, pg. 7). The FFPSA calls for “services and programs provided in accordance with promising, supported, or well-supported practices” that must be selected from the under-construction Federal Clearinghouse of such practices. The new FFPSA Clearinghouse function was established as of October 1, 2018. Until the Clearinghouse publishes its initial list of approved EBPs anticipated to include home visitation programs, it is not possible to identify the names of the programs and services from which states will be able to choose. It is anticipated that the Clearinghouse will publish a list of approved EBPs in FY 2019. The timing allows states to consider convening public and private statewide and community-based entities as an activity of the PDG B-5. As partners in funding and delivering EBPs, public and private leaders may benefit from working together to: articulate the benefits and barriers to funding and providing these high-quality programs to the birth-to-five population; identify ways to address barriers to success; identify which EBPs from the Clearinghouse, once the list is published, are well-suited for the state and its young children and families in both early care and education and child welfare systems; and determine the pipeline of development of future EBPs that may be needed in the state.

Consider the distinct needs of children and families who have experienced trauma and adversity as part of planning to maximize parent knowledge and choice.

The PDG B-5 requires a clearly articulated plan with strategies and activities to ensure that parents and families are provided “timely, accurate information in a culturally and linguistically sensitive manner” (FOA, Activity 3, item 2, pg. 48). The FFPSA prevention programs and services create a new access point for reaching the families in the FFPSA program population with information about how to ensure that their young children’s developmental needs are met. However, to maximize reach and effectiveness, states may want to consider the sensitive manner and trauma-informed
approach that may be required to effectively reach the FFPSA program population, and other vulnerable populations, that are likely dealing with the immediacy of the effects of trauma and toxic stress.

**Include families representing the FFPSA program population in stakeholder engagement.**

The PDG B-5 requires states to “describe how the strategic plan development and implementation processes will engage a full range of stakeholders,” which should include all types of families. Coordinating the PDG B-5 with the state’s implementation of FFPSA lifts the need and opportunity to include: relative and non-relative foster families; grandparents and other relatives raising children who are not connected to the child welfare system; pregnant and parenting foster youth; birth parents who have been involved in the child welfare system; and former foster youth who can share insights based on their childhood experiences with the system. Given their experience, these groups represent a community of voices and lived experiences that can offer an important perspective on what may work to involve and engage this population of parents and kin caregivers “in the development and education of their children and the smooth transition for their children from birth through preschool, and into kindergarten” (FOA, Activity Three, item 3, pg. 48).

**Engage the state’s kinship navigator service to help promote and increase involvement of kin caregivers in the development and education of young children in their families.**

According to KIDS COUNT, 1 in 11 children in the U.S. will spend time in kinship care for at least three consecutive months at least once before age 18 due to myriad situations, including: parental substance abuse and mental illness; child abuse, neglect, or abandonment; illness or death of a parent; incarceration of a parent; domestic violence; and deportation of parent. All relative caregivers who are raising their families’ children can access state kinship navigator programs for information, referral, and follow-up services that link families to the benefits and services needed by the child or caregiver. Not all states have kinship navigators, but most states applied for and received federal FY 2018 grants to develop, enhance, or evaluate existing programs. According to Grandfamilies.org, there are 70 known kinship navigator programs across the country that coordinate with other state and local agencies, including 2-1-1 or 3-1-1, where available. Typically housed in nonprofit organizations, navigator services include: providing outreach to kinship care families through a website, materials, and toll-free access; promoting partnerships between public and private agencies. Navigator programs should be planned and operated in consultation with kinship caregivers, youth raised by kinship caregivers, and organizations representing this population, including relevant government agencies. As states work to maximize parental knowledge and choice through the PDG B-5, state and local kinship navigator programs could be considered planning partners and offer an access point to reach relative caregivers and support them in the development and education of this specific population of young children. Furthermore, as of October 1, 2018, all states can draw down federal reimbursement made available through FFPSA for kinship navigator programs that meet federal requirements, including use of an evidence-based model.

### Authors

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### Acknowledgements

The authors are grateful to Ana Beltran of Generations United, Lisette Burton of Boys Town, and Linda Hall of Wisconsin Association of Family and Children’s Agencies for sharing their knowledge and insights.
References

(Endnotes)


2 Ibid

3 Ibid


