

**TRACKING SERVICES FOR INFANTS, TODDLERS & THEIR FAMILIES:  
A LOOK AT FEDERAL EARLY CHILDHOOD PROGRAMS  
AND THE ROLES OF STATE AND LOCAL GOVERNMENTS**  
*November 2007*

Research shows that experiences in the earliest years of life play a critical role in children's ability to grow up healthy and ready to learn. Ensuring that babies have good health, strong families, and positive early learning experiences will lay the foundation for success throughout their lives. We know that for very young children, all the domains of development – physical, cognitive, and social/emotional – are inextricably linked. Therefore, the programs which serve young children and their families should be comprehensive and reflect the interrelated disciplines which impact their development and their lives.

There are a variety of federal programs which address the needs of young children and their families. Government programs can be complex, however, and it can be difficult to keep track of how the programs are organized, funded and operated. In addition, states and communities often play an important role in implementing services created through the federal programs. These roles vary depending on the federal program and the way in which the program was originally crafted. To help members of the ZERO TO THREE Policy Network in their advocacy for infants and toddlers, this chart summarizes the primary federal programs currently focused on very young children and the roles of federal, state and local governments in those programs. The chart is divided into issue categories to aid you in identifying the programs and services which most closely align with your area of professional interest and expertise. However, you will notice that many of these programs cross issue categories, further demonstrating the multi-faceted nature of child development and well-being. The issue categories are:

- Child Care and Early Childhood Education
- Child Welfare
- Health and Mental Health
- Poverty
- Professional Development/Higher Education

As an advocate for babies and toddlers, we hope you will use this chart to better understand the types of services and programs specifically geared toward young children. For more information on the policies and programs impacting infants, toddlers and their families, visit <http://www.zerotothree.org/policy>.

**CHILD CARE AND EARLY CHILDHOOD EDUCATION**

<b>Federal Law / Program</b>	<b>Overview/ Administration</b>	<b>Funding</b>	<b>Who Gets Served</b>	<b>State Role in Program</b>	<b>Local Role in Program</b>
<p>Child Care and Development Fund (CCDF)</p>	<p>Federal umbrella program which administers several different federal funding streams for child care.</p> <p>Authorized by the Child Care and Development Block Grant (CCDBG).</p> <p>Administered by the Child Care Bureau within the Administration for Children and Families at the Department of Health and Human Services.</p> <p>Link: <a href="http://www.acf.hhs.gov/programs/ccb/parents/index.htm">http://www.acf.hhs.gov/programs/ccb/parents/index.htm</a></p> <p>States have the flexibility to create child care programs and policies that best suit the needs of their populations, that help working parents make informed choices about child care, and that implement each state’s health, safety, licensing, and registration standards. Four percent of program funds are set aside for implementing strategies to improve the quality of child care.</p>	<p>Three streams of federal funds: 1) federal mandatory funds that do not require a state match, 2) federal mandatory funds that do require a state match, and 3) federal discretionary funds that do not require a state match.</p> <p>Federal funds are awarded to states who in turn distribute subsidy funds to eligible families and child care providers.</p> <p>A portion of the funds is used for activities that improve the quality of care and promote early learning.</p>	<p>Low-income working families, families receiving temporary public assistance, and those transitioning from public assistance.</p> <p>States must spend 70 percent of their CCDF monies to provide child care services for families on, or transition off, the Temporary Assistance to Needy Families (TANF) program or families at-risk of welfare dependency.</p>	<p>Cap on level of federal child care funds that a state can access (states no longer receive increased federal funding in response to caseload increases).</p> <p>Total funds available for child care change depending on the state’s level of investment.</p> <p>Each state must submit a plan that outlines how it intends to conduct a program.</p> <p>States may choose to restrict eligibility for low-income working families.</p> <p>States may choose to serve a larger number of families at lower levels of assistance per child or operate a first-come/ first-served program with a waiting list of assistance.</p> <p>States may modify their subsidy levels or provider reimbursement rates.</p>	<p>Within some states, counties may administer programs and so the county may have discretion in determining eligibility/benefits and available services.</p>

Federal Law / Program	Overview/ Administration	Funding	Who Gets Served	State Role in Program	Local Role in Program
<p>Early Head Start (EHS)</p>	<p>Federally funded program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social, and other services</p> <p>Administered by the Office of Head Start within the Administration for Children and Families at the Department of Health and Human Services</p> <p>Link: <a href="http://www.acf.hhs.gov/programs/hsb/">http://www.acf.hhs.gov/programs/hsb/</a></p> <p>Early Head Start programs serve children from birth through age 2 with 61,243 participating in 2005. Program is designed to:</p> <ul style="list-style-type: none"> <li>• Promote school readiness by enhancing the social and cognitive development of low income children.</li> <li>• Help parents make progress toward achieving their educational, literacy, and employment goals.</li> </ul>	<p>Federal funding goes directly from federal government to local public and private non-profit and for-profit agencies.</p> <p>10 percent of Head Start funding is set-aside for EHS.</p>	<p>Low-income children 0-3 and their families as well as pregnant women.</p> <p>At least 10% of the total number of enrollment opportunities for each grantee must be made available to children with disabilities.</p>	<p>Each state is funded by the Office of Head Start to operate a Head Start State Collaboration Office whose mission is to help build early childhood systems and enhance access to comprehensive services and support for all low-income children throughout the state; to encourage widespread collaboration between Head Start and other appropriate programs, services, and initiatives that augment Head Start's capacity to be a partner in state initiatives on behalf of children and their families; and to facilitate the involvement of Head Start in state policies, plans, processes, and decisions affecting the Head Start community and other low-income families.</p> <p>Although HS/EHS is a federally funded program, some states have developed state funded EHS programs – using the same model and HS Program Performance Standards as federally funded EHS.</p>	<p>Tailor program services to meet the needs of families in their community.</p> <p>Choose between program options: home-based, center-based, combination, or locally designed options.</p> <p>Grants for EHS are awarded directly to local grantees via the ten regional offices and the Office of Head Start's American Indian-Alaska Native Branch.</p> <p>Note: Migrant and Seasonal Head Start programs do not receive EHS funds, though they do serve infants and toddlers through the HS grant.</p>

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<p>Part B of the Individuals with Disabilities Education Act (IDEA)</p>	<p>Provides federal funds to states and local communities to assist in their efforts to provide free appropriate public education to students with disabilities.</p> <p>Administered by the Office of Special Education Programs at the Department of Education.</p> <p>Link:  <a href="http://www.ed.gov/about/offices/list/osers/osep/index.html">http://www.ed.gov/about/offices/list/osers/osep/index.html</a></p> <p>IDEA Preschool Grants program provides states with formula grants for special education and related services for children with disabilities aged 3 through 5, and can be used to promote inclusion of these children in early care and learning settings and may provide some training funds.</p>	<p>Funds are distributed to eligible entities through a formula based on the relative number of children in the general population who are within the age range served and the relative number of children within the age range served who are living in poverty.</p>	<p>School-aged (5-21) and preschool-aged (3-5) children with disabilities.</p> <p>States also have discretion to serve 2-year-old children with disabilities who will reach age 3 during the school year.</p> <p>The preschool program is often referred to as Section 619.</p>	<p>State is eligible for assistance if the state submits a plan that meets certain conditions.</p> <p>States can decide to merge Part C and Part B preschool programs.</p>	<p>School districts have the obligation to provide all services they believe will offer a child a free appropriate public education (salaries of special education teachers, speech therapists, psychologists, technology, TA, screening and transportation, etc).</p> <p>The act requires public schools to design an Individualized Education Program (IEP) for each child.</p> <p>Implementation of Part B is the responsibility of each local education agency or school district.</p>

Federal Law / Program	Overview/ Administration	Funding	Who Gets Served	State Role in Program	Local Role in Program
Part C of IDEA	<p>Provides federal funds to states to assist in maintaining and implementing statewide systems of coordinated, comprehensive, multidisciplinary, interagency programs of early intervention services for infants and toddlers.</p> <p>Administered by the Office of Special Education Programs at the Department of Education.</p> <p>Link:  <a href="http://www.ed.gov/about/offices/list/osers/osep/index.html">http://www.ed.gov/about/offices/list/osers/osep/index.html</a></p> <p>Established in recognition of an urgent and substantial need to reduce educational costs by minimizing the need for special education through early intervention.</p>	<p>Funds are distributed to states based on the number of children birth through age 2 in the general population in the state.</p> <p>Part C funds only cover a portion of operating costs.</p>	<p>Children with developmental delays or disabilities, or with a high probability of developmental delays or disabilities, aged birth through 2 years, and their families.</p> <p>States may also provide services to infants and toddlers who are at-risk of having substantial developmental delays if appropriate intervention services are not provided.</p>	<p>States define developmental delay.</p> <p>States have discretion in setting the criteria for child eligibility, including whether or not to serve at-risk children and whether they continue to serve children beyond age 2 (which can be done if the child is also eligible for services under Part B of IDEA and he/she previously received services under Part C).</p> <p>Some states charge a sliding scale fee based on parents' ability to pay (but no state can deny services to people who cannot pay).</p> <p>States may reserve a portion of their allocations for other state-level activities.</p> <p>Governor must designate a lead agency (either state education agency or another separate agency) to receive the grant and administer the program.</p> <p>States are also now required to refer children with substantiated cases of abuse for Part C screening.</p>	<p>Interagency Coordinating Council includes parents of young children with disabilities who advise and assist the lead agency in ensuring the coordination and collaboration of services.</p> <p>Lead agencies coordinate EI activities (evaluation and assessment, special instruction, speech therapy and audiology, occupational therapy, physical therapy and family training and counseling) and develop interagency agreements.</p> <p>Funds may also be used for direct services that are not otherwise available.</p> <p>An individualized family services plan (IFSP) is required.</p> <p>* The decision for school districts to provide early intervention services may be optional in some states; school districts that opt to provide early intervention to toddlers and infants do receive state funding.</p>
Temporary Assistance for Needy Families (TANF)	<p>Many states have used TANF dollars to support child care activities, either through TANF or by transferring funds (up to 30 percent per year) to either the Child Care and Development Fund (CCDF) or the Social Services Block Grant (SSBG). Jurisdictions have used TANF dollars to address the social and emotional needs of young children and to improve the quality of child care as a work support for parents transitioning off TANF.</p> <p><b>See page 17 for more detail on TANF.</b></p>				

Federal Law / Program	Overview/ Administration	Funding	Who Gets Served	State Role in Program	Local Role in Program
Social Services Block Grant (SSBG)	Can transfer funds to the Title V Maternal and Child Health program, when it has been selected as a hub for planning, training, or coordination of the early childhood system of care. <b>See page 18 for more detail on SSBG.</b>				

## CHILD WELFARE

Federal Law / Program	Overview/ Administration	Funding	Who Gets Served	State Role in Program	Local Role in Program
<p>Title IV-B of the Social Security Act</p>	<p>Provides funding for child welfare services, as well as for preventive and supportive services for families.</p> <ul style="list-style-type: none"> <li>- Subpart 1: Child Welfare Services—Provides federal grants to states, Indian Tribes, and territories to improve child welfare services.</li> <li>- Subpart 2: Promoting Safe and Stable Families—Provides federal grants to support family preservation, reunification, adoption, and family support services.</li> </ul> <p>Administered by the Children’s Bureau within the Administration for Children and Families at the Department of Health and Human Services.</p> <p>Link:  <a href="http://www.acf.hhs.gov/programs/cb/">http://www.acf.hhs.gov/programs/cb/</a></p> <hr/> <p>Part 1 provides grants to states for child welfare services, including preventive intervention, placements and permanent homes through foster care or adoption, and reunification services to encourage a return home. The primary goals of the Promoting Safe and Stable Families program are to prevent the unnecessary separation of children from their families, improve the quality of care and services to children and their families, and ensure permanency for</p>	<p>Subpart 1 is funded with discretionary funds distributed by using a formula using the state’s population under age 21 and the state’s average per capita income.</p> <p>Subpart 2 is funded partly through mandatory funding and partly through discretionary funding.</p> <p>Most funding is designated for services that prevent child welfare placement.</p>	<p>Families in care and families at-risk regardless of income.</p>	<p>To be eligible for funds, states are required to ensure certain protections for all children in foster care.</p> <p>States can use a portion of their funds for foster care maintenance payments, adoption assistance, and day care related to employment or training for employment.</p>	<p>N/A</p>

Federal Law / Program	Overview/ Administration	Funding	Who Gets Served	State Role in Program	Local Role in Program
	children by reuniting them with their parents or by facilitating adoption or another permanent living arrangement.				
Title IV-E of the Social Security Act	<p>Open-ended entitlement program that provides federal funding for foster care maintenance, adoption assistance, and independent living services as well as training for staff and foster parents.</p> <p>Administered by the Children’s Bureau within the Administration for Children and Families at the Department of Health and Human Services.</p> <p>Link:  <a href="http://www.acf.hhs.gov/programs/cb/">http://www.acf.hhs.gov/programs/cb/</a></p> <p>Requires that all children from birth to age 3 entering the foster care system be assessed through the IDEA Part C Early Intervention program to determine whether or not they meet eligibility rules.</p>	Federal government reimburses states for the costs of children placed in foster homes or for other types of out-of-home care; government provides financial support to states for adoption assistance and independent living services.	Children in foster care (reimbursement for foster care/ adoption assistance is only available for those children who would have been eligible for the old AFDC program).	<p>States may require that all children from birth to age 3 entering the foster care system be evaluated through the Part C program to determine whether they have delays or risk factors that meet state eligibility rules for early intervention services.</p> <p>States can implement evidence-based approaches to support foster parents caring for young children.</p>	N/A



Federal Law / Program	Overview/ Administration	Funding	Who Gets Served	State Role in Program	Local Role in Program
<p>Child Abuse Prevention and Treatment Act (CAPTA)</p>	<p>Title I:</p> <ol style="list-style-type: none"> <li>1. Provides federal funding and technical assistance to assist states in meeting their responsibilities for prevention and intervention in cases of child abuse and neglect.</li> <li>2. Provides funds for States to improve their child protective service systems (CPS).</li> <li>3. Provides funding to support research on the causes, prevention, and treatment of child abuse and neglect and the development and implementation of evidence-based training programs.</li> </ol> <p>Administered by the Children’s Bureau within the Administration for Children and Families at the Department of Health and Human Services.</p> <p>Link:  <a href="http://www.acf.hhs.gov/programs/cb/">http://www.acf.hhs.gov/programs/cb/</a>  <a href="#">/</a></p>	<p>Formula funded grants to states.</p> <p>Grants are provided to State and local agencies and organizations as well as university and hospital-affiliated programs on a competitive basis.</p>	<p>Children in Child Protective Services.</p> <p>Children who have been abused, or at-risk of abuse and neglect, and their families.</p>	<p>States must prepare and submit a plan that specifies the areas of the child protective services system that the state intends to address with amounts received under the grant.</p> <p>States may use funds to improve investigative processes, management of cases, and data information systems.</p> <p>States are also now required to refer children with substantiated cases of abuse for Part C screening.</p> <p>Projects have focused on every aspect of the prevention, identification, investigation, assessment and treatment of child abuse and neglect. For a list of programs funded, visit:  <a href="http://www.acf.hhs.gov/programs/cb/programs_fund/discretionary/captad.htm">http://www.acf.hhs.gov/programs/cb/programs_fund/discretionary/captad.htm</a></p>	<p>The State and local child protective agencies implement the provisions of this program.</p> <p>Public agencies and nonprofit organizations may apply for grants for demonstration programs and projects.</p>

Federal Law / Program	Overview/ Administration	Funding	Who Gets Served	State Role in Program	Local Role in Program
	<p>Title II: Community Based Child Abuse Prevention Program</p> <p>This program provides funding to States to develop, operate, expand and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect.</p> <p>Administered by the Children’s Bureau within the Administration for Children and Families at the Department of Health and Human Services.</p> <p>Link:  <a href="http://www.acf.hhs.gov/programs/cb/">http://www.acf.hhs.gov/programs/cb/</a></p>	<p>Formula funded grants to states.</p>	<p>Children in the general population and those at-risk for abuse or neglect and their families.</p>	<p>A lead agency is designated by the Governor in every State to apply and manage these funds. For more information, visit:  <a href="http://www.friendsnrc.org">www.friendsnrc.org</a></p>	<p>The local programs receive the funding from the Lead Agency to support child maltreatment prevention programs and activities.</p>
<p>Part C of IDEA</p>	<p>States are now required to refer children with substantiated abuse for Part C screening as a result of recent amendments to the Child Abuse Prevention and Treatment Act. Each Part C program has or will need to set up mechanisms for evaluating the children referred and for financing appropriate services for those determined eligible.</p> <p><b>See page 5 for more detail on Part C of IDEA.</b></p>				
<p>SSBG</p>	<p>SSBG’s program goal of “preventing neglect, abuse or exploitation of children” links directly to promoting school readiness for vulnerable children. The annual SSBG allotments to states are determined by a formula based on population. A state may transfer up to 10 percent of its allotment for any fiscal year to preventive health and health services, alcohol and drug abuse, mental health services, maternal and child health services, and low-income home energy assistance block grants.</p> <p><b>See page 19 for more detail on SSBG.</b></p>				

## HEALTH AND MENTAL HEALTH

Federal Law / Program	Overview/ Administration	Funding	Who Gets Served	State Role in Program	Local Role in Program
<p>State Children's Health Insurance Program (SCHIP, Title XXI of the Social Security Act)</p>	<p>Federal-state program which gives states the option of expanding health coverage to uninsured low-income children.</p> <p>Administered by the Centers for Medicare and Medicaid Services at the Department of Health and Human Services.</p> <p>Link: <a href="http://www.cms.hhs.gov/">http://www.cms.hhs.gov/</a></p> <hr/> <p>Unlike Medicaid, it is not an entitlement, but it does help states provide health insurance coverage to uninsured children whose family income is up to 200 percent of the federal poverty line (FPL) (and with federal approval well above that level). State SCHIP plans either expand eligibility for children under Medicaid, create a separate children's health insurance program managed by the state and typically operated by private insurance companies, or provide some combination of the two. Currently 17 states have created separate, non-Medicaid SCHIP plans, 14 have Medicaid expansion SCHIP plans, and 19 have some combination of the two. In either case, only uninsured children (and their families, with a federal waiver) may qualify for SCHIP.</p>	<p>Jointly financed by the federal and state governments.</p> <p>Provides a capped amount of funds to states on a matching basis.</p> <p>Federal payments are based on state expenditures under approved plans.</p>	<p>Uninsured, low-income children and their parents with incomes up to or above 200% of the federal poverty level. With federal approval, states may go above this level</p>	<p>States administer the program and designate a coordinating administrative unit.</p> <p>Each state determines the design of its program, eligibility groups, benefit packages, payment levels for coverage, and administrative and operating procedures (because SCHIP is not an entitlement program, states may reduce eligibility and/or create waiting lists when the budget is low).</p> <p>In some states, SCHIP is part of the state's Medicaid program, in some it is separate, and in some it is a combination of both types.</p> <p>States may include any other services described under Medicaid law subject to any limits based on comparability of services (SCHIP offers parallel services to Medicaid in some states but has more limited coverage in others).</p> <p>States may provide different services to different groups of the medically needy.</p>	<p>N/A</p>

Federal Law / Program	Overview/ Administration	Funding	Who Gets Served	State Role in Program	Local Role in Program
<p>Early and Periodic Screening, Diagnosis and Treatment (EPSDT)</p>	<p>Medicaid’s comprehensive and preventive child health program for individuals under age 21.</p> <p>Provides screening services, including comprehensive physical exams, appropriate immunizations, vision, dental, and hearing services, as well as health care to correct problems found in screening.</p> <p>Administered by the Centers for Medicare and Medicaid at the Department of Health and Human Services.</p> <p>Link: <a href="http://www.cms.hhs.gov/">http://www.cms.hhs.gov/</a></p> <hr/> <p>Provides a comprehensive child health benefit that requires states to fund well-child health care, diagnostic services, and medically necessary treatment services to all Medicaid-eligible children from birth through age 21. Under federal EPSDT law (Section 1905 of the Social Security Act), states must cover any Medicaid-covered (i.e., allowed under the federal Medicaid statute) service that would reasonably be considered medically necessary to prevent, correct, or ameliorate children’s physical and mental health conditions.</p>	<p>Funded by federal and state (and sometimes local) government.</p>	<p>All Medicaid eligible children from birth through age 21.</p>	<p>Required in every state.</p> <p>States must cover any Medicaid-covered service that would be reasonably considered medically necessary to prevent, correct, or ameliorate children’s physical and mental health conditions.</p>	<p>N/A</p>

Federal Law / Program	Overview/ Administration	Funding	Who Gets Served	State Role in Program	Local Role in Program
<p>Medicaid (Title XIX of the Social Security Act)</p>	<p>Means-tested entitlement program that pays for medical costs of various assistance recipients and specified other groups among the poor.</p> <p>Administered by the Centers for Medicare and Medicaid at the Department of Health and Human Services.</p> <p>Link: <a href="http://www.cms.hhs.gov/">http://www.cms.hhs.gov/</a></p> <p>Includes anchor programs that provide potentially major sources of funding for an array of services related to the social, emotional, and behavioral health of young children.</p> <p>Child health programs fund screening, diagnostic assessment, early intervention, and treatment for individual children. Medicaid, as the largest source of public financing for child health and mental health, is the most important program in this cluster.</p>	<p>Funded through federal and state funds (states have different federal matching rates to fund services provided under their Medicaid program).</p> <p>Medicaid is an open-ended entitlement to the states.</p>	<p>Required eligibility for children younger than age 6 in families with income up to 133 percent of the federal poverty level (FPL) as well as pregnant women, persons over age 65, and low-income persons with disabilities.</p>	<p>States administer the program and designate a coordinating administrative unit.</p> <p>Each state sets guidelines regarding eligibility and services (can extend coverage to a higher percentage of FPL or cover low-income parents).</p> <p>Mandated benefits include inpatient care, outpatient care, EPSDT; optional benefits include inpatient psychiatric care, prescription drugs, rehabilitation, and various types of case management.</p> <p>Each state has different health care benefits depending on local funding streams and service availability.</p>	<p>N/A</p>
<p>Maternal and Child Health Block Grant (MCHBG, Title V of the Social Security Act)</p>	<p>Provides federal funds to state public health agencies to improve the health of pregnant women, mothers, and children.</p> <p>Administered by the US Department of Health and Human Services Maternal and Child Health Bureau.</p> <p>Link: <a href="http://mchb.hrsa.gov/">http://mchb.hrsa.gov/</a></p>	<p>Grant funds are allocated to states based on a matching formula that requires a \$3 state match for every \$4 in federal funds.</p> <p>At least 30% of each state's allocation must be spent on activities for children with special health care needs (CSHCN) and 30% must be</p>	<p>Low-income children, pregnant women, and mothers.</p>	<p>States may structure their Title V programs as broadly targeted grants to qualified communities and entities, rather than as a system of specified payments for certain classes of covered medical services for eligible individuals (as with Medicaid).</p> <p>Statute does not define "health care" and "preventive and primary care"</p>	<p>N/A</p>

Federal Law / Program	Overview/ Administration	Funding	Who Gets Served	State Role in Program	Local Role in Program
	<p>Aims to:</p> <ul style="list-style-type: none"> <li>• Reduce infant mortality.</li> <li>• Reduce the incidence of handicapping conditions among children.</li> <li>• Increase the number of children appropriately immunized against disease.</li> <li>• Increase the number of children in low-income households who receive assessments and follow-up diagnostic and treatment services.</li> <li>• Provide and ensure access to perinatal care for pregnant women, preventive child health services, and comprehensive care for children with special health care needs (CSHCN) and disabled children eligible for Supplemental Security Income (SSI).</li> <li>• Facilitate the development of comprehensive, family-centered, community-based, culturally competent, coordinated systems of care for CSHCN.</li> </ul>	<p>dedicated to primary health care for children.</p> <p>A portion of overall spending is set-aside at the federal level for Special Projects for Regional and National Significance (SPRANS).</p> <p>The MCHBG is discretionary funding which requires an annual appropriation.</p>		<p>services,” so states’ annual applications for funding may include their own definitions of these services and specify how they will be carried out.</p> <p>Each state also defines which categories of special needs children will be eligible for programs and services under CSHCN.</p> <p>Title V funding may be used for direct services, case management, screening, infrastructure improvements, professional training, maternal depression and early childhood mental health consultants, etc.</p> <p>State Early Childhood Care Systems (SECCS) provide state planning grants to help develop more comprehensive approaches to early childhood service delivery, including promoting the positive social and emotional development and mental health of young children.</p>	
<p>Community Mental Health Services Block Grants (CMHSBG, Part B of Title XIX</p>	<p>The single largest federal contribution dedicated to improving mental health service systems.</p> <p>Provides financial assistance to states and territories to enable them to carry out the state’s plan for providing comprehensive community mental health services to</p>	<p>Joint federal-state partnership.</p>	<p>Children and families with or at-risk of mental health disorders.</p>	<p>States have considerable flexibility to direct federal block grant funds according to state priorities and service needs.</p> <p>Each state must submit a yearly mental health plan outlining their priorities and intended uses of the block grant funds.</p>	<p>SAMHSA also funds different discretionary grant programs within each state.</p> <p>Opportunities for providers to both receive grants or partner with SAMHSA grantees to provide mental health and substance abuse</p>

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of the Public Health Service Act)	<p>adults and children.</p> <p>Administered by the Center for Mental Health Services within the Substance and Mental Health Services Administration (SAMHSA) at the Department of Health and Human Services.</p> <p>Link:  <a href="http://mentalhealth.samhsa.gov/cmhs/">http://mentalhealth.samhsa.gov/cmhs/</a></p>			Requires collaboration between states and national and local community-based organizations and public and private sector providers.	prevention services.
Comprehensive Community Mental Health Services for Children and Their Families Program (Part E of Title V, Sections 561-565 of the Public Health Service Act (as amended))	<p>The major mental health funding stream explicitly targeted to children is the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances, which provides multi-year grants to communities to develop systems of care for children with, and sometimes at-risk for, serious emotional and behavioral disorders. Grantees currently include eight early childhood system of care communities that focus specifically on providing services and supports to infants, toddlers and children age birth to 6. These communities have been organized into a “Community of Practice (COP)” that can be described as an affinity group or virtual community based on roles or areas of interest that provide regular opportunities to interact around common interests and build relationships that are supportive and/or task-oriented.</p> <p>Link:</p>	States, political subdivisions of states, and tribes.	Children and adolescents with a serious mental health need.	States may apply. If political subdivisions of states apply, the state should be substantively involved in planning and implementation and sustainability of the program.	Cities and counties may apply and must work with the states to ensure sustainability after federal funding expires.

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	<a href="http://www.systemsofcare.samhsa.gov">www.systemsofcare.samhsa.gov</a>				
EHS	Early Head Start must meet performance standards that include requirements for on-site mental health services and collaboration with parents. <b>See page 3 for more detail on EHS.</b>				
Part B of IDEA	Jointly, with Part C, monitors to ensure that appropriate social and emotional assessments are included as part of Child Find, a continuous process of public awareness activities, screening and evaluation designed to locate, identify, and refer as early as possible all young children with disabilities and their families. Strengthens mechanisms for referrals to Child Find for children aged 3 to 5 with substantiated cases of abuse and neglect, whether or not the family enters the child welfare system. <b>See page 4 for more detail on Part B of IDEA.</b>				
Part C of IDEA	Requires that there be an individualized family services plan (IFSP), while many other federal programs require only child-focused plans. States choosing to participate in the program must serve infants and toddlers with developmental delays or disabilities, or with a high probability of developmental delays or disabilities, who meet the state's criteria. <b>See page 5 for more detail on Part C of IDEA.</b>				
CCDF	States can use CCDF allocations to increase access to services that promote the social, emotional, and behavioral health and school readiness of young children. For example, states have used the 4 percent quality set-aside, state-appropriated, and/or TANF funds to finance early childhood mental health consultation in child care settings. <b>See page 2 for more detail on CCDF.</b>				
Title IV-B of the Social Security Act	Title IV-B funds can be used to improve the social, emotional, and behavioral health and school readiness of young children, particularly in combination with Medicaid or early intervention programs. States could provide EPSDT screening for children served under the Title IV-B program according to a schedule for periodic screening, along with additional necessary periodic screening, diagnosis, and follow-up treatment. <b>See page 7 for more detail on Title IV-B of the Social Security Act.</b>				
Title IV-E of the Social Security Act	Although Title IV-E does not provide service funds, the children in foster care should be the focus of careful planning to ensure that they receive appropriate screening and intervention services to reverse early emotional damage and/or promote healthy relationships with their current caregivers through both EPSDT and Part C Early Intervention programs. <b>See page 8 for more detail on Title IV-E of the Social Security Act.</b>				
TANF	In San Francisco, county-level flexibility has permitted the use of child care quality funds from the TANF program as the base funding for an early childhood mental health consultation program that has reached hundreds of child care providers and thousands of families. States also might use TANF grant dollars for two-generation strategies, such as: 1) family counseling, service coordination, and family support activities (e.g., creation of family resource centers and funding of home visiting programs); 2) intensive home visiting for families with young children at-risk (e.g., Ohio), or 3) substance abuse treatment for parents, as part of their efforts to reduce dependency and prepare for work. <b>See page 18 for more detail on TANF.</b>				



Federal Law / Program	Overview/ Administration	Funding	Who Gets Served	State Role in Program	Local Role in Program
SSBG	Can transfer funds to the state mental health agency, when it serves as the base for an early childhood mental health initiative. <b>See page 19 for more detail on SSBG.</b>				
Women, Infants and Children Supplemental Food Program (WIC)	<p>Federal program aimed at improving the health of pregnant woman, new mothers, infants, and young children.</p> <p>Administered by the Food and Nutrition Service at the Department of Agriculture.</p> <p>Link: <a href="http://www.fns.usda.gov/fns/default.htm">http://www.fns.usda.gov/fns/default.htm</a></p> <hr/> <p>The foods provided are high in one or more of the following nutrients: protein, calcium, iron, and vitamins A and C. These are the nutrients frequently lacking in the diets of the program's target population. Different food packages are provided for different categories of participants.</p>	Federal discretionary funds requiring an annual appropriation.	Low-income, nutritionally at-risk pregnant women (through pregnancy and up to 6 weeks after), breastfeeding women (up to infant's 1 <sup>st</sup> birthday), non-breastfeeding postpartum women (up to 6 months after the end of pregnancy), infants, and children up to 5 years of age.	<p>The program is administered by 90 WIC state agencies.</p> <p>Services provided include: supplemental nutritious foods, nutrition education and counseling, and screening and referrals to other health, welfare, and social services programs.</p>	N/A

**POVERTY**

<b>Federal Law / Program</b>	<b>Overview/ Administration</b>	<b>Funding</b>	<b>Who Gets Served</b>	<b>State Role in Program</b>	<b>Local Role in Program</b>
TANF	<p>Means-tested and time-limited cash assistance program aimed at assisting needy families with children and reducing dependency through job preparation, work, and marriage.</p> <p>Administered by the Office of Family Assistance within the Administration for Children and Families at the Department of Health and Human Services (HHS).</p> <p>Link:  <a href="http://www.acf.hhs.gov/programs/ofa/">http://www.acf.hhs.gov/programs/ofa/</a></p> <hr/> <p>Requires HHS to monitor changes in the child poverty rate relative to TANF. If the State experiences an increase in its child poverty rate of five percent or more as a result of the TANF program(s) in the State, it must submit and implement a corrective action plan to reduce the State's child poverty rate.</p> <p>Services can be funded for needy families with children and can include services for family reunification, parenting education, in-home services and crisis intervention.</p>	<p>Formula-based block grant to the states.</p> <p>Replaced the Aid to Families with Dependent Children (AFDC) entitlement program under welfare reform.</p>	<p>Determined by states.</p> <p>Requirement that beneficiaries go to work within two years of claiming the benefit, limitation of benefit receipt to a maximum of 5 years overall.</p>	<p>States have broad flexibility to use the grant funds in any manner that promotes self-sufficiency (child care, family counseling, service coordination, family support activities, home visiting, substance abuse treatment, etc.).</p> <p>Each state must submit a plan that outlines how it intends to conduct a program.</p> <p>State determines what benefit levels to set and what category of families are eligible.</p>	<p>Within some states, counties may administer programs and so the county may have discretion in determining eligibility/benefits and available services.</p>

Federal Law / Program	Overview/ Administration	Funding	Who Gets Served	State Role in Program	Local Role in Program
SSBG	<p>Allocates funds to states to support a variety of social service programs for adults and children to achieve self-sufficiency, prevent or remedy abuse and neglect, and referrals for institutional care where appropriate.</p> <p>Administered by the Office of Community Services within the Administration for Children and Families at the Department of Health and Human Services.</p> <p>Link:  <a href="http://www.acf.hhs.gov/programs/ocs/ssbg/">http://www.acf.hhs.gov/programs/ocs/ssbg/</a></p> <p>Services funded by the SSBG as far as practicable under the conditions of that State are directed towards families achieving or maintaining economic self-support to prevent, reduce or eliminate dependency.</p> <p>Local service providers use SSBG funds to provide a wide range of services for low-income individuals and families, including child care for low-income working families.</p>	Grants are determined by a statutory formula based on each state's population.	Determined by states.	<p>States have great flexibility and are fully responsible (within the limitations of the law) for determining the use of their funds (child care, protective services, transportation, training, etc.).</p> <p>States determine what services are provided, the eligible categories and populations of adults and children, the geographic area of the state in which each service will be provided, and whether the services will be provided by state or local agency staff or through grants or contracts with private organizations.</p>	Depending on states' decisions, these services may be provided by local agency staff or through grants or contracts with private organizations.
WIC	<p>WIC serves low-income pregnant, postpartum and breastfeeding women, and infants and children up to age 5 who are at nutritional risk. In most WIC State agencies, WIC participants receive checks or vouchers to purchase specific foods each month that are designed to supplement their diets. A few WIC State agencies distribute the WIC foods through warehouses or deliver the foods to participants' homes.</p> <p><b>See page 17 for more detail on WIC.</b></p>				
EHS	<p>Can develop more intensive, augmentative strategies to assist children whose families have multiple risk factors beyond poverty (e.g., low parental education, contact with the child welfare system,, older siblings with poor school performance).</p> <p><b>See page 3 for more detail on EHS.</b></p>				

**PROFESSIONAL DEVELOPMENT / HIGHER EDUCATION**

<b>Federal Law / Program</b>	<b>Overview/ Administration</b>	<b>Funding</b>	<b>Who Gets Served</b>	<b>State Role in Program</b>	<b>Local Role in Program</b>
Higher Education Act	<p>Authorizes the federal government’s major student aid programs, as well as other key programs such as those providing aid to special groups of higher education and institutions and support services to enable disadvantaged students to complete secondary school and enter and complete college (increase access to higher education). The act’s reauthorization includes provisions to build the capacity of our nation’s early childhood workforce, and to create economic incentives to enable early childhood providers to seek out training and professional development opportunities.</p> <p>Administered by the Department of Education.</p> <p>Link: <a href="http://www.ed.gov/">http://www.ed.gov/</a></p>	<p>Provides money in loans and loan forgiveness, grants, work-study and institutional aid in support of postsecondary education.</p> <p>Ninety five percent of the funding is disbursed through Title IV—aid to students.</p>	Disadvantaged Students.	N/A	N/A
CCDF	<p>Can support the cross-training of community providers to build capacity, promote social and emotional health and competencies, respond to challenging behavior, and facilitate referrals for high-risk families. Can provide child care providers special training in working with higher-risk young children and families (e.g., those affected by substance abuse or domestic violence). Can provide training in the inclusion of young children with serious emotional and behavioral disorders. By blending federal, state, and local child care quality funds, states might finance training for child care professionals in the area of social and emotional development, as well as support early childhood mental health consultation.</p> <p align="center"><b>See page 2 for more detail on CCDF.</b></p>				
EHS	<p>Can use Head Start training dollars to improve teacher skills in promoting social and emotional health. Can help parents make progress toward achieving their educational, literacy, and employment goals.</p> <p align="center"><b>See page 3 for more detail on EHS.</b></p>				
TANF	<p>Can use flexible funds for professional, cross-system training.</p> <p align="center"><b>See page 18 for more detail on TANF.</b></p>				
SSBG	<p>SSBG funds are flexible and can be used in combination with other programs to improve the social, emotional, and behavioral health and school readiness of young</p>				

Federal Law / Program	Overview/ Administration	Funding	Who Gets Served	State Role in Program	Local Role in Program
	children, particularly for professional training, family services and supports, tracking at-risk children, or other related activities. <b>See page 19 for more detail on SSBG.</b>				
Part B of IDEA	Can make funds available for training in early childhood mental health and social and emotional well-being. <b>See page 4 for more detail on Part B of IDEA.</b>				
Title IV-B of the Social Security Act	Can use administrative funds as part of financing for professional, cross-system training. <b>See page 7 for more detail on Title IV-B of the Social Security Act.</b>				
Title IV-E of the Social Security Act	Can provide training for staff, foster parents, and private agency staff. <b>See page 8 for more detail on Title IV-E of the Social Security Act.</b>				
CAPTA	States may use CAPTA funds to improve the investigative process, management of cases, information and tracking systems, staff and provider training, prevention and treatment, and research. <b>See page 9 for more detail on CAPTA.</b>				
CMHSBG (Part B of Title XIX of the Public Health Service Act)	Can use flexible funds for professional, cross-system training. Can use funds to increase early childhood mental health capacity in community mental health centers. <b>See page 14 for more detail on CMHSBG.</b>				
MCHBG (Title V of the Social Security Act)	Grant funds are flexible, permitting states to finance an array of services (including direct services), enabling such services as case management, population-based screening, and infrastructure improvements (e.g., professional training). Title V funding can be used for direct services, enabling case management, population-based screening, and infrastructure improvements, such as professional training. It can be used strategically to balance the Medicaid medical model with a public health model that can address risk factors through both population-based services (e.g., screening for maternal depression, and early childhood mental health consultants) and direct services (e.g., parent-child relationship- building services). It is also possible to use enabling services to support outreach to families and family engagement strategies (e.g., care coordination using peer-parent advisers). <b>See page 13 for more detail on MCHBG.</b>				

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