



Center for the
Study of
Social Policy
Ideas into Action

FEBRUARY 2021

SUPPORTING THE FIRST 1,000 DAYS OF A CHILD'S LIFE

*AN ANTI-RACIST BLUEPRINT FOR EARLY
CHILDHOOD WELL-BEING AND CHILD WELFARE
PREVENTION*

by Alexandra Citrin, Siri Anderson, Valery Martínez, Ngozi Lawal, and Shadi Houshyar



Acknowledgements

This paper was written by Alexandra Citrin, Siri Anderson, Valery Martinez, Ngozi Lawal, and Shadi Houshyar. They are also grateful to their colleagues Megan Martin and Jessica Pika for their important contributions.

This project was designed to capture the wisdom of many state and community leaders. CSSP would like to thank the following jurisdictions for sharing their goals, strategies, and challenges in building a comprehensive continuum of support that promotes well-being and prevents involvement in child welfare: Arkansas, District of Columbia, Maryland, Michigan, Nebraska, Ohio, Pennsylvania, South Carolina, and Texas.

We thank the Pritzker Children's Initiative for its generous support of this report and CSSP's prenatal-to-three work.

About CSSP

CSSP is a national, non-profit policy organization that connects community action, public system reform, and policy change. We work to achieve a racially, economically, and socially just society in which all children and families thrive. To do this, we translate ideas into action, promote public policies grounded in equity, support strong and inclusive communities, and advocate with and for all children and families marginalized by public policies and institutional practices.

Suggested Citation

Citrin, Alexandra, et al. "Supporting the First 1,000 Days of A Child's Life: An Anti-Racist Blueprint for Early Childhood Well-Being and Child Welfare Prevention." Center for the Study of Social Policy, February 2021. Available here: <https://cssp.org/resource/supporting-first-1000-days-blueprint-early-childhood-wellbeing-child-welfare-prevention/>.

This report is in the public domain. Permission to reproduce is not necessary provided proper citation of CSSP is made.

Table of Contents

Introduction	4
Leveraging the Opportunity Provided by the Family First Prevention Services Act	5
Moving from Achieving Racial Equity to Advancing An Anti-Racist Approach	6
A Blueprint for a Continuum of Supports	8
Guiding Principles	10
Universal Supports (Primary Prevention)	12
Specific Supports (Secondary Prevention)	17
Targeted Supports (Tertiary Prevention)	19
Guiding Questions to Support Building a Continuum	23
Federal Funding to Support a Continuum	25
Sources	28



Introduction

Early childhood is a sensitive period in development—especially for children in the first 1,000 days of their life—as it sets the foundation for life-long health and well-being and healthy attachments. During this period, more than 1 million neural connections form per second in a child’s brain and children learn, adapt, and develop skills that are critical for success later in life, including how to cope with and recover from stress and trauma.¹ It is also a period filled with both challenges and opportunities for parents and caregivers; an intense period with unique emotional, physical, and financial stressors associated with raising a young child. For families of color, these stressors are compounded by daily experiences of interpersonal, institutional, and systemic racism.² Further, research has shown that coping with every day and systemic racism can activate a stress response for a parent and have harmful impacts on caregiving and adult mental health—which can in turn impact the stress response of their child(ren).³ To support the health and well-being of children and families of color, we must implement comprehensive strategies that address systemic and institutional racism.

Public systems and early childhood agencies have a responsibility to provide needed programs and services to children and families in the community. These programs and supports for children prenatal to three and their families can mitigate stress during this critical and often stressful period, set a foundation for positive growth throughout a child’s life, and prevent involvement in child welfare. However, too often, the basic needs of children prenatal to three⁴ and their families—such as access to stable housing, healthy food, and adequate health care—go unmet. Data has shown this is particularly true for children and families of color who are often inadequately served by public systems as a result of systemic racism.⁵ This can be compounded for families of color who are living in poverty and, while the majority of poor families never come to the attention of the child welfare system, poverty is still the greatest threat to child well-being and a predictor of involvement with child welfare.⁶ As a result, young children, disproportionately young children of color, come to the attention of child welfare for what can be classified as “neglect”—for example homelessness, lack of food, or parental stress that impacts mental health and parenting. In FY2019, 63 percent of children entered foster care due to neglect⁷ compared to only 13 percent who entered due to physical abuse.⁸ Further, in FY2019, nearly one-third of children in foster care were under the age of three. Policies and systems that are grounded in racist ideas have led, and continue to lead, to the exclusion of families of color from systems of support that could prevent involvement in child welfare.⁹ This exclusion and lack of support contributes to disparities in child welfare including data that has also shown that a Black infant’s risk of placement in foster care is nearly three times that of a White infant and that over the course of their lifetime, 4.9 percent of White children will experience foster care placement before their eighteenth birthday, compared to 15.4 percent of Native American children and 11 percent of Black children.¹⁰ Further, the impact of implicit bias and discretion in child welfare decision-making coupled with the lack of meaningful systemic strategies for mitigating the impact of bias result in disparities for children of color throughout the child welfare system. Specifically, research has found that Black children are 15 percent more likely than White children to be involved in a substantiated child welfare case despite no differences in incidences of maltreatment and

when controlling for poverty, and Black families are less likely compared to White families to be offered in-home family preservation services.

Each public agency has a specific role to play in supporting children and families. To promote the health and well-being of all children and families and prevent their involvement with child welfare, public agencies must leverage existing resources to create a continuum of supports, meeting families where they are. To support the well-being of children prenatal to three and their families and prevent child welfare involvement, public systems and early childhood agencies must do better. They must partner with community-based organizations to implement anti-racist strategies that are responsive to community and family needs, creating what is often referred to as an early childhood system. Given the important and unique needs of children prenatal to three and their families, it is critical that members of early childhood systems focus on meeting the needs of pregnant people¹¹ and children birth to three years old and their caregivers.

Leveraging the Opportunity Provided by the Family First Prevention Services Act

The Family First Prevention Services Act (Family First)¹⁵ provides states a significant opportunity to bring public systems and community-based organizations together to build and enhance a responsive continuum of supports for young children and their families. Family First is a step in the right direction. However, it does not do enough to meet the needs of young children and their families upstream—before they even become known to child welfare through a report to the child abuse and neglect hotline. While Family First provides, for the first time, meaningful federal funding to support specific, evidence-based prevention services for children and families when a child has been deemed by the title IV-E agency to be at imminent risk of foster care placement, it is not a financing solution for creating a comprehensive, primary and upstream-focused continuum of supports to help families meet their needs outside of child welfare. That being said, Family

THE CURRENT PANDEMIC

As the current pandemic upends lives, families, communities, and the economy, among the families suffering the most are children and families of color who have been historically and systematically denied the supports they need—highlighting structural flaws within our most basic institutions and systems of support.

COVID-19 is devastating communities of color where deep rooted structural inequities in the areas of wealth acquisition, housing and education, continued residential segregation, and generations of discrimination and racism have fueled injustice and disparities.¹² Such inequities have led to (among others) limited access to health care and differences in treatment and quality of care, loss in income and employment, and increased food insecurity for people of color, highlighting the immediate need for systems to implement anti-racist strategies to support children, families, and communities of color.^{13,14}



First creates a leverage point for states to bring all child- and family-serving systems to the table for this important shared work. Specifically, Family First provides the opportunity to strengthen prevention supports in child welfare (as in preventing entry into foster care) and to better connect and align upstream systems and community investments to significantly reduce the need for deep-end interventions like foster care, and ultimately, systems like child welfare. Research and practice are clear that the reason families often end up in the child welfare system is that many other systems have failed to meaningfully support them further upstream.¹⁶ As child welfare systems work to identify the services that meet the targeted needs of children who are at imminent risk of placement in foster care, and work with their cross-system partners and community-based organizations to identify and strengthen the upstream continuum of supports, it is important to use data, quantitative and qualitative, to better understand existing gaps, particularly gaps that perpetuate or reinforce existing inequities and disparate outcomes for children and families of color. Implementing targeted strategies that undo systemic racism and support children of color in their homes and communities and reduce the need for child welfare involvement, eliminating the need for foster care, must be a goal of any anti-racist continuum of supports.

Moving from Achieving Racial Equity to Advancing An Anti-Racist Approach

Despite the ongoing efforts of early childhood systems to better serve young children and their families, much work remains to be done to truly support and serve all children and families. A result of decades of decisions that have not only been shaped by racism but also have produced programs and policies resulting in systems designed to systematically benefit White families and disadvantage families of color, systemic and institutional racism continue to perpetuate inequities and cause harm to young children and families of color. The impacts of institutional and systemic racism are clear:

- Data show that as a result of inequities in the health care system, implicit bias, and the structural and social determinants of health, Black women and other women of color experience poorer access to care, receive lower quality care, and face a range of other inequities both within and outside of the health care system compared to White women. As a result, the United States has the highest infant and maternal mortality rates among comparable wealthy countries, with mortality rates for Black and Native women and their children three to four times those of White women and their children.^{17,18}
- Policies systematically fail to provide families the compensation and working conditions they need and deserve, undervalue work (particularly work of women and people of color), and restrict access to meaningful support. Indicative of these failures, more than 10 million children—including one in four Black children and one in five Latinx children—are growing up in families with incomes so low that they fall below the official poverty line.^{19,20}
- As a result of systemic racism and oversurveillance of communities of color, Black children and Native children are disproportionately involved with child welfare. Specifically, Black children are overrepresented in foster care at 1.5 their rate in the general population and Native children are overrepresented in foster care at twice their rate in the general population, and in some communities, over 10 times their rate in the general population.²¹

In response to these data, some states have worked to implement strategies that advance racial equity for children and families. These efforts are focused on providing different levels of support based on an individual's or group's needs in order to achieve fairness in outcomes. Working to achieve racial equity acknowledges unequal starting places and the need to correct the imbalance and getting to a point where race is no longer a predictor of outcomes, leading to more just outcomes in policies, practices, attitudes, and cultural messages.²² To meaningfully support the health and well-being of all children prenatal to three and their families, public systems must move forward with a coordinated approach that is grounded in anti-racist policies and principles,²³ removing harmful policies that perpetuate inequities. An anti-racist approach requires an active process of identifying and challenging racism by changing systems, organizational structures, policies and practices, and attitudes, to redistribute power in an equitable manner.²⁴ System leaders and policymakers must acknowledge root causes of inequities, commit to revising and writing new policies that are anti-racist and eliminate disparities, and take concrete actions to proactively create opportunities for all children and families, and in particular children and families of color. To do this well, states will need to work with community partners, including parents with lived experience to understand the inequities and barriers families of color face. This work requires a “no wrong door” approach to supporting infants, toddlers, and families and preventing them from becoming involved with deeper-end systems, like child welfare. While much of this work is often referred to as “prevention”—preventing bad things from happening—we propose a new frame for this work. Our frame is grounded in the strengths of children and families and recognizes that systems need to do the work to create conditions that promote protective factors and support child and family well-being. Throughout this paper we refer to this work as “support”—supporting children and families in having what they need to thrive and keeping them from ever coming to the attention of child welfare.

ANTI-RACIST POLICIES AND PRINCIPLES

Redress past injustices. Anti-racist policymaking examines the drivers of present-day inequities, and seeks to undo and redress the harm caused by racist policies that have systematically disadvantaged children and families of color throughout our nation's history.

Meet the needs of children and families of color. Anti-racist policy centers children and families of color, to ensure that they benefit directly from the policy. Anti-racist policymaking must be race-conscious explicitly considering how policies impact Black, Native, and other children, families, and communities of color, to ensure that the policies do not harm some racial and ethnic groups while benefiting others. And families must be included in the policymaking process so that they can help shape solutions that meet their expressed needs.

Support the whole family. Anti-racist early childhood policy is also family policy, recognizing that children grow up as part of families, and therefore policy initiatives must support the whole family. Supporting the whole family is especially critical for young children, as they are at a developmental stage when their everyday lives center on the foundational relationships they are forming with their family—and not, as will be true later in their lives, their school, neighborhood, or peer group. Anti-racist policy must be designed to support and strengthen the whole family and ensure family economic security, so that families can thrive together.

Serve all children and families in need. Anti-racist early childhood policy supports all children and families in need. In the past, policies that have artificially divided families between those who are “deserving” and those who are “undeserving”—providing services only to those considered deserving—have consistently buttressed White supremacy by leaving children and families of color without access to services and supports—or with access to services and supports that do not work for them, and sometimes actively do them harm. Universal or near-universal programs are often necessary to ensure that children of color and their families are not excluded from programs.

This call out box is an excerpt from What We Owe Young Children: An Anti-Racist Policy Platform for Early Childhood, by Elisa Minoff. Available: <https://cssp.org/resource/what-we-owe-young-children/>

A Blueprint for a Continuum of Supports

Investing in the earliest years of a child's life reduces the need for costly, harmful interventions later in life with studies showing that through a policy package combining expanded prevention and kinship supports that there are not only significant cost savings but also positive outcomes for children related to educational, health, social and economic outcomes.²⁵ As a result, many states are advancing strategies to promote positive outcomes for young children and families and their caregivers and all states and communities can learn from actions others are taking in these efforts.

In developing this Blueprint, our team conducted extensive research including interviews with early childhood and child welfare experts, advocates, and system leaders in nine states and jurisdictions with prenatal to three coalitions supported by the Pritzker Children's Initiative.²⁶ Interviews with members of these states were used to validate research findings and gather real-time information on state and county activities, opportunities, and barriers to advancing well-being for children prenatal to three and their families—specifically children and families of color. In some places, jurisdictions have developed and implemented strategies with a goal of achieving racial equity. However, to truly transform systems and change the way children and families of color experience and interact with public systems, states and jurisdictions have to go a step further and proactively work to dismantle policies and systems that create and perpetuate these outcomes—thereby applying an anti-racist approach to their work.

Drawing on lessons learned from these interviews in combination with what the research tells us children prenatal to three and families need to thrive, this Blueprint provides states and communities, specifically early childhood system leaders and early childhood-serving community-based organizations, with principles, strategies, and guiding questions to advance efforts to build and enhance a continuum of supports for children prenatal to three and their caregivers. Throughout the Blueprint, many of the examples shared support efforts to achieve racial equity but are not anti-racist on their own. Therefore, we also include throughout the Blueprint opportunities for states and jurisdictions to take an anti-racist approach in their efforts to support child well-being and prevent child welfare involvement. The continuum of supports for children prenatal to three and their families below is organized into three sections:



- universal supports for all children and families (primary prevention);
- specific supports for children and families who experience additional factors such as poverty (secondary prevention); and
- targeted supports for children who become known to deeper-end public systems like child welfare (tertiary prevention).

There are common strategies that can be integrated across the continuum to meet the needs of children and families to mitigate risk and promote well-being for all families. These are outlined within the Strengthening Families Protective Factors Framework and are critical across the continuum. To ensure the protective factors are integrated effectively, states and community partners can ask how each strategy they develop and implement enhances these factors. For example, across the continuum, states and communities should look to build the social support network of parents through creating spaces for parents to engage with one another. Additionally, all families need access to concrete supports in times of need and states and communities should explore how they can embed or complement existing strategies by providing access to concrete supports such as food and diapers.

While the Blueprint is intended to be used as a guide for states and communities, we recognize that each strategy must be adapted to the local context to ensure fit and success in implementation. The structure and administration of a continuum will look different from state to state, (e.g. implementing a strategy to fund community-based resources centers within a state-administered system compared to a county-administered system, or increasing access to home visiting in a small state with large metro-areas as compared to a larger state that is primarily rural). However, regardless of how a state or community is organized, key to building a continuum of supports is commitment from leadership and ensuring the infrastructure exists to support each strategy. Engagement and investment from key leadership can result in the breaking down of existing silos and removing barriers that make it difficult to develop and implement a cross-system approach to well-being and prevention. As states build and enhance their continuum of supports, a focus on infrastructure includes support for the workforce, a functioning data and quality assurance system, and adequate financing.

While no state or jurisdiction has implemented a comprehensive continuum of support, the collective examples from states and jurisdictions highlighted in this Blueprint provide a picture of what a comprehensive

Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five key protective factors. The protective factors below are characteristics or strengths of individuals, families, communities or societies that act to mitigate risks and promote positive well-being and healthy development. Most often, we see them as attributes that help families to successfully navigate difficult situations

- **Parental resilience:** Managing stress and functioning well when faced with challenges, adversity and trauma.
- **Social connections:** Positive relationships that provide emotional, informational, instrumental and spiritual support.
- **Knowledge of parenting and child development:** Understanding child development and parenting strategies that support physical, cognitive, language, social, and emotional development.
- **Concrete support in times of need:** Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.
- **Social and emotional competence of children:** Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.

About Strengthening Families™ and the Protective Factors Framework. Available here: <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>

Core Meanings of the Strengthening Families Protective Factors. Available here: <https://cssp.org/wp-content/uploads/2018/10/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf>

continuum could look like and opportunities to advance both equity and anti-racist strategies within the continuum. The Blueprint below includes 1) guiding principles²⁷ that must be in place to successfully implement comprehensive strategies that advance health and well-being, and prevent abuse or neglect for children prenatal to three; 2) a discussion of strategies and state examples that contribute to this continuum by providing universal, specific, or targeted supports; 3) guiding questions for states and communities looking to engage in the process of building or enhancing a continuum of supports; and 4) potential federal funding streams that are available to finance efforts along the continuum.

Guiding Principles

Too often, public agencies and community-based organizations operate in silos, implementing initiatives and priorities that are disconnected, sometimes duplicative, or not aligned with one another. The research is clear, and was validated through direct interviews with states, that the following principles are necessary for states and communities to build a continuum of supports that promotes the health and well-being of children prenatal to three and prevents their involvement in child welfare.

Establish a shared vision and clear goals. To truly promote a comprehensive continuum, it is critical that all partners—state, county, and community-based organizations—establish a shared vision for implementation and clear goals related to what the state, county, or community is trying to achieve for children prenatal to three and their caregivers. In this way, each system and community partner can clearly identify how their work fits into the broader vision, where there are opportunities for partnership, and where there are gaps that must be filled to achieve the vision and goals. In **Texas**,²⁸ a collaboration of state and community partners is working to develop a shared vision grounded in a holistic, cross-sector prevention framework to guide the work. This shared, holistic vision will support coordinated and comprehensive strategies that are responsive to meeting the needs of young children and families, removing many of the barriers and gaps in the existing service array.

Partner across systems to break down silos. To implement strategies in support of a common vision requires system partners to commit to breaking down silos—increasing communication, sharing data, and leveraging financing mechanisms. Operating in silos prevents systems from taking a holistic approach to serving young children and families and creates unnecessary barriers for families who need to access supports. Additionally, when agencies break down silos, it creates opportunities to leverage resources—including data—to inform investments and potential financing streams. To support breaking down existing silos, **Maryland** launched MDThink, a coordinated electronic system that aims to connect services across agencies. For families, removing bureaucratic barriers means that services are coordinated, and often, families do not have to provide the same information multiple times in order to access benefits.

Promote community-driven strategies through meaningful engagement with families and communities. Promoting well-being and preventing child welfare involvement for young children requires the meaningful engagement of families and communities to identify gaps and develop and implement strategies to address them. This means engaging families in the information gathering, decision-making, and implementation processes. In **Nebraska**, Bring Up Nebraska, has established and invested in 22 community collaborations that pilot local programs and are responsible for building a strong “cradle to grave” well-being system. In the **District of Columbia** community advisory councils are responsible for driving program decision-making

for 10 local Family Success Centers. This principle is founded in the belief that families and communities are the experts in their needs. For families, increasing their involvement in decision-making about services means investments will be more responsive to their needs.

Establish a space for ongoing communication and idea generation. State and community leaders dedicated to supporting children prenatal to three and their families need dedicated space to review existing strategies, identify gaps in the continuum, and continue to ensure coordination in initiatives and funding across systems. In some states, system partners have leveraged the opportunity provided by Family First to establish working groups focused on upstream prevention and support activities and in other states, systems have leveraged other financing and planning initiatives to form a working group. In **Pennsylvania**, which has a county-administered child welfare system, the Governor established a Ready to Start Task Force, focused on developing a framework to support infants and toddlers, and a Council on Reform with the purpose of identifying best practices and making recommendations to improve the support and protection of specific populations that experience or are at risk of experiencing poor outcomes. Both of these bodies helped to ensure cross-system coordination and communication.

Take advantage of all opportunities to advance anti-racist strategies. To truly achieve a shared vision and goals of promoting well-being and preventing child welfare involvement for young children, it is necessary to take an anti-racist approach to policy and practice development and implementation—moving beyond outcomes to transforming the way systems and communities support children and families of color. Each state and community will find different opportunities to advance anti-racist approaches and so in doing this work, it is important to meet people where they are and to push forward using data disaggregated by race and information on the historical roots of racism in public systems to make the case for the need to ground the work in anti-racist principles. Additionally, it is important to engage families of color at all levels of this work as their experiences and insights can reveal important information to the agency about policies that create barriers and perpetuate disparities.

Utilize data and continuous quality improvement processes to guide equity-driven decision-making about service development and implementation. To implement an array of supports and services that are responsive to the needs of young children and their families, states and communities must utilize data—quantitative and qualitative—that is disaggregated by race, ethnicity, and other key factors, to understand, design, and enhance their continuum of supports. Disaggregating the data by race, ethnicity, and other key factors allows states and communities to identify gaps and make targeted investments that are culturally-



responsive and meet the needs of young children and families of color. In addition, continuous quality improvement processes that incorporate data—quantitative and qualitative—will help states continue to adjust and refine their continuum in a manner that is responsive to meeting the needs of children and families. In **Ohio, Maryland**, and other states, system and community partners review data disaggregated by race to inform how they build and enhance their continuum of support.

Recognize that children are part of a family. Children birth to three are completely dependent on their families to promote their well-being and health. Therefore, as states move forward to implement supports, they must make sure to advance multi-generational approaches that meet the needs of both children and their parents or caregivers. Home visiting expansion strategies, like the statewide initiative in **Ohio**, that aim to create a central home visiting intake, expand eligibility, and address racial disparities in the state's infant mortality, recognize that children are part of families and support for the whole family is necessary for children to thrive.

Implement multiple approaches and recognize this work requires a long-term commitment. There is not one, singular service or approach that will meet the needs of diverse children and families. States and communities must implement an array of supports and services across the continuum to ensure all children and families are able to have their needs met, regardless of where within the continuum they seek support. Additionally, change will not happen overnight. Building and enhancing a continuum of support requires long-term investments and commitment to the shared vision. Unfortunately, changes in leadership and priorities can derail existing efforts to implement and sustain a continuum. Supporting new or reluctant leaders in understanding the data behind the shared vision, the importance of an anti-racist approach to providing supports, and long-term potential outcomes can increase buy-in and promote stability across leadership transitions, which is crucial to achieving sustainable change.

Universal Supports (Primary Prevention)

Goals

Universal supports (primary prevention) include access to services, supports and opportunities for all children and families to promote health and well-being. Activities that occur within this section of the continuum are critical to promoting foundational well-being for young children and preventing involvement with child welfare in a child's early years and as they continue to grow. However, systemic racism, a lack of meaningful universal supports for families, and failures of many child- and family-serving systems actively drive Black, Native, Latinx, and immigrant families to the attention of child welfare for what all too often



becomes classified as “neglect.”²⁹ Research has shown that nearly half of families (47 percent) who have their children removed from their homes have trouble paying for basic necessities.³⁰ Universal supports can prevent families from getting to this point. We know that strengthening protective factors, providing developmentally appropriate care, and reducing parental stress and depression, both of which risk factors for child abuse and neglect, have a positive impact on promoting well-being for young children.^{31,32}

As states work to advance goals related to universal supports for young children and families, an anti-racist approach is critical to truly transforming our systems to address disparate outcomes including health outcomes, early learning and education, and child welfare involvement. States must develop goals specifically related to undoing systemic racism, advancing equity, and improving outcomes for young children and families of color, because policies that benefit families who face the most barriers, benefit everyone. Some states that were interviewed have set goals that specifically address health inequities and gaps in early learning for young children of color, while in other states, there are opportunities to refine their goals so that they are anti-racist.

Anti-Racist Strategies to Promote Universal Supports

Bringing cross-system and community partners to the table behind a shared vision is the first step to leveraging and coordinating policy, supports and services, and financing streams. To support an anti-racist continuum, advancing policy that dismantles systemic racism and implementing broad-reach strategies that have been shown to make a meaningful impact on promoting the health and well-being of young children and families of color are critical. Disaggregating data by race and engaging families with diverse lived experiences in naming barriers and identifying policy solutions is essential to ensuring strategies are anti-racist and transform the ways children and families of color experience interactions with systems. Specifically states, counties, and communities should:

Take a comprehensive approach to meeting the needs of children three and under and their families.

Children three and under and their parents need holistic, wraparound supports that meet them where they are. Currently, data show us that systems are failing children and families of color in providing these basic supports as children and families of color are disproportionately living in poverty and deep poverty. In recognition that the **District of Columbia’s** public systems were not working to meet the needs of children within their first 1,000 days and their families, particularly Black and Brown children and families, the Council of the District of Columbia passed the Birth-to-Three for All DC Act in 2018. Coupled with paid family leave to support caregivers, the Birth-to-Three for All DC Act is designed to ensure every infant and toddler in the District of Columbia, regardless of their family's race, income, or zip code can get the high-quality wrap-around support and care they need to thrive. It expands access to critical educational, social, and health services in ways that meet parents where they are through home visiting, phone-based counseling, and in pediatrician offices. Advocates, community, and public partners

DULCE

DULCE (Developmental Understanding and Legal Collaboration for Everyone) is an innovative approach based in the pediatric care setting that proactively addresses social determinants of health, promotes the healthy development of infants, and provides support to their parents, all during the precious and critical first six months of life.

The Baxter Community Center in Grand Rapids Michigan is currently involved in a 9-month planning process to implement the model in their community.

are continuing to work to identify funding to fully implement this legislation, recognizing that without full funding, the goal of supporting all families and reducing inequities will not become a reality.

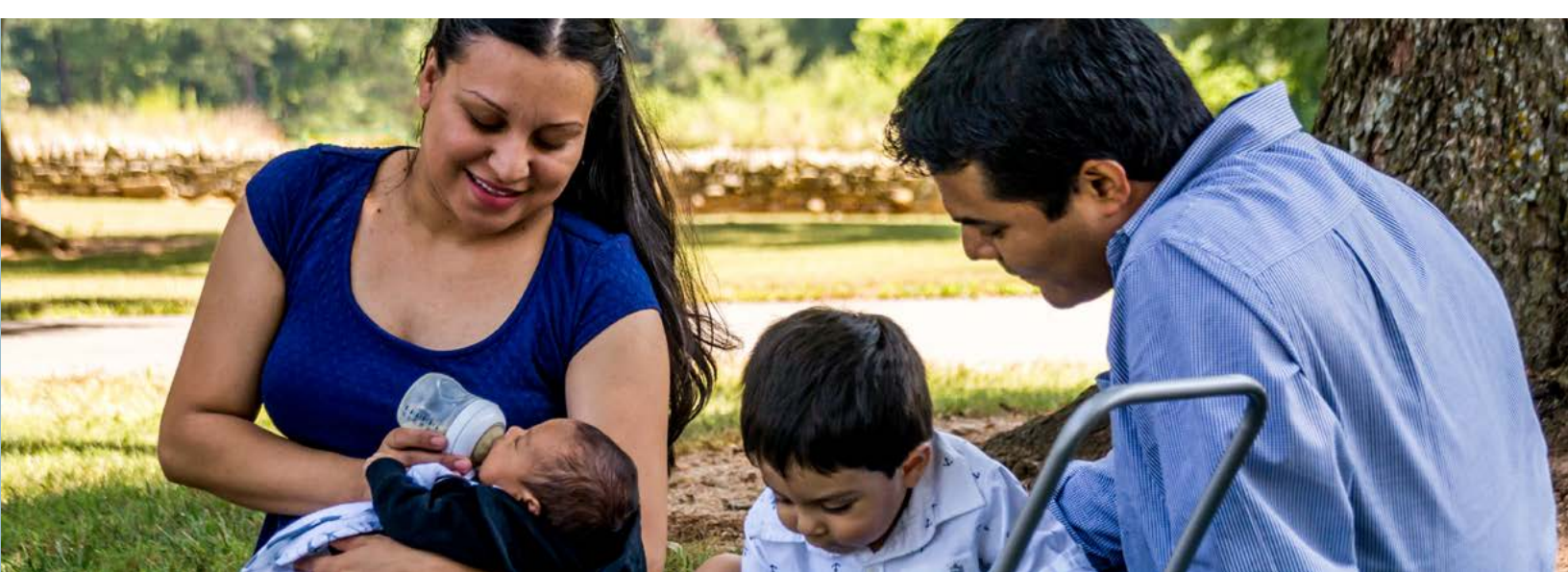
Expand access to health care for young children and parents. Health care coverage is critical to ensuring parents can access preventive health care and mental health services where needed.³³ When parents are able to have their own needs met, they are in a better position to care for and support their children, making access to health care a critical child abuse and neglect prevention strategy. And when parents have health insurance and access preventive care, their children are also more likely to have health insurance and access preventive care. However, the health care system, systematically excludes children and families of color through prohibitively expensive care, eligibility restrictions on subsidized health insurance, and care that is not attentive to their needs.³⁴ Not surprisingly, research has shown that expansion of Medicaid under the Affordable Care Act had the most significant impact on reducing the uninsured rates for Hispanic, Black, Asian, and American Indian/Alaska Native individuals. A recent study of Medicaid expansion found that in states that expanded Medicaid, there was a reduction in infant mortality and a decrease in overall cases of neglect (422 per 100,000 children) for young children.³⁵ In **Ohio, Maryland, and Pennsylvania**, advocates and system administrators are working to expand eligibility for Medicaid and the Children's Health Insurance Program.

Invest in strategies to advance health equity. Research has consistently shown that young children of color disproportionately experience lower birth weight and higher rates of infant mortality. As states implement strategies to increase available and accessible supports and services to families early-on, they must ensure they are culturally-responsive in order to reduce health inequities for children and families of color. In **South Carolina**, advocates are working to increase access to infant mental health consultations and services in an effort to reduce health inequities for young children later in life and in **Arkansas**, the state is implementing a multi-pronged approach to advance health equity. Specifically, in Arkansas there is a state- and federally-supported cooperative initiative between University of Arkansas for Medical Sciences, Arkansas Medicaid, and Maternal, Infant, Early Childhood Home Visiting program (MIECHV). Following Baby Back Home is a nurse and social worker-staffed home visiting model that supports babies who were in the NICU and their families when the baby returns home. The program is provided through a child's second year of life, and interpreters are available to ensure the program is available to non-English speaking families. In addition, with support from the Walmart Foundation, the Arkansas Chapter of the American Academy of Pediatrics will launch a pilot of Healthy Steps in 2021 in three to four pediatric practices. The pilot will integrate a social worker into the pediatric team to ensure babies and toddlers receive important screenings, referrals to needed resources and services, nurturing parenting, and healthy development. Integrating an anti-racist approach into these state examples such as these will truly support efforts to address racial inequities in infant mortality, early childhood, and maternal health.

Implement and expand universal home visiting as part of a broader system of support. Home visiting, which builds on decades of research to provide critical supports for caregivers, and young children at a time when families need it most, has also been shown to have a positive impact on promoting health and well-being for children and reducing child abuse and neglect particularly for children of color. Specifically, states and communities must implement programs grounded in cultural values that have been shown to address inequities that are compounded by trauma for women of color, remove barriers to services, provide culturally responsive supports, and promote health and well-being. The Family Spirit home visiting program

for families and children prenatal to three is the only evidence-based home-visiting program ever designed for, by, and with American Indian families. The program leverages cultural assets and an indigenous understanding of health and has been found to address behavioral health disparities, increase parenting knowledge and involvement, decrease maternal depression, increase home safety.³⁶ The majority of states interviewed are investing heavily in home visiting programs and working to expand eligibility criteria as states have found this to be a successful strategy in promoting well-being and healthy outcomes for young children. In addition to Family Spirit, states have reported that Healthy Families America, Parents as Teachers, Family Connects, and HIPPY (Home Instruction for Parents of Preschool Youngsters) home visiting models can be implemented in ways that are responsive to a family's race, ethnic, and cultural identity if there is intentionality in the provision of the program. Looking ahead, home visiting supports must be designed in a way that are truly accessible to and meets the needs of all families who want it. This means ensuring that home visiting remains voluntary, and does not surveil and channel families into intervening systems such as child welfare, offering services virtually or at other locations convenient to families, so that parents can connect to services and supports in trusted locations and they do not have to let a helper into their home if they are uncomfortable doing so, employing a diverse front-line workforce with a range of formal training and life experiences, who reflect the diversity of the families and communities being served, and funding, expanding, and sustaining programs designed by and for communities of color.

Implement strategies to address infant mortality. Black children experience infant mortality at a disproportionate rate of 2.3 times higher than White children, and American Indian/Alaska Native and Hispanic infants 1.7 and 1.06 times higher respectively.³⁷ To take an anti-racist approach to addressing inequities in infant mortality rates for children of color, states must implement strategies that support the whole family—including women who are pregnant and postpartum—and address the root causes for these inequities including increasing access to prenatal and preventive care for pregnant women of color and providing holistic, culturally-responsive postpartum supports. **Ohio** has made addressing these inequities a priority and is working to align the state's Department of Medicaid infant mortality reduction funds to complement Help Me Grow, Ohio's evidence-based parent support program that promotes early prenatal and well-baby care and connects families to parenting education that promote the comprehensive health and development of children.³⁸ In **Montgomery County, Ohio**, one of the key support programs is Moms & Babies: Ohio's Black Infant Vitality Program which helps to reduce the number of low birth weight babies, infant deaths and sickness within ethnic communities in the county through home visiting and parent education provided by Community Health Workers.³⁹ In addition, the state is working to promote



collaboration among key stakeholders including health care payers, children's hospitals, birthing hospitals, and other community-based providers to implement strategies to reduce infant mortality.

Promote well-equipped early learning settings for young children of color and equitable policies that eliminate the disproportionate expulsions of children of color in the child care and preschool settings. High quality child care can promote children's physical, social, emotional, and cognitive development, laying the foundation for lifelong growth and learning. It also allows parents to work or go to school, enables critical respite and stress reduction for those juggling multiple responsibilities, and improves the health and well-being of the entire family.⁴⁰ Yet when enrolled in child care and early education, children of color may not receive an education that affirms their identities, and they are more likely to be suspended or expelled from programs due to bias related to perceptions of their behavior. Data show that Black children experience expulsion rates from pre-school at a rate of 3.6 time more compared to White children, and thereby denied early learning opportunities entirely.⁴¹ This negative early experience contributes to the educational opportunity gap for children of color. Early educators should be provided resources so that they can meet the developmental needs of each child, and help children understand themselves and their communities, including support to: develop programming and curricula to reflect children and families of diverse cultural and linguistic backgrounds; support young children in developing positive racial and gender identities; and implement positive, developmentally appropriate discipline practices. To address this inequity and reduce biases, Project Play in **Arkansas** matches early childhood mental health specialists with early child care and education providers to support teachers dealing with stress, educates them in strategies for working with children with higher needs (including those in foster care), and identifies strategies to support children and educators in the classroom. In addition, to address the disproportionality of child care expulsions, a number of states and jurisdictions including the **District of Columbia**, have either passed legislation or revised their child care rules to prevent the suspension and expulsion of children from pre-school settings. In the District of Columbia, The Pre-K Student Discipline Amendment Act of 2015 prohibits, with few exceptions, the suspension or expulsion of any preschool aged student from a publicly funded pre-k program.⁴²

Expand access and financing for community-based resource centers that can support families in meeting their diverse needs. Meeting families where they are by providing access and financing for community-based support centers located in communities of color that are easily accessible for families is critical to truly taking an anti-racist approach to supporting young children and families. To be successful, these community-based resource centers must be designed from the beginning to be responsive to the needs of their community, including helping families meet their concrete needs and navigating public systems, and are a critical strategy for supporting families early, keeping them from ever becoming known to child welfare. Research conducted in **Allegheny County, Pennsylvania**⁴³ found that neighborhoods with Family Support Centers, which provide a range of services with a particular focus on supporting families with young children, had significantly lower rates of child abuse and neglect investigations than similar neighborhoods that lacked this resource (30.5 investigations per 1,000 children compared to 41.5 investigations per 1,000 children).⁴⁴ In **Maryland**, Family Support Centers and Judy Centers provide specific services targeted to meeting the needs of the community where they are located. Each Judy Center is funded slightly differently with some leveraging braided financing including the federal Preschool Development Block Grant Birth to Five (PDG: B-5) and the Child Care and Development Fund (CCDF) financing, state general revenue dollars, and corporate and private donations.

Remove barriers for families of color seeking to access community-based resources. Families seeking to access support often face barriers in identifying which services exist in their community and navigating eligibility criteria. This is often due to a fragmented, disconnected approach to prevention and complicated eligibility criteria established by policy and systems that do not recognize the holistic needs of families. In **Guilford County, North Carolina** they are implementing a navigation service to support all families with children three and under regardless of income in accessing the supports and services they want and need. Outreach occurs with families at five key points—during pregnancy, within a few weeks of the family coming home from the hospital, and when the child reaches 1 year, 2 years, and 3 years old—to ensure ongoing support. In **Arkansas**, several statewide health partners will be launching Aunt Bertha in 2021, which helps ensure families can identify resources in their community that meet their needs, health care providers can provide effective referrals to the nonprofit community and “close the loop” when they make referrals, and nonprofits can communicate with the health system to decrease barriers related to determining eligibility. In building these databases, it is critical to prioritize community-based services in communities of color and services that are culturally responsive. Doing so will increase the likelihood that families of color can identify supportive and accessible services that meet their needs.

Specific Supports (Secondary Prevention)

Goals

Specific supports (secondary prevention) provide services, supports, and opportunities for children and families with identified factors that are often associated with poor health, early learning, and well-being outcomes. Ideally, universal supports provide enough resources for everyone to thrive, but systemic and institutional racism often create barriers and exclude families of color and families living in poverty from accessing supports. While the majority of poor families never come to the attention of the child welfare system, poverty is still the greatest threat to child well-being and a predictor of involvement with child welfare.⁴⁵ In addition, as immigrant children and families are excluded from many public benefit programs, including health insurance, housing assistance, food assistance, and more that make it difficult for immigrant families of all races and ethnicities to access the supports they need, there is an opportunity within specific services to identify community-based approaches to serving these young children and their families.⁴⁶ For these families, who are disproportionately families of color, key to supporting them outside of the child welfare system is through specific supports that can mitigate the impacts of poverty and other such risk factors. For example, increasing household financial security and improving the ability of parents to meet their children’s basic needs (e.g., food, shelter, medical care) are foundational goals in this area of the



continuum. Some jurisdictions interviewed identified clear goals to increase access and expand eligibility criteria to increase the number of low-income families who are able to benefit from supports.

Anti-Racist Strategies to Promote Specific Supports

Building off a shared vision, state, county, and community partners can use data disaggregated by race and ethnicity from cross-system and community partners and qualitative data from families and frontline workers to identify what is working well, where there are gaps in the service array, and where families of color experience barriers to accessing services. To develop solutions requires understanding how systems are financed and families are deemed eligible for services. Often complicated eligibility requirements for federal and state programs intended to support children and families in poverty make financing services more difficult, leading to families not being able to access all the supports they need. To address these structural barriers, jurisdictions must focus on breaking down systemic barriers that create barriers and perpetuate inequities—including eligibility criteria—for children and families of color. To better support young children and families of color, and prevent them from falling through the gaps, states, counties, and communities should:

Support families of color in accessing concrete supports and services. The majority of children, disproportionately young children and children of color, come to the attention of child welfare as a result of neglect—which is often a direct result of poverty or compounded by poverty.⁴⁷ For these families, key to supporting them outside of the child welfare systems is access to income supports and resources to support meeting their basic needs. This means involving the right cross-system and community partners to assist with providing family economic security strategies that help families connect to a path of financial stability. Access to concrete supports has been found to be effective in reducing child poverty and involvement with child welfare and increasing positive outcomes for children. Research has shown that access to concrete supports, including direct cash and nutrition programs can improve health and well-being outcomes and prevent future involvement with child welfare, particularly for families of color. For example, access to income supports have led to significant benefits in Native communities for children of a tribal member.⁴⁸ These concrete supports, including support with transportation, paying utility bills, renters' arrears, and basic household items, directly address poverty-related factors that can be construed as neglect. For example, in **Arkansas** in certain areas of Arkansas, families served through the Women, Infants, and Children (WIC) program can also access a pilot program called Baby and Me, which provides parent education, developmental monitoring, and safety checks through trained parent support mentors. In addition, families can receive diapers and wipes for their participation in the program. In **Ohio, Maryland, Pennsylvania, and Michigan**, advocates and system administrators are working to increase access to nutrition programs for families with low incomes by addressing eligibility requirements. Additionally, in **South Carolina**, the state child welfare agency and Children's Trust Fund are working together to develop Family Resource Centers across the state and hire liaisons to connect families with economic security programs using blended funding sources including Child Abuse and Prevention Treatment Act (CAPTA) dollars, and in Nebraska, the Nebraska Children and Families Foundation utilizes Promoting Safe and Stable Families, Community-Based Child Abuse Prevention (CBCAP), and private dollars to support infrastructure for collaboratives in the community.

Increase access to quality, subsidized child care and early learning centers for young children of color with low incomes. Child care is a critical resource that supports parents to engage in work and promotes

children's learning and healthy development. However, decades of inadequate public and private investments mean that most families with low incomes struggle to find and afford high-quality care. This is particularly true for children and families of color who experience inequities as it relates to access to child care subsidies and availability of child care programs in their communities with research showing that child care is least affordable for Black and Latinx families with low incomes.⁴⁹ Removing structural barriers including eligibility criteria is an important anti-racist approach to supporting early learning opportunities for children and families of color. Sixpence Early Learning Fund (Sixpence) in **Nebraska** funds early care and education opportunities ranging from home based services, to center based early child education services, to school-child care partnerships for children birth to three at risk of not being ready for kindergarten with a focus on both parent and child outcomes. The work is funded through braided public and private dollars and each child care program grantee is locally managed to ensure the services meet the need of the community. In **Ohio** and **Michigan**, community partners are advocating to increase eligibility for child care subsidies to 200% of the federal poverty level and 185% of the federal poverty level, respectively. To address racial inequities, other states are also working to increase access to state-funded Early Head Start, Head Start, and pre-school programs to promote early learning for young children of color with low incomes who do not currently qualify.

Promote continuous Medicaid coverage. As was previously discussed, access to health care for parents is critical to both their health and well-being outcomes as well as positive health and well-being of their children. Today, Black adults are more likely than White adults to fall in the coverage gap in states that have not expanded Medicaid, and uninsured Hispanic and Asian adults are less likely than White adults to be eligible for financial assistance with coverage, reflecting higher shares of those who face immigrant eligibility restrictions.⁵⁰ To promote continuous coverage and ensure young children and their parents are able to receive the health care services they need, it is critical to look at the barriers to health coverage created by recertification requirements.⁵¹ Advocates in **Texas**, **Ohio**, and **Michigan** are all working to advance policy solutions to support continuous Medicaid coverage for mothers 12 months post-partum. Advocates in **Texas** are also working to extend the Medicaid recertification process for children to ensure continuous coverage for 12 months.

Targeted Supports (Tertiary Prevention)

Goals

Targeted supports are meant to meet very specific needs, for example, child abuse and neglect prevention. Ideally, all children and families would be able to have their needs met through universal and specific supports,



however, we know that for many families, and again, disproportionately children and families of color, there are gaps in upstream supports and needs can go unmet, which can lead to a substantiation of neglect and family separation through child welfare.⁵² Further, research has found that even when controlling for poverty, Black children are 15 percent more likely than White children to be involved in a substantiated case, highlighting the importance of implementing anti-racist strategies that prevent child welfare involvement. As we know, a disproportionate rate of Black and American Indian/Alaska Native children are represented in foster care today, at rates of 1.5 times their rate in the national population and twice their rate in the national population respectively.⁵³ Hispanic/Latinx children are not over-represented in foster care nationally, but they are over-represented in the foster care system in some states—and the number of states in which Hispanic/Latinx children are overrepresented has grown over the last decade and a half.⁵⁴ Research has found that the impact and trauma of family separation is associated with and has been shown to result in cognitive delays, increased aggression, fewer educational opportunities, and adverse health outcomes, making it even more important that systems focus on reducing family separation particularly for young children during this sensitive period in development. Therefore, the goal of targeted supports must be to fill the gaps, meet unmet needs, and implement targeted child abuse and neglect prevention strategies with a focus on keeping families of color from deeper system involvement and prevent family separation.

Almost one-third of all children who enter foster care are under the age of four—with Black infants being nearly three times more likely to enter foster care compared to White infants. To disrupt the pipeline of children entering foster care, attention must be paid to keeping the youngest children with their families through implementing anti-racist policies and practices and ensuring systems are creating conditions that promote protective factors and supporting child and family well-being. Many states that were interviewed have set goals of working with their child welfare agency to support implementation of targeted supports through Family First, however, in many states, early childhood and child welfare have not yet established a sustainable partnership to move targeted strategies forward. These partnerships between child welfare, early childhood, other public systems, and the community are critical both now in developing and implementing targeted strategies as well as into the future to support comprehensive and long-lasting change. Without sustainable partnerships, targeted strategies may only have a time-limited impact and even more importantly, states and jurisdictions will not be able to track and adjust their strategies and investments to respond to needs that may not be addressed by the targeted strategies and/or emerging needs.

Anti-Racist Strategies to Promote Targeted Supports

It is essential that public systems and community-based agencies continue to engage in a cross-system, collaborative approach to develop and implement anti-racist anti-raicst strategies that increase the access and availability of culturally-responsive, targeted supports; promote well-being; and prevent child welfare involvement for children prenatal to three. Too often, targeted supports are seen as only within the purview of child welfare. However, there is a significant role for other public systems, including early childhood organizations, to play in supporting the development and implementation of targeted supports. With Family First, there is also a new opportunity for child welfare and upstream systems and agencies to think together about how targeted supports can supplement existing investments and prevent the separation of children three and under from their families. Doing so will also contribute significantly to preventing children from growing up in foster care. As states, counties, and communities work to implement targeted supports, opportunities to advance anti-racist strategies include:⁵⁵

Provide targeted, community-based supports to families at higher risk of child welfare involvement. As a result of historic and current systemic racism, children and families of color are more likely to experience factors associated with child welfare involvement including living in a high poverty neighborhood and experiencing social isolation, parental stress, family and community violence, and may be disconnected from supports and services. To take a proactive, non-adversarial approach to serving these families and connecting them to supports early, while not surveilling them, states can use data to identify communities where there are higher rates of reports and implement targeted services outside of the child welfare system. It is critical that these services can be accessed outside of the child welfare system and do not require or lead to surveillance by the child welfare system. Educating the community and mandated reporters about the availability of these services along with the differences between poverty and neglect will support them in connecting families to services that meet their unmet needs and prevent children and families of color from becoming involved with child welfare unnecessarily. In **Michigan**, as a result of the decrease in reports to the state child welfare agency during COVID-19, the state is implementing a pilot project in five zip codes where there are traditionally high-levels of reports, particularly reports involving young children. Specifically, the state is conducting outreach to families in these communities—with no strings attached or threat of surveillance—to support children and families in accessing services to meet their needs. In Phase II of the pilot program, 86 percent of families who the state connected with were referred to resources including those for housing, mental health, and medical services. Additionally, through the support of philanthropy, the state is partnering with a community-based organization, Brilliant Detroit, to provide select families with in-home parenting support and support accessing financial resources by connecting them to peer mentors and benefit navigators.

Utilize flexible child welfare financing dollars to implement services and supports grounded in cultural values. With the availability of Family First funding to support specific evidence-based services for candidates for foster care and their caregivers, there is a potential opportunity to reallocate funding sources, including title IV-B, Community-Based Child Abuse Prevention (CBCAP), or state general revenue dollars, that were previously financing these services. For example, if a state was previously using title IV-B or state general revenue dollars to fund a parenting program that meets Family First criteria, since the state may now be able to claim some federal reimbursement for the program, this allows states to reallocate more flexible dollars to enhance the array of targeted supports available to families. Specifically, states can now reallocate these dollars to invest in targeted supports that are not eligible for reimbursement under Family First, specifically many culturally-responsive services. For example, despite not yet being rated in the Title IV-E Prevention Services Clearinghouse, and therefore not eligible for title IV-E reimbursement



under Family First, the **District of Columbia's** child welfare system continues to invest in the Effective Black Parenting Program because of evidence that it meets the needs of the community.

Leverage cross-system partnerships to increase access to home visiting. Through Family First, states may be able to claim reimbursement for specific home visiting services provided to candidates for foster care and their caregivers. The potential to draw-down additional federal dollars to support home visiting creates a natural opportunity for states to implement a comprehensive strategy for expanding home visiting to meet the needs of young children and their families across the continuum, particularly for children and families of color. Currently only a fraction of expectant families or families with a child under six have access to home visiting.^{56,57} Immigrant families are notably underserved by home visiting, and service providers report that immigrant families are sometimes hesitant to take advantage of the program for fear of potential immigration consequences.^{58,59} To maximize federal, state, and philanthropic dollars for culturally-responsive home visiting, expand access, and also increase trust, child welfare and early childhood systems can work together with community-based providers to develop and implement responsive strategies. In **Nebraska**, the Parents as Teachers model is currently offered in at least 28 Nebraska counties through Sixpence and Early Head Start/Head Start. Additionally, Healthy Families America is provided in at least 21 counties across the state. Partners are currently working to expand these programs through Nebraska's MIECHV program and are exploring utilization of Family First funding to further expand these home visitation programs.

Invest in targeted supports that are culturally responsive and meet the needs of young children and families of color. In working to implement supports and services that meet the needs of Black, Latinx, Native, and immigrant young children and their families, many states and communities are restricted by financing requirements for “evidence-based” services. Currently there is a lack of evidence-based services that are developed by communities of color or are grounded in cultural values and traditions as well as being responsive to meeting the needs of diverse children and families. To address this barrier moving forward, states, communities, universities, and philanthropic partners can invest in building the evidence for these programs in order to ensure a diverse array of services are available to meet the needs of young children and families of color.

Connect Family First investments to upstream strategies through cross-system partnership and program alignment. Family First creates an opportunity for child welfare to invest in targeted community-based, prevention programs for children of color who are disproportionately driven into child welfare due to the



failures of upstream systems. Many of these prevention programs are also applicable to families outside of the child welfare system and are currently being provided or supported by other public systems. For example, a number of home visiting programs including Healthy Families America and Parents as Teachers are being implemented by child welfare systems through Family First as well as through MIECHV grants and therapeutic interventions, like Child Parent Psychotherapy, are being implemented by state departments of mental or behavioral health. To increase capacity and maximize the impact of these programs for children and families of color, systems must align their investments and commit to a targeted service approach. Aligning the work across systems can increase the ability of the state or jurisdiction to serve children and families of color by ensuring services are delivered within the context of an anti-racist frame and in a manner that is affirming of a child and family's racial and ethnic identity. Further, by aligning cross-system work, jurisdictions will be able to maximize federal and local dollars to support this anti-racist approach through enhancing the infrastructure and building the service array. The **District of Columbia** leveraged the opportunity provided by Family First to launch a city-wide prevention strategy, Families First DC, that will support families upstream and outside of the child welfare system. From the beginning of Families First DC, cross-system and community partners, including parents with lived experience, have been and will continue to be at the table to design community-based investments and promote system alignment. Moving forward, there is a commitment to promoting cross-system partnership and program alignment.

Guiding Questions to Support Building a Continuum

Data and continuous quality improvement processes are critical tools for states, counties, and communities working to build and enhance universal supports. Additionally, as states, counties, and communities work to advance anti-racist strategies across the continuum, there are a number of tools, including [Race Equity Impact Assessment Tools](#) that can help states and communities assess if strategies (including policy and practice decisions) will advance equity or perpetuate existing disparities and disproportionalities for children and families of color. In addition to these tools, the following questions can help guide initial planning for anti-racist policy and practice and the identification, development, and implementation of supports and services that will have a meaningful impact for young children and families of color.

Creating a shared vision:

- Do cross-system and community-based partners have a shared understanding of the overarching goals?
- Does the shared vision clearly articulate a commitment to anti-racism?
- How do the identified goals support the health and well-being of Black, Latinx, Native, and immigrant young children and families? How do they prevent child welfare involvement for Black, Latinx, Native and immigrant young children and families?
- Who is at the table to develop the shared vision? Who is missing? Are parents, families, and community leaders at the table? Are families with diverse lived experiences interacting with public systems at the table?
- How do system-specific goals fit within and contribute to the shared vision?

Ensuring equity in representation and family and community engagement in decision-making:

- What system and community-based organizations are at the table to inform and guide decision-making? Who is missing?
- Beyond being invited to the table, are families being engaged in a meaningful way? How are families involved in gathering information, developing solutions, and making-decisions about investments?

Understanding the needs of young children and families of color:

- What data exist about the needs of Black, Latinx, Native, and immigrant young children and families?
- What does the data say about the outcomes and experiences of Black, Latinx, Native, and immigrant young children and families?
- What strategies can be implemented to gather additional data about the needs of Black, Latinx, Native, and immigrant young children and families?
- How are data from child welfare used to shed light on needs and inform upstream, universal supports?
- What needs of families are not being addressed within each area of the continuum of supports? What gaps exist?

Identifying and developing anti-racist strategies:

- What policy changes are necessary to promote universal, specific, and targeted supports for young children and families of color?
- What strategies are effective in preventing young children and families of color from falling through gaps and deeper into system involvement?
- How do the identified policies and investments in supports and services fit into a comprehensive continuum?
- Are decision-makers and advocates using a race equity impact assessment tool to guide policy and practice development and implementation?

Ensuring accountability to young children, families, and communities:

- What continuous quality improvement (CQI) processes are in place? Who is informing which metrics and data collection methods are used as part of these CQI processes to track implementation and success of services? Are families and community-based providers part of the process to identify metrics and data collection methods? Who is at the table to interpret the data and develop solutions as needed? Are families and community-based providers part of this team?
- What data are you collecting and tracking? Are you collecting quantitative and qualitative data? Who is contributing to this process?
- What feedback loops exist to ensure families and communities can shed light on what is working and where there are opportunities for improvement?

Federal Funding Opportunities to Support a Continuum

To advance an anti-racist continuum of supports, it is important that blending and braiding financing streams (utilizing multiple sources of funding) is part of the conversation and maximizing federal funds is key to this work. As state agencies come to the table to build and enhance this continuum, it is important to make sure they are sharing information and collaborating to support families upstream without creating a pathway that will lead to more families relying on deeper-end systems like child welfare for support. For example, to support more families, states should not look to expand the definition of who can be served through Family First unnecessarily in order to maximize federal drawdown as research has shown that this involvement with child welfare can have significant and harmful ramifications for children and families of color, who are more likely to fall deeper into the system.⁶⁰

There are a number of financing streams that create a natural opportunity for systems and communities to come together to develop anti-racist strategies to support families across the continuum including Family First, the Preschool Development Block Grant Birth to Five (PDG:B-5), and the Child Care and Development Fund (CCDF). Both PDG:B-5 and CCDF require states to actively engage cross-system agencies and community-based partners in the development of the strategies and plans. Bringing child welfare to the table in PDG:B-5 and CCDF plan development activities can support more informed planning of upstream, universal services that can prevent young children and families of color from coming to the attention of child welfare. Bringing early childhood to the table in Family First planning process can support child welfare in implementing strategies to prevent children prenatal to three—the largest population of children entering foster care—from entering foster care. Further, with the implementation of Family First, there are opportunities for the state to think strategically about how to leverage more flexible federal child welfare prevention dollars. Traditionally funding provided through the Community-Based Child Abuse Prevention grants and Title IV-B of the Social Security Act have been the mechanism for child welfare systems to engage in prevention activities for children and families outside of the child welfare system. With child welfare agencies now being able to claim federal reimbursement for select programs to prevent the placement of candidate children in foster care, there is an opportunity for states to be strategic in how they use the more flexible dollars to implement anti-racist strategies to meet the needs of young children and families of



color. For example as was previously mentioned, the District of Columbia is utilizing more flexible prevention dollars to invest in the Effective Black Parenting Program to meet the needs of families of color. Moving forward, systems and community-based organizations working together to leverage funding streams will support efforts to fill gaps in the continuum and enhance the state's ability to make a meaningful impact by investing in any number of the strategies identified within this Blueprint.

Below are brief summaries of select federal funding sources that can be leveraged to both finance strategies and bring cross-system and community partners to the table to ensure a connected continuum of supports.

- **The Preschool Development Block Grant Birth to Five (PDG:B-5):** PDG:B-5 is co-administered by the Departments of Health and Human Services and Education and funds states' comprehensive statewide birth through five needs assessments and strategic planning efforts with an emphasis on parent choice and the promotion of a mixed delivery early care and education system.
- **Child Care and Development Fund (CCDF):** CCDF is a federal and state partnership program authorized under the Child Care and Development Block Grant Act (CCDBG) and administered by states, territories, and tribes with funding and support from the Office of Child Care. States use CCDF to provide financial assistance to low-income families to access child care.
- **Community Development Block Grant Entitlement Program (CDBG):** CDBG is administered by the U.S. Department of Housing and Urban Development. It provides annual grants on a formula basis to entitled cities and counties and is a flexible funding source that helps develop urban communities and expand economic opportunities for low- and moderate-income persons. The CDBG program can be used for both housing and non-housing activities, including those that revitalize neighborhoods, promote economic development, and improve community facilities, infrastructure and services in low- and moderate-income low-income communities. Funded activities could include housing rehabilitation, homebuyer loans, and neighborhood revitalization projects.
- **Maternal, Infant, and Early Childhood Home Visiting (MIECHV):** MIECHV is a federal program administered by the U.S. Department of Health and Human Services. They provide state and local funding to support expecting parents and families with children under the age of 5 through evidence-based home visiting programs.
- **Head Start and Early Head Start:** Head Start is a preschool program that promotes the school readiness of preschool-aged children from low-income families through education, health, social and other services. Early Head Start serves infants and toddlers under age three and pregnant women by providing comprehensive child development and family support services to low-income families. Both programs are funded by the Office of Head Start.
- **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/Supplemental Nutrition Assistance Program (SNAP):** WIC and SNAP are administered by the U.S. Department of Agriculture Food and Nutrition Service and provide nutrition assistance to families. WIC serves low-income pregnant, breastfeeding and non-breastfeeding postpartum women, infants and children up to the age of 5. SNAP is the largest federal nutrition program and provides monthly nutrition benefits to families and individuals in low-income households.

- **Medicaid and the Children's Health Insurance Program (CHIP):** Medicaid and CHIP are administered by the U.S. Department of Health and Human Services, Center for Medicaid and CHIP Services. Medicaid and CHIP provide health care coverage for low-income children and individuals. Specifically, Medicaid and CHIP provide access to preventive care and early interventions services, with a goal of improving health and reducing costs later in life. These services include not only basic vaccinations and well-child visits, but also screenings and interventions available through Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. The EPSDT benefit ensures all young children can obtain medical, mental health, vision, hearing and dental screenings, as well as any necessary treatment to ameliorate conditions detected through a screening. States do have the authority to a point to determine coverage eligibility, reimbursement rates, and reimbursable services, creating significant variability across states.
- **Social Services Block Grant (SSBG):** SSBG is a funding source administered by the U.S. Department of Health and Human Services that provides block grants to states to support adults and children through a range of services, including home delivered meals, childcare, and transportation.
- **Temporary Assistance for Needy Families (TANF):** TANF is a program administered by the U.S. Department of Health and Human Services and provides block grants to states to support families through financial assistance and additional support services, such as childcare.
- **Community-Based Child Abuse Prevention (CBCAP)/Child Abuse Prevention and Treatment Act (CAPTA):** CBCAP and CAPTA are administered by the U.S. Department of Health and Human Services and provide funds to state agencies to support families and prevent child abuse and neglect. Funds can be used in a variety of ways, including home visiting programs, parenting programs, family resource centers and other family support programs.
- **Title IV-B of the Social Security Act:** Title IV-B funds both the Stephanie Jones Tubbs Child Welfare Services program and the MaryLee Allen Promoting Safe and Stable Families program. Funding for these programs are directed to protect and promote the welfare of all children; prevent the neglect, abuse or exploitation of children; support at-risk families through services which allow children, where appropriate, to remain with their families or return to their families in a timely manner; promote the safety, permanence and well-being of children in foster care and adoptive families; and provide training, professional development and support to ensure a well-qualified workforce.
- **Family First Prevention Services Act (Family First):** Family First is administered by the U.S. Department of Health and Human Services and provides a new opportunity for states draw down federal title IV-E reimbursement for specific prevention programs that meet certain criteria⁶¹ and are provided to specific families.⁶² State title IV-E agencies must determine a child's candidacy eligibility for receiving reimbursement for these services and, in order to claim reimbursement, there must be a child-specific prevention plan that outlines the child's risk for entering foster care and the strategies (services) that will be put in place to prevent the child's placement in foster care.

Sources

¹ Center for the Developing Child, Harvard University. “In Brief: The Science of Early Childhood Development.” Available at: <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2007/03/InBrief-The-Science-of-Early-Childhood-Development2.pdf>; For more information, see “The Science of Early Childhood Development” and the Working Paper series from the National Scientific Council on the Developing Child. Available at: www.developingchild.harvard.edu/library/.

² “Key Equity Terms and Concepts: A Glossary for Shared Understanding.” Center for the Study of Social Policy, 2019. Available at: <https://cssp.org/resource/key-equity-terms-and-concepts-a-glossary-for-shared-understanding/>.

³ “How Racism Can Affect Child Development.” Center on the Developing Child. Available at: <https://developingchild.harvard.edu/resources/racism-and-ecd/>.

⁴ Throughout this piece, “Children prenatal to three years old”, “children prenatal to three”, and “young children” are used interchangeably.

⁵ Minoff, Elisa and Alexandra Citrin. (forthcoming). “Systemic Racism + Poverty = Neglect: How the Child Welfare System Targets, Surveils, and Punishes Poor Families of Color.” Center for the Study of Social Policy.

⁶ Martin, Megan and Alexandra Citrin. “Prevent, Protect, and Provide: How Child Welfare Can Better Support Low-Income Families.” Center for the Study of Social Policy, 2014. Available at: <https://cssp.org/resource/prevent-protect-and-provide-how-child-welfare-can-better-support-low-income-families/>.

⁷ Not all neglect is a result of poverty. However, too often, poverty and neglect are equated in a way that leads to family separation. For more on this topic, please see: Minoff, “Systemic Racism + Poverty = Neglect.” (forthcoming) and Citrin, Alexandra et al. (forthcoming). “Investing in Families through Economic Supports: An Anti-Racist Approach to Supporting Families and Reducing Child Welfare Involvement.” Transforming Child Welfare through Anti-Racist Approaches, Child Welfare League of America.

⁸ Entry reasons are not exclusive. Children may have multiple reasons for entry. AFCARS Report #27. Administration for Children and Families, June 23, 2020. Available at: <https://devd8.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport27.pdf>.

⁹ Minoff, Elisa. “Entangled Roots: The Role of Race in Policies that Separate Families.” Center for the Study of Social Policy, October 2018. Available at: <https://cssp.org/resource/entangled-roots>; Minoff, Elisa and Alexandra Citrin. (forthcoming). “Systemic Racism + Poverty = Neglect: How the Child Welfare System Targets, Surveils, and Punishes Poor Families of Color.” Center for the Study of Social Policy.

¹⁰ Minoff, Elisa. “Entangled Roots: The Role of Race in Policies that Separate Families.” Center for the Study of Social Policy, October 2018. Available at: <https://cssp.org/resource/entangled-roots>.

¹¹ ‘Pregnant people’ refers to a person of any gender identity or expression who is pregnant. This language is intentionally used to include all people who experience pregnancy.

¹² Wilson, Valerie. “Inequities exposed: How COVID-19 widened racial inequities in education, health, and the workforce: Testimony before the U.S. House of Representatives Committee on Education and Labor.” Economic Policy Institute, June 22, 2020. Available at: <https://www.epi.org/publication/covid-19-inequities-wilson-testimony/>; Artiga, Samantha et al. Racial “Disparities in COVID-19: Key Findings from Available Data and Analysis.” Kaiser Family Foundation, August 17, 2020. Available at: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-covid-19-key-findings-available-data-analysis/>; Mitchell, Faith. “COVID-19’s Disproportionate Effects on Children of Color Will Challenge the Next Generation.” Urban Institute, August 17, 2020. Available at: <https://www.urban.org/urban-wire/covid-19s-disproportionate-effects-children-color-will-challenge-next-generation#:~:text=People%20of%20color%2C%20especially%20Black,family%20financial%20insecurity%20and%20hardship>.

¹³ Mitchell, “COVID-19’s Disproportionate Effects on Children of Color Will Challenge the Next Generation.”

¹⁴ “COVID-19 Hospitalization and Death by Race Ethnicity.” Centers for Disease Control and Prevention, November 30, 2020. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>.

¹⁵ H.R. 1892 – Bipartisan Budget Act of 2018. Title VII Family First Prevention Services Act. Available at: <https://www.congress.gov/bill/115th-congress/house-bill/1892>. Family First Prevention Services Act section is available at <https://cssp.org/wp-content/uploads/2018/10/Family-First-Prevention-Services-Act-of-2018.pdf>.

¹⁶ Minoff, Elisa and Alexandra Citrin. (forthcoming). “Systemic Racism + Poverty = Neglect: How the Child Welfare System Targets, Surveils, and Punishes Poor Families of Color.” Center for the Study of Social Policy.

¹⁷ Slomski, Anita. “Why Do Hundreds of US Women Die Annually in Childbirth.” JAMA, 321 no. 13, April 2, 2019, pp. 1239-1241.

¹⁸ “Pregnancy Mortality Surveillance System.” Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>. For international comparisons, see “Research Overview of Maternal Mortality and Morbidity in the United States.” Center for Reproductive Rights. Available at: https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/USPA_MH_TO_ResearchBrief_Final_5.16.pdf.

¹⁹ Semega, Jessica et al. “Table B-6 Poverty Status Of People By Age, Race, And Hispanic Origin. Income And Poverty In The United States: 2019.” US Census Bureau, September 15, 2020. Available at: <https://www.census.gov/library/publications/2020/demo/p60-270.html>.

²⁰ Wilson, Valerie and Janelle Jones. “Working harder or finding it harder to work: Demographic trends in annual work hours show an increasingly fractured workforce.” Economic Policy Institute, February 22, 2018. Available at: <https://www.epi.org/publication/trends-in-work-hours-and-labor-market-disconnection/>.

²¹ For representation in foster care see AFCARS Report #26. Administration for Children and Families Preliminary Estimates for FY2018 as of August 22, 2019. (26). Available at: <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport26.pdf>. For child population data see The Annie E. Casey Foundation. KIDS COUNT Data Center. Available at: <https://datacenter.kidscount.org/>.

²² “Key Equity Terms and Concepts: A Glossary for Shared Understanding.” Washington, DC: Center for the Study of Social Policy. Available at: <https://cssp.org/resource/key-equity-terms-concepts/>.

²³ Minoff, Elisa et al. “What We Owe Young Children: An Anti-Racist Policy Platform for Early Childhood.” Center for the Study of Social Policy, December 2020. Available at: <https://cssp.org/wp-content/uploads/2020/12/What-We-Owe-Young-Children.pdf>.

²⁴ “Key Equity Terms and Concepts: A Glossary for Shared Understanding.” Washington, DC: Center for the Study of Social Policy. Available at: <https://cssp.org/resource/key-equity-terms-concepts/>.

²⁵ Ringel, Jeanne S., Dana Schultz, Joshua Mendelsohn, Stephanie Brooks Holliday, Katharine Sieck, Ifeanyi Edochie, and Lauren Davis, Improving Child Welfare Outcomes: Balancing Investments in Prevention and Treatment. Santa Monica, CA: RAND Corporation, 2017. Retrieved from https://www.rand.org/pubs/research_reports/RR1775-1.html; Research in Washington State has found that after five years of implementing a prevention strategy, Washington would receive long-term net benefits between \$317 and \$493 million (of which \$6 million to \$62 million would be net taxpayer benefits) see Stephanie Lee, Steve Aos, and Marna Miller. (2008). Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington. Olympia: Washington State Institute for Public Policy, Document No. 08-07-3901.

²⁶ CSSP would like to thank the following jurisdictions for sharing their goals, strategies, and challenges in building a comprehensive continuum of support that promotes well-being and prevents involvement in child welfare: Arkansas, District of Columbia, Maryland, Michigan, Nebraska, Ohio, Pennsylvania, South Carolina, and Texas.

²⁷ The continuum discussed in this Blueprint is specific to children prenatal to three. As states work to support all children and families, similar principles can be applied to supporting children across the developmental age-span.

²⁸ The prenatal to three coalition in Texas has a guiding vision which is “that all Texas children are born health and have equitable access to health and early learning supports in their homes and their communities.” The prenatal to three coalition is working with the state to advance a similar vision that promotes the health and well-being of young children and can guide future work and investments across the state and local communities.

²⁹ Minoff, “Systemic Racism + Poverty = Neglect.”; Citrin, “Investing in Families through Economic Supports.”

³⁰ National Survey of Child and Adolescent Well-Being. (2005). CPS Sample Component Wave 1 Data Analysis Report. Retrieved from http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/cps_sample/cps_report_revised_090105.pdf.

³¹ Fortson, B. L. et al. “Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities.” Centers for Disease Control and Prevention, 2016. Available at: <https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>.

³² Stith, Sandra. M. et al. “Risk factors in child maltreatment: A meta-analytic review of the literature.” Aggression and Violent Behavior, 14 no. 1, January 2009, pp. 13-29.

³³ Tolbert J. et al. “Key Facts about the Uninsured Population.” Kaiser Family Foundation, November 6, 2020. Available at: <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>.

³⁴ Minoff, Elisa et al. “What We Owe Young Children: An Anti-Racist Policy Platform for Early Childhood.” Center for the Study of Social Policy, December 2020. Available at: <https://cssp.org/resource/what-we-owe-young-children/>.

³⁵ Brown, Emily. C. B. et al. “Assessment of rates of child maltreatment in states with Medicaid expansion vs states without Medicaid expansion.” JAMA Network Open, 2 no. 6, June 13, 2019.

³⁶ Barlow A, Varipatis-Baker E, Speakman K, et al. Home-visiting intervention to improve child care among American Indian adolescent mothers: A randomized trial. Arch Pediatr Adolesc Med. 2006; 160(11):1101-1107.; Walkup JT, Barlow A, Mullany BC, et al. Randomized controlled trial of a paraprofessional-delivered in-home intervention for young reservation-based American Indian mothers. J Am Acad Child Adolesc Psychiatry. 2009;48(6):591-601.

³⁷ “Reproductive Health: Infant Mortality.” Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>.

³⁸ Ohio’s Help Me Grow System includes Central Intake, Help Me Grow Home Visiting and Help me Grow Early Intervention. For more information, please visit <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/help-me-grow/help-me-grow>.

³⁹ For more information on Moms & Babies First: Ohio’s Black Infant Vitality Program, please see: <https://www.phdmc.org/child-maternal-health/moms-babies-first>.

⁴⁰ Minoff, “What We Owe Young Children.”

⁴¹ Giordano, K., Interra, V.L., Stillo, G.C. et al. Associations Between Child and Administrator Race and Suspension and Expulsion Rates in Community Childcare Programs. *Early Childhood Educ J* 49, 125–133 (2021). <https://doi.org/10.1007/s10643-020-01049-1>.

⁴² Spotlighting Progress in Policy and Supports: State and Local Action to Prevent Expulsion and Suspension in Early Learning Settings. Available at: https://www.acf.hhs.gov/sites/default/files/documents/ecd/expulsion_resource_guide_11_4_16_final.pdf.

⁴³ In addition to the examples shared within this Blueprint, in January 2021, the Department of Human Services in Allegheny County released a Racial Equity Report 2021, which includes a commitment to racial equity from the agency and provides a discussion of ongoing initiatives and next steps to advance racial equity in key areas including health equity, economic justice, early childhood education, child welfare, and juvenile justice. The full report can be accessed here: <https://www.dhs.pa.gov/about/Documents/2021%20DHS%20Racial%20Equity%20Report%20final.pdf>.

⁴⁴ Wulczyn, Fred and Bridgette Levy. “Do Family Support Centers Reduce Maltreatment Investigations? Evidence from Allegheny County.” The Center for State Child Welfare Data, Chapin Hall, December 2018. Available at: https://fcda.chapinhall.org/wp-content/uploads/2019/03/FSC-Allegheny-County_-Dec2018.pdf.

⁴⁵ Martin, “Prevent, Protect, and Provide.”

⁴⁶ Minoff, Elisa. “Stronger Together: Building an Inclusive System of Supports for Immigrant Families During the Pandemic, and Always.” Center for the Study of Social Policy, July 2020. Available at: <https://cssp.org/resource/stronger-together-building-an-inclusive-system-of-supports-for-immigrant-families-during-the-pandemic-and-always/>.

⁴⁷ Martin, “Prevent, Protect, and Provide.”

⁴⁸ Akee, Randall et al. “Parents’ incomes and children’s outcomes: A quasi-experiment using transfer payments from casino profits.” *American Economic Journal: Applied Economics*, 2 no.1, January 2010, pp. 86–115; Costello, Jane E. et al. “Relationships between poverty and psychopathology: A natural experiment.” *JAMA*, 290 no. 15, October 15, 2003, pp. 2023–2029; Costello, Jane E. et al. “Association of family income supplements in adolescence with development of psychiatric and substance use disorders in adulthood among an American Indian population.” *JAMA*, 303 no. 19, May 19, 2010, pp. 1954–1960., as cited in National Academies of Sciences, Engineering, and Medicine. (2019). “A Roadmap to Reducing Child Poverty.” The National Academies Press. Retrieved from <https://doi.org/10.17226/25246>.

⁴⁹ Baldiga, Maura et al. “Child Care Affordability for Working Parents.” *Diversity Data Kids*, November 4, 2018. Available at: <http://diversitydatakids.org/research-library/research-brief/child-care-affordability-working-parents>.

⁵⁰ Artiga, Samantha et al. “Changes in Health Coverage by Race and Ethnicity since the ACA, 2010–2018.” Kaiser Family Foundation, March 5, 2020. Available at: https://www.kff.org/report-section/changes-in-health-coverage-by-race-and-ethnicity-since-the-aca-2010-2018/#endnote_link_452557-1.

⁵¹ Temporarily, states are required to ensure continuity of coverage for Medicaid beneficiaries through January 31, 2021 in order to receive a temporary 6.2 percent FMAP increase under Families First Coronavirus Response Act (FFCRA). While this provision will lead to higher Medicaid enrollment overall, it will have a more significant impact in states that previously had more aggressive disenrollment policies.

⁵² Over the last five years, more than 260,000 children have entered foster care annually. In FY2018 262,956 entered foster care. See AFCARS Report #26. Administration for Children and Families Preliminary Estimates for FY2018 as of August 22, 2019. (26). Available at: <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport26.pdf>.

⁵³ “The AFCARS Report No. 27” Available at: <https://www.acf.hhs.gov/cb/resource/afcars-report-27>. For data on race of child population in 2019, see KIDSCOUNT. “Child Population by Race.” Available at: <https://datacenter.kidscount.org/data/tables/103-child-population-by-race#detailed/1/any/false/1729/68,69,67,12,70,66,71,72/423,424>. For an analysis of the overrepresentation of African American children specifically, see “African American Children in Foster Care: Additional HHS Assistance Needed to Help States Reduce the Proportion in Care.” U.S. Government Accounting Office, July 2007. Available at: <https://www.gao.gov/new.items/d07816.pdf>.

⁵⁴ Somers, Alicia. “Disproportionality rates for Children of Color in Foster Care (FY 2014).” The National Council of Juvenile and Family Court Judges, August 2016. Available at: <http://www.ncjfcj.org/sites/default/files/NCJFCJ%202014%20Disproportionality%20TAB%20Final.pdf>. See also Detlaff, Alan. “Responses to a Research Synthesis on Child Welfare Disproportionality and Disparities.” In Center for the Study of Social Policy, “Disparities and Disproportionality in Child Welfare: Analysis of the Research.” December 2011. Available at: https://repositories.lib.utexas.edu/bitstream/handle/2152/15376/Casey_Disparities_ChildWelfare.pdf?sequence=5.

⁵⁵ In addition to the strategies outlined in this section, which are focused on preventing child welfare involvement or placement in foster care, states are implementing a number of strategies to meet the health and well-being needs of young children who enter foster care. For example, states are implementing strategies to ensure these young children have access to high quality child care through partnerships between child welfare and early childhood systems.

Additionally, many states have implemented wrap-around support strategies, like the Infant Toddler Court Program, which is designed to support young children and their families by ensuring young children who enter foster care are connected with services that meet their needs and that the family is served by a team of experts in early childhood.

⁵⁶ “2019 Home Visiting Yearbook.” National Home Visiting Resource Center, 2019. Available at: <https://nhvrc.org/yearbook/2019-yearbook/who-could-benefit/>.

⁵⁷ Alexandra Tilsley, “Early Childhood Home Visiting: Lift Up Families to Lift Up Communities,” Urban Institute, July 10, 2017. Available at: <https://www.urban.org/features/early-childhood-home-visiting-lift-families-lift-communities>.

⁵⁸ National Academies of Sciences Engineering Medicine. “Promoting the Educational Success of Children and Youth Learning English” 2017, p.78. Available at: <https://www.nap.edu/catalog/24677/promoting-the-educational-success-of-children-and-youth-learning-english>.

⁵⁹ Park, Maki and Caitlin Katsiaficas. “Leveraging the Potential of Home Visiting Programs to Serve Immigrant and Dual Language Learner Families.” Migration Policy Institute, August 2019. Available at: <https://www.migrationpolicy.org/research/home-visiting-immigrant-dual-languagelearner-families>.

⁶⁰ Citrin, Alexandra and Martin, M. (2019). “Responsibly Defining Candidacy within the Context of FFPSA: Five Principles to Consider.” Center for the Study of Social Policy. Available at: <https://cssp.org/wp-content/uploads/2019/04/Policy-Responsibly-Defining-Candidacy-FINAL-11182019.pdf>.

⁶¹ Services that are eligible for title IV-E reimbursement through Family First must be in one of three areas: mental health, substance use, of parenting skills. These programs must also meet evidence criteria outlined by the Title IV-E Clearinghouse. If programs do not meet these criteria, they are not considered evidence-based for purposes related to Family First. Each state must also identify which programs they are going to implement and claim for in state-approved prevention plans.

⁶² Services reimbursable under Family First can only be provided to a child who is deemed to be a “candidate for foster care” as defined by the state, caregivers of a child who is a “candidate for foster care”, and pregnant and parenting youth who are in foster care. There are significant equity concerns as it relates to state definitions of “candidate for foster care.” For more information please see: <https://cssp.org/resource/responsibly-defining-candidacy/>.

