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Child Welfare: Funding for Child and Family Services Authorized Under Title IV-B of the Social Security Act

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Summary

Children depend on adults—usually their parents—to protect, support, and nurture them in their homes. The broadest mission of public child welfare agencies is to strengthen all families in ways that ensure children can depend on their parents to protect their safety, ensure they have a stable and permanent home, and enhance their well-being. More specifically, public child welfare agencies are expected to identify families where children are at risk of abuse or neglect and to provide services to prevent maltreatment. Public child welfare agencies are also expected to identify children who have been abused and neglected and to provide services and supports necessary to ensure no further maltreatment occurs. These services may be provided while the child remains living in his/her parent's home or, if an out-of-home placement is necessary to ensure the child's safety, while the child is living in foster care.

Under Title IV-B of the Social Security Act, the federal government provides funds to states, tribes, and territories to help ensure children's safety, permanence, and well-being through the provision of child welfare-related services to children and their families. These services may be made available to any child, and his or her family, and without regard to whether the child is living in his or her own home, living in foster care, or was previously living in foster care. Title IV-B funds are primarily distributed to states via two formula grant programs. Combined FY2014 federal funding for these two programs—the Stephanie Tubbs Jones Child Welfare Services (CWS or Subpart 1) and the Promoting Safe and Stable Families (PSSF or Subpart 2) program—was $649 million ($269 million for CWS and $380 million for PSSF). Funding for these two programs, which represented 94% of the total $689 million in federal FY2014 funding provided for all programs and activities under Title IV-B, has been declining in recent years.

The CWS and PSSF programs have overlapping purposes and are used to fund some of the same services. At the same time, the programs have distinct federal requirements and spending patterns. Many requirements under the CWS program are specific to protecting and otherwise ensuring the safety and permanency of children in foster care. By contrast, requirements under the PSSF program primarily focus on state planning for the delivery of child and family services for a broader population, including setting goals and regularly reviewing progress toward those goals.

Under the CWS program states must ensure provision of case review and permanency planning for *each* child in foster care, including those children who do not meet the federal eligibility criteria to receive those services under the Title IV-E foster care program. Spending for "protective services"—including child abuse and neglect investigations; caseworker visits to, and permanency planning for, children in foster care; and other activities—represents the largest share of federal funds expended under the CWS program. Combined, states anticipated spending close to 41% of their federal FY2013 CWS funding on that purpose. At the same time, they expected to spend close to that same share of CWS funding (more than 38%) on the four categories of child and family services for which they are *required* to use their PSSF funding (i.e., family support, family preservation, time-limited family reunification, and adoption promotion and support).

States are required to spend no less than 90% of their PSSF child and family services funds on four categories of services. Family support services are considered "upfront" spending in that these dollars are spent to strengthen families so that children's developmental needs are met and neither abuse nor neglect occurs. The three remaining categories for which states must spend their PSSF funds target some, or all, services on children in foster care and their families: Family preservation services may be used to prevent a child's placement in foster care, *or* to help

children in care reunite with their parents. Time-limited family reunification services and adoption promotion and support services target children in foster care—either to permit their expeditious return home or, when this is not possible, to find them a new adoptive home. Adoption support services may also be used to provide post-adoption services to children living in new permanent families.

In November 2011 (P.L. 112-34), Congress extended funding authorization for the CWS and PSSF programs through the last day of FY2016.

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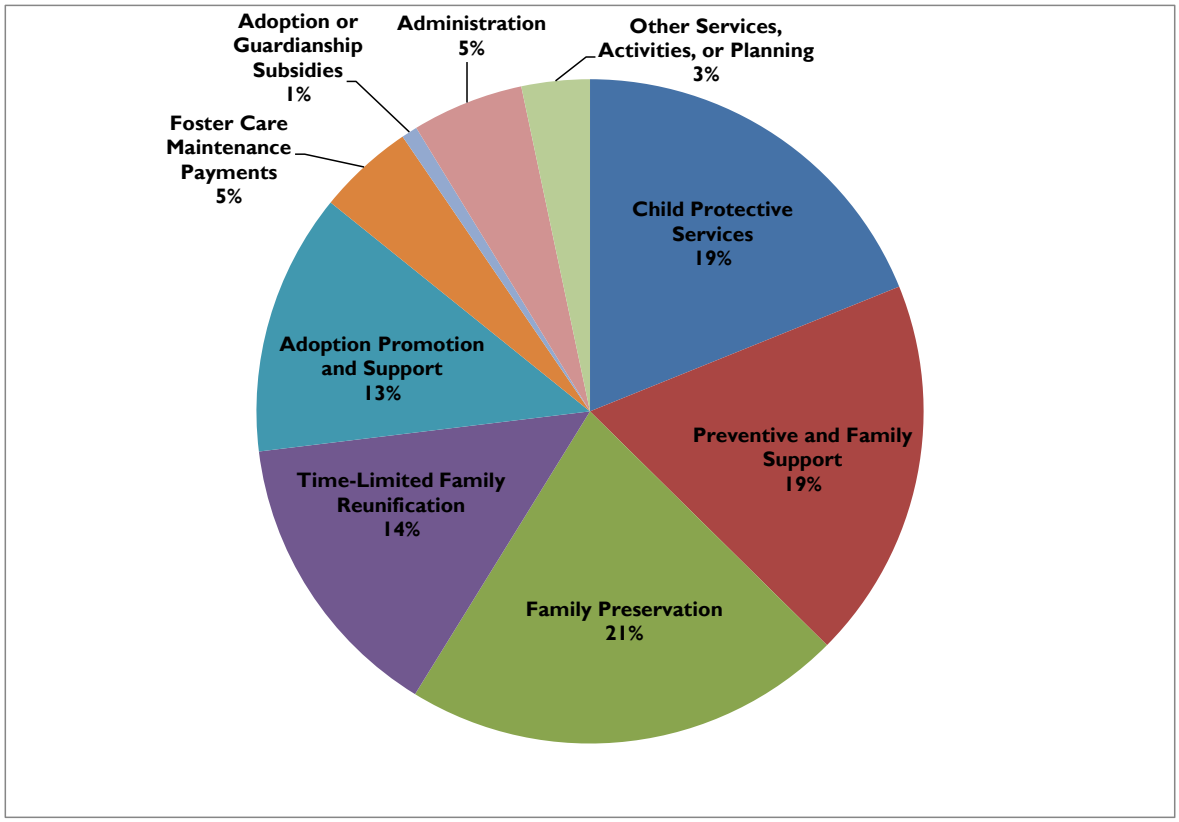
The broadest mission of public child welfare agencies is to strengthen all families in ways that ensure children can depend on their parents to keep them safe, give them a stable and permanent home, and, overall, enhance their well-being. Under Title IV-B of the Social Security Act, the federal government provides funds to states, tribes, and territories for the provision of services to children and their families, whether those children are living in their own homes (biological, adoptive, or extended); have been removed from their homes and placed in temporary foster care settings; or have left foster care for any reason.

Title IV-B funds are provided primarily through two formula grant programs. States may use funding provided under the Stephanie Tubbs Jones Child Welfare Services (CWS) program (Title IV-B, Subpart 1 of the Social Security Act) to support a broad range of services designed to protect children and strengthen their families. They are required to use funding received under the Promoting Safe and Stable Families (PSSF) program, (Title IV-B, Subpart 2 of the Social Security Act) for four categories of services: family support, family preservation, time-limited family reunification, and adoption promotion and support. (Hereinafter, any mention of a section, part, or title of the law is made with reference to the Social Security Act.) **Figure 1** shows the purposes for which states planned to spend federal Title IV-B funding in FY2013.

Figure 1. States Planned Use of Federal Title IV-B Funding for FY2013, by Purpose

Based on estimated FY2013 Title IV-B services funding of $589 million in 50 states, DC, and Puerto Rico



Source: Figure prepared by the Congressional Research Service (CRS) based on data included in U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF), Children's Bureau, *Report to Congress on State Child Welfare Expenditures 2013.*

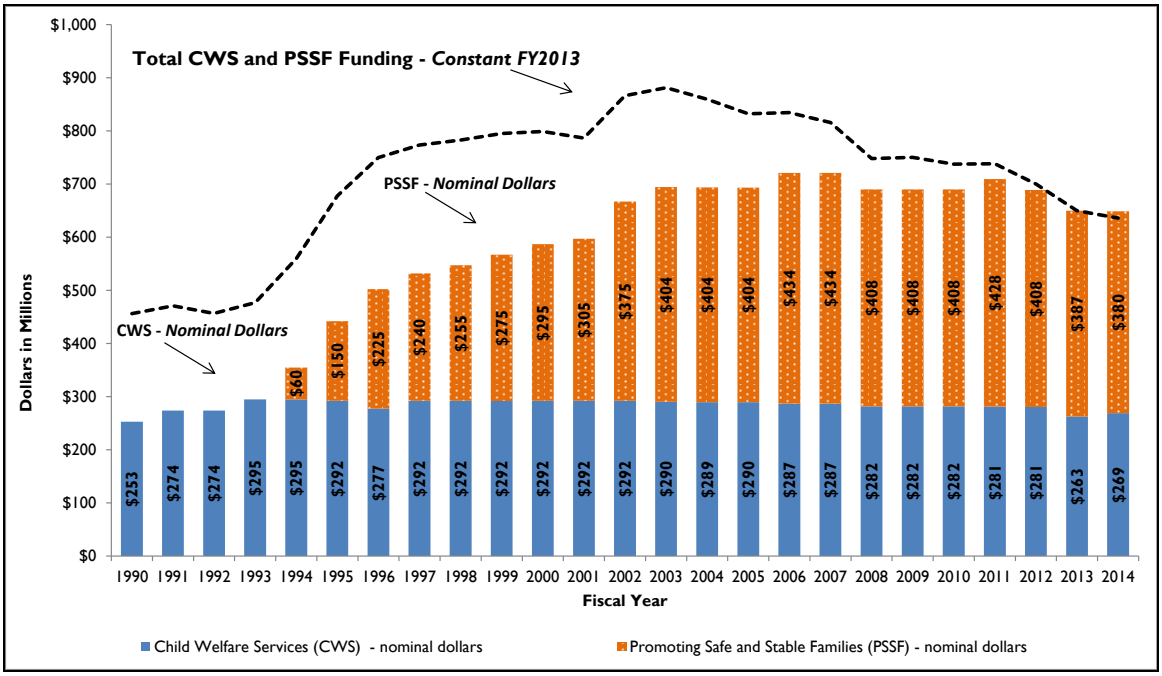
Note: Funding level differs from the actual federal funding provided for CWS and PSSF in FY2013 both because the plans were required to be submitted before final funding levels were determined and because, as described in

the report, most but not all of the funding appropriated for these programs is distributed to state child welfare agencies.

In FY2014, these two programs received combined federal funding of $649 million, of which $269 million was for CWS and $380 million was for the PSSF program. As shown in **Figure 2**, nominal dollar funding for CWS has been relatively flat for roughly two decades. Across that same time period, the nominal dollar funding for the PSSF program grew from its initial year of authorization in FY1994 through the middle 2000s, but has generally been in decline since FY2007. The dotted trend line shown in **Figure 2** represents funding for the two programs combined as shown in inflation-adjusted (constant) dollars. This trend line shows that purchasing power of federal CWS and PSSF dollars, combined, peaked in FY2003 and has since declined. Consequently, viewed in constant FY2013 dollars, current funding is roughly equivalent to funding provided for these programs in FY1995. (For a table showing data used to make this chart, see **Appendix A**.)

Figure 2. Funding for the Stephanie Tubbs Jones Child Welfare Services (CWS) and Promoting Safe and Stable Families (PSSF) Programs, FY1990-FY2014

Nominal dollars are shown in columns. Trend line shows inflation-adjusted (constant FY2013) dollars.



Source: Figure prepared by the Congressional Research Service (CRS). For data used to create this chart, see **Appendix A.**

Notes: Funding levels reflect final appropriations and after any rescission or sequestration. Funding for CWS was first authorized for FY1936. Funding for the PSSF program was first authorized for FY1994.

Federal Title IV-B Programs and Activities

The primary focus of this report is on the CWS and PSSF programs, under which the large majority of Title IV-B funds are appropriated. Both the CWS and PSSF provide formula grants to states, territories, and tribes for provision of child welfare-related services to children and their families. Those grant programs are discussed in this report. In addition, funds appropriated for the PSSF program support (1) grants to state or tribal highest courts under the Court Improvement Program; (2) grants to regional partnerships to improve the outcomes of children affected by their

parents' substance abuse; (3) grants to states and territories for monthly caseworker visits of children in foster care; and (4) program-related research, evaluation, training, or technical assistance. Each of those PSSF-funded activities is also discussed in this report.

Title IV-B includes several additional programs or activities for which separate funds are, or have been, authorized. These include Family Connection grants, Child Welfare Training, Research and Demonstration projects, the National Random Sample Study of Child Welfare, and the Mentoring Children of Prisoners program. All of these programs or activities are listed in **Table 1**; however, not all received funding in FY2014 and none are discussed further in this report. Currently funded Title IV-B programs are administered by the Children's Bureau within the Administration on Children Youth and Families (ACYF), Administration for Children and Families (ACF), at the U.S. Department of Health and Human Services (HHS). Funding authorization for the CWS and PSSF programs was most recently extended (through the last day of FY2016) by the Child and Family Services Improvement and Innovation Act (2011, P.L. 112-34). Funding expiration dates for all Title IV-B programs and activities are shown in **Table 1**.

Table 1. Programs and Activities Authorized Under Title IV-B of the Social Security Act

Total FY2014 funding provided for Title IV-B programs and activities = $689 million

Program (Section)	**Program Purpose as Authorized in the Law**	**FY2014 Funding**	**Funding Authorization**
SUBPART 1			
Stephanie Tubbs Jones Child Welfare Services Program (CWS) (Secs. 420-425, 428)	Formula grants to states, territories, and tribes for child welfare-related services to children and their families.	$269 million	Expires with the last day of FY2016.
Child Welfare Training, Research and Demonstration (Sec. 426)	Competitive grants to public agencies, nonprofits, or universities for child welfare-related research or demonstrations and for workforce training.	$25 million	Permanent: "such sums as Congress determines."
Family Connection Grants (Sec. 427)	Competitive grants to eligible public or nonprofit entities to support kinship navigator programs, family group decision-making meetings, intensive family finding efforts, and/or residential family treatment programs.	$15 million	$15 million appropriated annually through FY2014.[a]
National Random Sample Study of Child Welfare (a.k.a., National Survey of Child and Adolescent Well-Being, NSCAW) (Sec. 429)	Competitive grant to support a nationally representative, longitudinal study of children at risk of, or exposed to, child abuse or neglect (including their caregivers).	$0	Expired (last funded in FY2011 at $6 million).
SUBPART 2			
Promoting Safe and Stable Families (PSSF)		**$380 million** *(all activities)*	
PSSF—Child and Family Services (Secs. 430-437)	Formula grants to states, territories, and tribes for four categories of services: family preservation, family support, time-limited family reunification, and adoption promotion and support.	$305 million	Expires with the last day of FY2016.
PSSF—Court Improvement Program (CIP) (Sec. 438) (with PSSF funding set-aside at Sec. 436(b)(2); and Sec. 437(b)(2))	Formula grants to state highest courts and competitive grants to tribal courts to improve (1) handling of child welfare proceedings, (2) data collection and analysis to achieve better and more timely outcomes for children, and (3) training related to child welfare proceedings.	$30 million	PSSF funding set-aside permanently authorized.[b]

Program (Section)	Program Purpose as Authorized in the Law	FY2014 Funding	Funding Authorization
PSSF—Research, Evaluation, Training and Technical Assistance (Sec. 435) (with PSSF funding set-aside at 436(b)(1); Sec 437(b)(1))	Funds reserved to HHS for support of program-related evaluation, training, research, and technical assistance.	$8 million	PSSF funding set-aside permanently authorized.
PSSF—Targeted Purpose: Improve Monthly Caseworker Visits (Sec. 436(b)(4)); (see also Sec. 422(b)(17) and Sec. 424(f)).	Formula grants to states and territories to support quality, monthly caseworker visits with children in foster care.	$19 million	PSSF funding set-aside expires with the last day of FY2016.
PSSF—Targeted Purpose: Improve Outcomes for Children Affected by Parental Substance Abuse (Sec. 437(f))(with PSSF funding set aside at. 436(b)(5))	Competitive grants to regional partnerships to improve services available to children in substance-abusing families to increase children's well-being and improve their permanency outcomes.	$19 million	PSSF funding set-aside expires with the last day of FY2016.
Mentoring Children of Prisoners (Sec. 439)	Competitive grants to community-based, public, or private entities to provide mentoring services.	$0	Expired (last funded in FY2010—$49 million)

Source: Table prepared by the Congressional Research Service (CRS). All funding amounts are rounded to the nearest million. Parts may not sum to total due to rounding.

a. FY2014 funding was appropriated via P.L. 113-183. FY2009-FY2013 funding was appropriated via P.L. 110-351. Funding for FY2013 was originally appropriated at $15 million but was reduced to $14.235 million due to sequestration.

b. Funding for CIP must be set aside from the PSSF program in every year ("permanent" reservation of funds). However, the provision that entitles state highest courts to a share of these funds (Section 438(c)(1) expires as of the last day of FY2016.

This report begins by outlining the federal-state framework with regard to child welfare, and then discusses the activities public child welfare agencies are expected to perform, as well as the children and families who may be served via the CWS and PSSF programs. This is followed by separate descriptions of those formula grant programs and additional activities supported with PSSF funds.

Federal-State Framework

Under the U.S. Constitution, states are believed to have the primary obligation to ensure the welfare—sometimes referred to as the health and well-being of children and their families. At the same time, the federal government has demonstrated longstanding interest in working with states to strengthen their child welfare services and supports. Further, through the provision of funding to states, the federal government is able to require certain standards for those services and supports.

Federal child welfare funding is largely distributed to state-level child welfare agencies and most federal child welfare program requirements apply to those same agencies.[1] At the state level, the

[1] Some states provide for local (e.g., county) administration of federal child welfare funds. However, even in these states, federal funds are provided to the state agency, and the state agency is required to supervise the local provision of services to ensure they are provided in a manner consistent with all federal requirements.

child welfare "system" consists of workers at state and county child welfare agencies who together with private-agency child welfare workers, state and local judges, attorneys, prosecutors, law enforcement personnel, and workers at a wide variety of public and private social services agencies carry out child welfare duties.

What is Expected of Public Child Welfare Agencies?

Children depend on adults—usually their parents—to protect, support, and nurture them in their homes. The broadest mission of public child welfare agencies is to strengthen all families in ways that ensure children can depend on their parents to protect their safety, provide them with a stable and permanent home, and ensure their well-being. More specifically, public child welfare agencies are expected to identify families where children are at risk of abuse or neglect and to provide services to prevent maltreatment. These typically are services provided to children and families while the children remain in their own homes. Public child welfare agencies are also expected to identify children who have been abused and neglected and to provide services and supports necessary to ensure no further maltreatment occurs. Again, these services might be provided while the child remains living in his/her parent's home or might mean moving the child to foster care.

Foster care is understood—in federal policy and in child welfare practice—to be a *temporary* living situation. Public child welfare agencies must work to establish, or re-establish, permanent and stable living arrangements, as quickly as possible, for any child entering foster care. Whenever provision of services and other assistance can permit children to return safely to their parents, they are expected to be reunited with them. However, if returning home is not possible or appropriate, the child welfare agency is charged with both quickly and competently identifying another permanent home for these children—preferably via adoption or guardianship, or through placement with another relative on a less formal basis. Re-establishing or achieving safety and permanence are critical and immediate needs of children who enter foster care. Child welfare agencies act as de facto parents for these children and must also ensure their well-being, including facilitating their access to a stable education and appropriate health care.

When children leave foster care for a permanent home—whether via reunification, adoption, or legal guardianship—child welfare agencies may also be called on to provide services to ensure the ongoing stability and continued safety of the family home. And, finally, for those youth who leave foster care due to their age—rather than reuniting with their parents or placement in a new permanent home—child welfare agencies are called on to continue to support and enable their successful transition to adulthood.

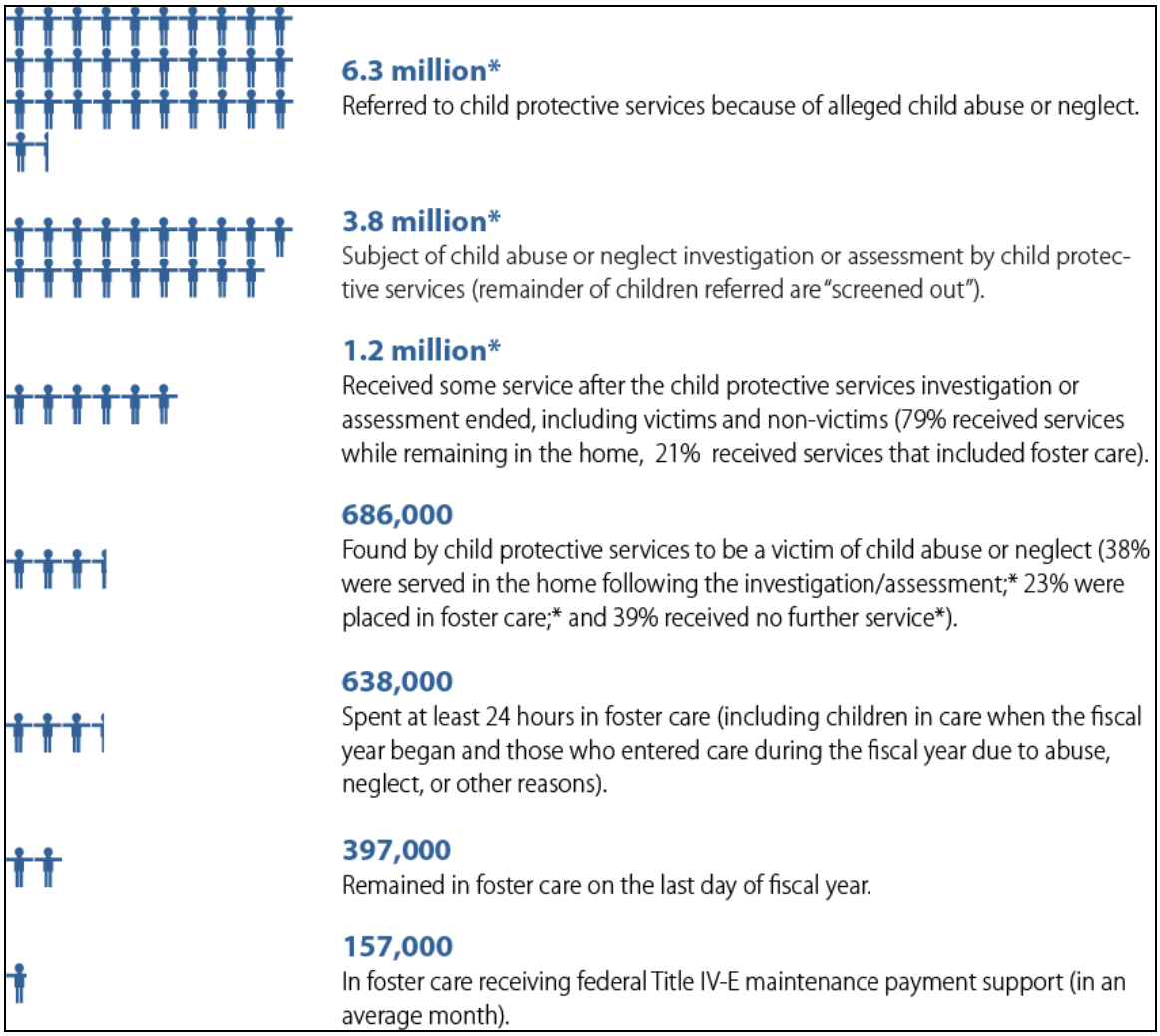
Children and Families Who May Be Served Under Title IV-B

There are an estimated 75 million children (individuals under the age of 18) living in the United States. Title IV-B funds may generally be used to serve any of these children and their families if that service is related to child welfare.[2] Most children and families who receive child welfare-related services come into contact with a public child welfare agency following an allegation of child abuse or neglect.

[2] There is no age eligibility limit applicable to the Title IV-B programs and states may provide child welfare services as needed to individuals who are age 18 or older, including those who are young adults and/or parents.

Figure 3. Children Brought to the Attention of the Public Child Welfare Agency

Reflects national estimates or counts based on data reported by states for FY2012



Source: Figure prepared by the Congressional Research Service (CRS) based on U.S. Department of Health and Human Services (HHS), *Child Maltreatment 2012* (December 2013); FY2012 data reported by states via the Adoption and Foster Care Analysis Reporting System (AFCARS) as of July 2014; and Title IV-E expenditure claims data as compiled by HHS, Office of Legislative Affairs and Budget, as of May 2012.

Notes: Each whole stick figure represents approximately 200,000 children. An asterisk (*) indicates the number is a "duplicate count. This means a child was counted each time he or she was involved in an abuse or neglect referral or investigation, or received a post-investigation service. For FY2012, there were an estimated 3.2 million "unique" children who were the subject of an investigation or assessment. Data on the "unique" number of children included in a referral or receiving a post-investigation service are not available.

Figure 3 shows that allegations of abuse or neglect involving 6.3 million children were referred to child welfare agencies in FY2012 and that these agencies conducted investigations or assessments related to allegations of child abuse or neglect involving as many as 3.8 million children. More than a million of these children receive some kind of child welfare service after that investigation or assessment is completed.[3] The large majority of those services are provided

[3] If a child is the subject of more than one abuse and neglect referral, investigation, or post-investigation service, he or (continued...)

in the child's own home rather than in a foster care setting. CWS funds may be used to support investigations of abuse or neglect and both CWS and PSSF funds may be used to provide other services to strengthen or support families to ensure children can safely remain in their own homes.

Some children must be placed in foster care to ensure their safety. As suggested in **Figure 3**, nationwide, fewer than half of all children in foster care on a given day meet the eligibility criteria to receive federal (Title IV-E) foster care assistance. Nonetheless, under the CWS program, federal law requires states to provide *all* children in foster care (including those eligible for Title IV-E assistance and those who are not) with the same protections related to case planning and regular case review, including permanency planning. Further, it stipulates that state child welfare agencies must provide the services necessary to ensure a child's safe and expeditious return to his or her family, or, if this is not possible, to work as quickly as possible to find a new safe, appropriate, and permanent home for the child. CWS funds may be used to provide case planning and review services to children in foster care (without regard to their federal foster care (Title IV-E) eligibility status) and both CWS and PSSF funds may be used to provide other services to children in foster care and their families (e.g., parenting skills training or substance abuse treatment to promote reunification).[4]

Finally, although these children are not shown in **Figure 3**, some 250,000 children leave foster care each year. Most of these children return to their parents, others go to live with relatives, some go to new permanent homes via adoption or legal guardianship and others reach the age of majority and leave care without placement in a family. CWS and PSSF funds may be used to provide post-reunification, adoption, or guardianship services to strengthen or otherwise assist the families children go to live with when they leave foster care. Funds may also be used to assist youth who leave care without a permanent home.[5]

The CWS and PSSF programs under Title IV-B have overlapping purposes and may be used to fund some, but not all, of the same services. At the same time, they have distinct program requirements, funding, and funding distribution methods. The following sections of the report describe the two programs separately, including each of their purposes, federal requirements for receipt of funds, state use of funds, federal funding level, and distribution of those funds.

(...continued)

she is included each time in the counts described here. This is called a "duplicate" count. See U.S. Department of Health and Human Services (HHS), Administration of Children and Families (ACF), Administration on Children, Youth, and Families (ACYF), Children's Bureau, *Child Maltreatment 2012* (December 2013).

[4] States are permitted to use Title IV-E funds to provide case planning and case review-related services to children in foster care who meet the Title IV-E eligibility criteria. However, they are not permitted to use Title IV-E funds to provide those services to children in foster care who are not Title IV-E eligible. Further, in general, states are not permitted to use Title IV-E funds to provide other *services* to children or their families (e.g., family or individual counseling, parent training). This restriction applies to all children who are in foster care, and without regard to their Title IV-E eligibility status.

[5] The Chafee Foster Care Independence Program provides funding to state child welfare agencies that is wholly dedicated to provision of services to youth who are expected to leave care without placement in a permanent family or those who have left care in that manner (and are under the age of 21). For more information, see CRS Report RL34499, *Youth Transitioning from Foster Care: Background and Federal Programs*, by Adrienne L. Fernandes-Alcantara.

Stephanie Tubbs Jones Child Welfare Services Program (CWS)

Title IV-B, Subpart 1 of the Social Security Act (Sections 420-425, 428)

The CWS program provides funds to states, territories, and tribes and is intended to "promote state flexibility" to develop and expand a program of services to children and families that uses community-based agencies and works to [6]

- protect and promote the welfare of all children;
- prevent abuse, neglect or exploitation of children;
- permit children to remain in their own homes, or to return to those homes whenever it is safe and appropriate;
- promote safety, permanency, and well-being for children in foster care or those in adoptive families; and
- provide training, professional development, and support to ensure a well-qualified child welfare workforce.

The CWS program was first authorized in 1935 as part of the original Social Security Act and has been amended many times since then, including most recently by the Child and Family Services Improvement and Innovation Act (2011, P.L. 112-34).[7] Funding for this program is authorized on a discretionary basis and that authorization is set to expire with the last day of FY2016. Congress provided $269 million for the CWS program for FY2014.

States Planned Use of CWS Funds

States are generally permitted to spend CWS funds on any service or activity (and on behalf of any child or family) that is intended to meet the program's broad purposes. Examples of services or activities that may be supported include investigations of child abuse or neglect, homemaker services, respite care, family or individual counseling, caseworker visits to children whether in their own homes or in foster care, case planning and case review services for children in foster care, pre- and post- adoption support services, and emergency assistance. As discussed further below, states, however, are not permitted to spend CWS money to meet regular education costs or medical care needs of a child or his/her family and the statute limits the amount of CWS funds that may be used for program administration and for foster care maintenance payments, adoption assistance payments, or child care.

[6] These purposes apply to all programs authorized in Title IV-B, Subpart 1 of the Social Security Act, including the separate funding authorized in Section 426 (Child Welfare Research, Demonstration and Training), Section 427 (Family Connection Grants), and Section 429 (National Random Sample Study of Child Welfare).

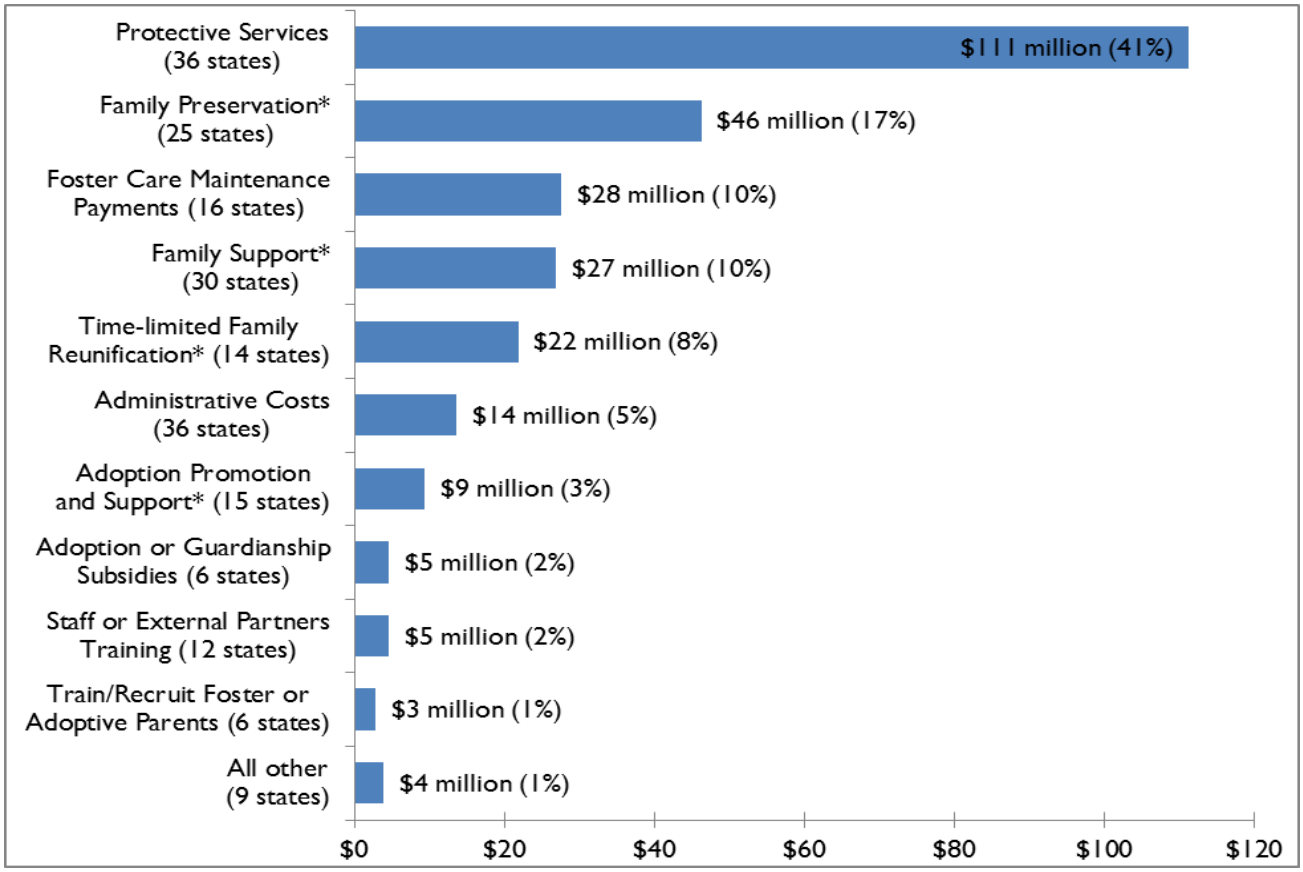
[7] For more information see, CRS Report R42027, *Child Welfare: The Child and Family Services Improvement and Innovation Act (P.L. 112-34)*, by Emilie Stoltzfus. In 2006, P.L. 109-288 changed the funding authority for the CWS program from permanent (meaning no funding reauthorization was necessary) to time-limited (meaning it is authorized until a specified date). That law also made other significant changes to the CWS program. For more information see CRS Report RL33354, *Child Welfare: Enactment of the Child and Family Services Improvement Act of 2006 (P.L. 109-288)* , by Emilie Stoltzfus.

Combined, states planned to spend the largest single share (41%) of their FY2013 CWS funds for child protective services. Among other things, those services may include child abuse and neglect investigations, and caseworker activities on behalf of families and their children, whether those children are in foster care or living in their own homes. States also planned to spend more than 38% of their FY2013 CWS funds on the four categories of services (family support, family preservation, time-limited family reunification, and adoption promotion and support) for which they are required to spend the majority of funds they received under the PSSF program (the program is described later in this report).

Figure 4 depicts total state planned spending of FY2013 CWS funds by category and includes the overall number of states that planned to spend CWS dollars in a given category, as well as the combined planned spending for each category. The "All Other" category includes spending on "other" services and activities, including planning, and, to a lesser extent, independent living services.

Figure 4. Planned Use of FY2013 Federal CWS Funds by Kind of Service or Activity

Total *estimated* spending ($273 million) for 50 states, District of Columbia, and Puerto Rico.



Source: Figure prepared by the Congressional Research Service (CRS) based on state planned spending as reported on CFS101, Part II and submitted as part of FY2013 funding request. Parts may not sum to total due to rounding.

Notes: An * indicates that spending category is one of the four categories under which states are required to spend 90% of their funds under the separate, PSSF program, discussed below. The total estimated spending for FY2013 exceeds the actual federal funding provided because these plans were required to be submitted before final program funding was determined.

Table 2 below provides descriptions of the purpose and kinds of activities that may be supported in selected service categories. These descriptions are meant to be illustrative rather than

exclusive. They are based on statutory definitions, as well as guidance provided to states regarding reporting their planned child and family services spending.

Table 2. Description of Purpose and Activities by Selected Service Category

Protective Services. These services are intended to prevent or remedy the abuse, neglect, or exploitation of children. They may include investigations of child abuse and neglect; caseworker activities on behalf of children and their families (both those in foster care and those at home); counseling; arranging for alternative living arrangements; and emergency assistance.

Family Preservation (or Crisis Intervention) Services. These are services offered to prevent removal of a child from the home (whether biological, adoptive, or extended) *or* to permit a child to return to a family from which he/she was removed. They may include homemaker services, respite care, parenting skills training and knowledge development, day care, case management, post-adoption support services, family or individual counseling, any service identified by states as necessary to permit reunification, and post-reunification services.

Family Support (or Prevention and Support) Services. These are community-based services that may be provided to any child or family and are intended to promote the safety and well-being of children and the stability of their families, increase parents' competence and confidence in parenting, and enhance child development. They may include parenting skills training; early developmental screening of children and assistance in obtaining services to meet any identified needs; counseling or home visiting; parent support groups and other center-based activities (e.g., informal drop-in centers for families/parents); mentoring, tutoring, and health education for youth; and respite care for parents and other caregivers.

Time-Limited Family Reunification Services. These are services designed to permit expeditious reunification of a child with his/her family and may only be offered where a child has been in foster care for no more than 15-17 months. They include individual, group, and family counseling; peer-to-peer mentoring and support groups for parents and primary caregivers; services or activities designed to facilitate visits and other connections between children in foster care and their parents and siblings; substance abuse treatment (including inpatient, outpatient, or residential); mental health services; assistance to address domestic violence; temporary or crisis child care; and transportation to and from any of these services or activities.

Foster Care Maintenance Payments. These are regular "room and board" payments made to foster parents, group homes, or other institutions that provide daily care, support, and living space for children in foster care. A state's expenditure of CWS funds for this purpose may not exceed its FY2005 expenditures for foster care maintenance payments under the CWS program.

Adoption Promotion and Support Services. These services are available to encourage adoptions out of foster care when that is in the child's best interest. Services may include activities to expedite the adoption process, and activities to support prospective adoptive families and adoptive families.

Adoption Subsidies. These are regular payments made to adoptive parents on behalf of their adoptive children (typically these are children adopted out of foster care). They may be used by those parents in any manner they choose. A state's expenditure of CWS funds for this purpose may not exceed its FY2005 expenditures for adoption subsidies under the CWS program.

Source: Table prepared by the Congressional Research Service (CRS). Based on statute and HHS program instructions (ACF-ACYF-CB-PI-12-05) http://www.acf.hhs.gov/programs/cb/resource/pi1205).

Note: Descriptions provided are intended to be illustrative rather than exclusive. For a table giving more detailed descriptions, as well as target populations, for these and additional service categories, see **Appendix B**.

Limitations on the Use of CWS Funds

In policy guidance, HHS has stipulated that CWS funds may not be spent to pay education costs or to meet medical expenses. The statute also includes specific limitations on the use of CWS funds for child care, monthly assistance for children in foster care settings or adoptive homes, and program administration.

Foster Care Maintenance and Adoption Assistance Payments, Child Care

Current law prohibits states from spending *any* federal CWS funds for foster care maintenance payments, adoption assistance payments, or child care *unless* the state can show that it spent some of its federal CWS dollars for those purposes in FY2005.[8] If a state can show this, then it may continue to spend CWS money for those purposes, but only in an annual amount no greater than what it spent under the program for those purposes in FY2005.

With regard to FY2013, no state reported that it planned to spend any federal CWS dollars on work- or training-related child care.[9] However, 16 states reported plans to spend federal CWS dollars to pay foster care maintenance payments to children living in foster family homes, group homes, or institutions.[10] Of those states, six planned to spend more than 50% of their federal FY2013 CWS funding for this purpose. Finally, five states reported plans to spend some FY2013 federal CWS dollars on adoption assistance payments, although the share of their federal CWS dollars they expected to use for this purpose was generally more modest.[11]

In addition to the restriction on use of *federal* CWS funds for foster care maintenance payments, states are generally not permitted to count state or any other nonfederal dollars used to provide foster care maintenance payments for the purpose of providing the required nonfederal share of funding under the CWS program. However, if the state can show that it counted non-federal CWS dollars for foster care maintenance payments in FY2005, it is permitted to continue to do so each year, but only up to the amount it counted for this purpose in that fiscal year.[12] (This restriction does not apply to non-federal CWS spending for adoption assistance payments or child care).

[8] This requirement was made effective, beginning with FY2008, by the Child and Family Services Improvement Act of 2006 (P.L. 109-288). However, states have faced some restriction on the amount of federal CWS funds they could spend for foster care maintenance payments (as well as adoption assistance payments and child care related to work or training purposes) beginning with FY1980.

[9] Before FY2008, the limit on spending related to child care was specifically restricted to child care spending that was necessary because of a parent's work or employment-related training. That qualification was removed from statute in changes made in 2006 by P.L. 109-288. However, because child care that is offered outside the context of work or employment training may be defined as a family support service, or a family preservation service, there may be no real practical effect to this change (i.e., restriction may still essentially apply only to work or training-related child care).

[10] Alabama (24%), Colorado (84%), Connecticut (57%), Georgia (14%), Idaho (17%), Iowa (95%), Kentucky (23%), Louisiana (30%), Michigan (23%), Mississippi (90%), Nebraska (55%), New Hampshire (31%), New Mexico (28%), Oklahoma (24%), Pennsylvania (63%), South Carolina (20%).

[11] Alabama (35%), Kansas (20%), New Jersey (3%), North Carolina (17%), Oklahoma (29%). **Figure 1** shows that six states reported plans to spend federal FY2013 funds for adoption *or* guardianship subsidies. Of those states, only one (North Dakota) reported this planned spending with regarding to guardianship subsidies.

[12] This requirement was added in 2006 by P.L. 109-288, which made it effective with FY2008.

Program Administration

States are prohibited from spending more than 10% of their CWS funds (both federal dollars and the required nonfederal dollars share of program spending) for CWS program administration.[13] For FY2013, half of all states (n=26) reported plans to spend the maximum 10% of their federal CWS for program administration, while 16 planned to spend none of these federal funds for program administration. The remaining 10 states fell between these two ends of the spectrum.

For purposes of the CWS program, administration costs do not include the cost of salaries for caseworkers providing services (e.g., case planning or case review-related services for children in foster care). They also do not include the cost of salaries of case managers for direct supervision of caseworkers providing those services, or travel expenses related to provision of services by caseworkers or program oversight.[14]

CWS State Plan Requirements

Federal law stipulates a series of plan requirements that states must meet in order to receive CWS funds. These requirements primarily address protections and services to be provided to children in foster care. They also list some protections for other children served and deal with program development and description, as well as agency administration of the CWS plan, including its coordination with other programs.

Protections and Services for Children in Foster Care

As part of its CWS plan, each state is required to assure HHS that it has a statewide information system that enables the state to "readily" determine the status, demographic characteristics, location, and goals of every child who is in foster care (or who was in foster care in the past 12 months). A state must also assure under its CWS plan that each child in foster care has a written case plan that is regularly reviewed, outlines the child's permanency goals, and provides other protections for children in foster care. In addition, the state must assure that it has a service program designed to either reunite children in foster care with their parents, or, when this is not safe or appropriate, to find them new permanent homes or living arrangements.[15]

[13] As initially required by P.L. 109-288, states must assure they will meet this requirement as part of their CWS plan (Section 422(b)(14)). Additionally, HHS is prohibited from making payments under the CWS program to states that exceed the 10% cap (Section 424(e)).

[14] Administrative costs for purposes of the CWS program are defined in the law at Section 422(c)(1). This definition of administrative costs is far more limited than the definition of administrative costs applicable under the federal Title IV-E program (see 45 C.F.R. 1356.60(c)). Therefore the total share of Title IV-E spending on "administrative costs" and total CWS (Title IV-B, Subpart 1) administrative costs are not comparable measures.

[15] Section 422(b)(8)(A)(i)(ii) and (iii). These requirements ensure that children who are in foster care and who do not meet the Title IV-E eligibility criteria receive the same case plan and case review (including permanency planning) services provided to children in foster care who *are* Title IV-E eligible. The bulk of these child protection requirements were added to the statute in 1980 by the Adoption Assistance and Child Welfare Act (P.L. 96-272). At the time, compliance (that is, extending these protections to children not eligible for Title IV-E foster care assistance) was considered voluntary. States that didn't meet the requirement could still access CWS funds, although those that met the requirement were potentially able to access greater funding under the program. However, as part of the Social Security Amendments of 1994 (P.L. 103-432), Congress made extension of these protections to all children in foster care a part of the CWS state plan (effective April 1, 1996).

Each state is further required under the CWS plan to

- have standards related to the frequency and quality of caseworker visits of children in foster care;
- ensure "diligent recruitment" of potential foster and adoptive homes that reflect the ethnic and racial diversity of the children in the state needing foster family homes;
- have specific procedures in place to ensure continuity of program operation and services in the event of a disaster (for children under state care or supervision); and
- to work with the state agency that administers the Medicaid program to develop (in consultation with other experts and stakeholders) a specific health oversight plan for children in foster care, including children's physical and mental health.[16]

The Child and Family Services Improvement and Innovation Act, (2011, P.L. 112-34) amended the health oversight requirement to stipulate that states must plan how "emotional trauma" resulting from a child's experience of maltreatment and/or removal from the home will be identified and treated. Further it requires states to include "protocols for the appropriate use and monitoring of psychotropic medications" in the health oversight plan.[17]

HHS cited both of these requirements in a 2012 Information Memorandum discussing the need for state agencies to focus on the social and emotional well-being of children in foster care as part of ensuring their overall well-being.[18] It emphasizes the importance of doing trauma-screening for children who enter foster care to allow for development of an appropriate treatment plan. It further notes that ongoing assessment of the child can ensure the treatment plan is effective (or point out when changes need to be made). HHS also cautions that use of psychotropic medications with children has not been as extensively tested, and notes that these medications can have complicated side effects. Accordingly, the guidance provides that such drugs should be "prescribed with care" and justified by documented "clinical evidence." Further, HHS has encouraged identification of effective therapies that can improve the mental and behavioral health outcomes of children apart from drugs (e.g., cognitive behavioral therapy or parent-child interaction therapy).[19]

The law that most recently reauthorized the CWS program (P.L. 112-34) also newly requires states to describe how they work to shorten the amount of time children who are under five years of age spend in temporary foster care homes. States must also describe what they do to ensure the

[16] Section 422(b)(7), (15), (16), and (17).

[17] For more information see CRS Report R43466, *Child Welfare: Oversight of Psychotropic Medication for Children in Foster Care*, by Adrienne L. Fernandes-Alcantara, Sarah W. Caldwell, and Emilie Stoltzfus.

[18] HHS, ACF, ACYF, Children's Bureau IM-12-04, "Promoting Social and Emotional Well-Being of Children and Youth Receiving Child Welfare Services," issued April 17, 2012. pp. 1, 6-7. Available at http://www.acf.hhs.gov/sites/default/files/cb/im1204.pdf

[19] Ibid, p. 7. As part of its FY2015 budget request, the Administration seeks funding for a joint ACF and CMS (Centers for Medicare and Medicaid) initiative to build alternative services and incentivize state Medicaid programs to support such services. HHS, ACF, *Justifications for Appropriations Committee, FY2015,* (March 2014) p.p. 310-311. See also HHS, ACF, ACYF, Children's Bureau IM-12-03, "Promoting the Safe, Appropriate and Effective Use of Psychotropic Medication for Children in Foster Care," issued April 11, 2012. Available at http://www.acf.hhs.gov/sites/default/files/cb/im1203.pdf

developmental needs of these young children are met.[20] HHS has informed states that this description must include the number of children of this age who are in care and information on how the state will track that number, as well as the distinct services the state offers based on the different developmental needs of infants, toddlers, and children.[21]

Services, Protections, and Reporting for Certain Other Children

The CWS plan must also incorporate specific descriptions or reports concerning other child populations. Most broadly, each state must assure in its CWS plan that it has a service program in place to help children who are at risk of placement in foster care to remain safely in their own homes.[22] For children who are abandoned at or shortly after birth, the state must have judicial and administrative procedures in place to provide these infants with legal representation (to enable expeditious decisions on their permanent placement).

With regard to children who are adopted from other countries, the state must describe any activities undertaken on behalf of these children, including provision of adoption or post-adoption services. Further, it must collect and report certain data to HHS, including numbers of such children who enter state custody following disruption or dissolution of the adoption.[23]

Reporting Child Maltreatment Fatalities

As added by the Child and Family Services Improvement and Innovation Act (P.L. 112-34), states are required to describe the sources of information they use to report on child maltreatment-related fatalities.[24] This provision responds to the concern that states do not consistently use all relevant data sources when reporting these data to HHS and that, therefore, information that is critical to assessing children's safety is incomplete. The law also provides that if the data the state reports to HHS on child maltreatment-related deaths do not include information from state vital statistics, child death review teams, law enforcement agencies, or offices of medical examiners or coroners, the state must describe why this is the case and how the information will be included. Information relevant to this new requirement was to be reported by each state as part of its Annual Progress and Services Report (APSR) (due to HHS on June 30, 2012). [25]

Program Development, Description, and Staff Training Plan

In their CWS plans, states must describe their efforts to provide child welfare services on a statewide basis, to expand and strengthen the range of services available, and to develop and

[20] Section 422(b)(18).

[21] HHS, ACF, ACYF, Children's Bureau, PI- 12-05, "June 30 Submission of the APSR Required Under Title IV-B ... ", issued April 11,2012, p. 16. Available at http://www.acf.hhs.gov/sites/default/files/cb/pi1205.pdf.

[22] Section 422(b)(8)(A)(iv).

[23] Section 422(b)(8)(B), (11), and (12).

[24] Section 422(b)(19). States typically report this information via the National Child Abuse and Neglect Data System (NCANDS). That data reporting system was established by HHS pursuant to the 1988 amendments (P.L. 100-294) to the Child Abuse Prevention and Treatment Act (CAPTA) in 1988 (via P.L. 100-294). Under CAPTA states are required "to the maximum extent practicable" to report the annual number of child abuse and neglect fatalities.

[25] HHS, ACF, ACYF, Children's Bureau, PI- 12-05, issued April 11,2012, p.p. 16-17. Available at http://www.acf.hhs.gov/sites/default/files/cb/pi1205.pdf.

implement services that improve child outcomes. The services provided to children must utilize the facilities and experience of voluntary (private) agencies as authorized by the state. Further, the state must also describe its staff development and training program for child welfare workers and it must provide reports or other information to HHS, as requested.[26]

Court Collaboration and Tribal Consultation

A state must also demonstrate "meaningful and ongoing collaboration" with state courts in the development of its CWS plan, as well as in the development of other child welfare-related plans.[27] Additionally, a state must describe in its CWS plan the specific measures it undertakes to remain in compliance with the Indian Child Welfare Act, and these measures must be developed after consulting with Indian tribal organizations.[28]

Agency Administration and Coordination with Other Programs

CWS state plan requirements stipulate that the program must be administered by the same state agency that administers the state's Social Services Block Grant (SSBG). Finally, delivery of services under the CWS plan must be coordinated with those provided for children via SSBG, the Temporary Assistance for Needy Families (TANF) block grant, the PSSF program, the Title IV-E Foster Care and Permanency program, and any other state programs that have purposes related to promoting the welfare of children and their families.[29]

CWS Program Funding, Authorization and Distribution

Federal funding for the CWS program has been flat or in decline for close to two decades. The program is authorized to receive discretionary appropriations of $325 million each fiscal year, through FY2016. For FY2014, it received an appropriation of $269 million.[30]

The current CWS funding authorization level was initially set for FY1990, but Congress has never appropriated the full authorized level. Instead, funding for the CWS program peaked in FY1994 at $295 million, drifted down to the $263 million for FY2013 and was at $269 million for FY2014. Because these funding amounts are not adjusted for inflation, the actual decline in purchasing power to states is greater than the slide in nominal dollars suggest. **Figure 5** shows the trend in CWS funding in nominal and constant dollars for FY1990-FY2014.

[26] Section 422(b)(3) through (6).

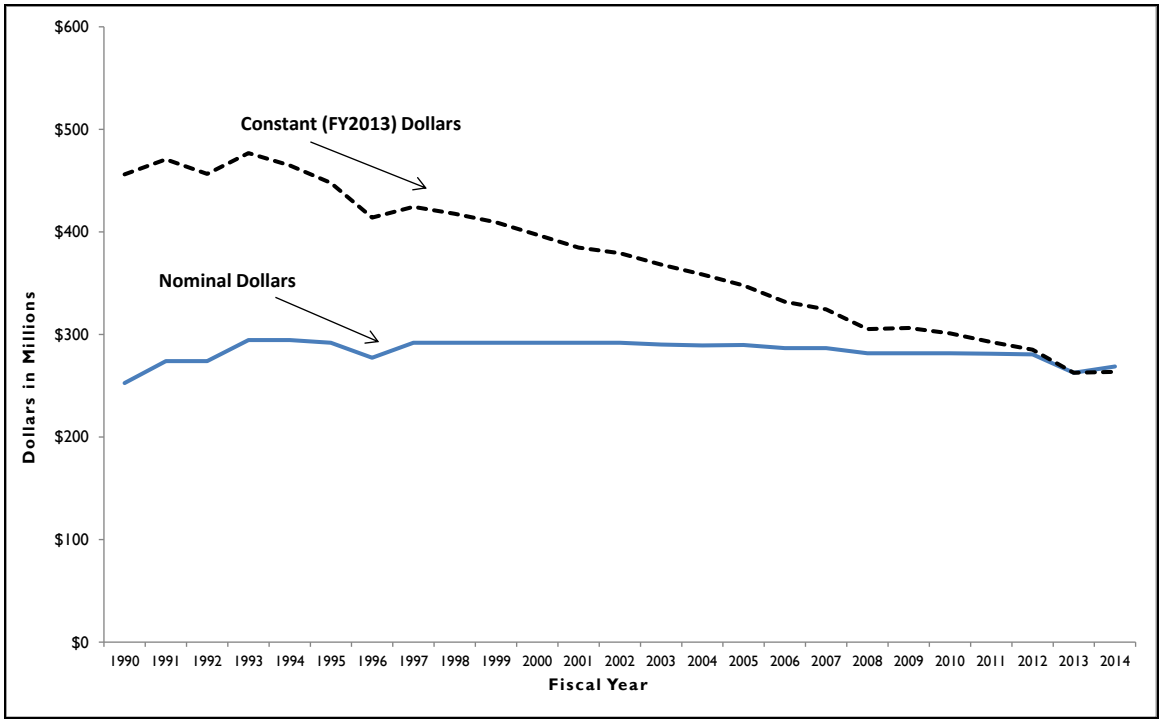
[27] As part of its CWS plan, a state must also demonstrate meaningful and ongoing collaboration with state courts in the development of its PSSF state plan, Title IV-E state plan, and any Program Improvement Plan (PIP) in the state.

[28] Section 422(b) (9) and (13).

[29] Section 422(b)(1) and (2). Section 106 of the Child Abuse Prevention and Treatment Act (CAPTA) authorizes grants to states to improve their child protective services. It requires states, to the "maximum extent practicable," to coordinate those services with the state plans required under Title IV-B. There is no comparably specific reference in Title IV-B.

[30] The program's FY2013 funding, which was subject to sequestration, was $262 million. For additional information on sequestration and its effect on child welfare program funding see, CRS Report R43458, *Child Welfare: An Overview of Federal Programs and Their Current Funding*, by Emilie Stoltzfus.

Figure 5. Trend in Funding for the CWS Program, Nominal and Constant Dollars, FY1990-FY2014



Source: Figure prepared by the Congressional Research Service (CRS). For data used to create this chart, see **Appendix A**.

Notes: Funding levels reflect final appropriations and after any rescission or sequestration. Federal support for "Child Welfare Services" was authorized in the original Social Security Act of 1935. The program was renamed the Stephanie Tubbs Jones Child Welfare Services Program in 2008 (P.L. 110-351).

Distribution of Funds to States

Under the CWS funding formula, each state (the 50 states and the District of Columbia) and territory (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands) receives a base allotment of $70,000. The remaining CWS funds are allocated based on a formula that takes into account both the number of individuals in a state under the age of 21 and the state's average per capita income. The formula is intended to ensure that states with lower relative per capita income receive greater federal support per individual under age 21. HHS allocates funds to tribes out of a state's initial allotment from this formula. The amount of a state's initial allotment that is directed to a particular tribe is based on a tribe (or tribes') share of the population that is under the age of 21 in the given state. In FY2014, states and territories received $262.4 million in CWS funding, and the remaining $6.3 million was distributed to tribes or tribal organizations. For FY2014, the median CWS allotment to a state child welfare agency (50 states and DC) was just above $3.7 million, while the largest single allotment was $30.8 million (California) and the smallest was just above $194,000 (Alaska). (For allotments of CWS funds by state child welfare agencies, see **Appendix C**.)

Nonfederal Share of Spending

To receive its full CWS allotment, a state must comply with rules related to the use of program funds and must provide $1 in nonfederal program funding for every $3 in federal program funds it receives (i.e., 75% federal financial participation rate). States failing to meet the national established goals concerning the percentage of all caseworker visits of children in foster care that occur on a monthly basis (90%) and the percentage of such visits that occur in the place where the child lives (50%) are subject to reduced federal financial participation in the CWS program. For FY2014, at least 12 states saw their federal financial participation rate in this program lowered from 75% to either 74%, 72%, or 70%, commensurate with the degree to which they failed to meet their established targets.[31] All states, however, met the target regarding visits to children in their place of residence. (These provisions related to reduced federal financial participation is discussed in greater detail later in this report under the heading "Grants to Improve Monthly Case Worker Visits of Children in Foster Care" and state performance with regard to these requirements is shown in **Appendix G**.)

Tribal Receipt of CWS Funding

Tribes and tribal organizations that wish to receive CWS funding must submit a plan to HHS for approval and may receive funds directly from the federal government. The law gives HHS the authority to provide CWS funds to tribes "in such manner and in such amounts" as HHS "determines to be appropriate." However, it stipulates that amounts provided to tribes must be considered as a part of the allotment made to the state in which the tribe or tribal organization is located.[32] As noted above, HHS provides funds to tribes based on the tribe's share of a state's "children" (specifically its under-age-21 population). Further, these funds are weighted by HHS in a manner that ensures greater resources to tribes per tribal person under the age of 21.

For FY2014, 189 tribal entities were allotted $6.3 million in CWS tribal funding. The median tribal allotment was a little more than $12,200 while the largest CWS tribal allotment amount totaled close to $906,400 (to the Navajo Nation serving children living in Arizona, New Mexico, and Utah) the smallest was less than $1,100 (to Pueblo of Picuris serving children living in New Mexico). [33]

Nationally, this CWS funding for services to tribal children represented 2.4% of overall federal CWS support for FY2014. However, the portion of the overall allotment of CWS funds that is directed to tribal child welfare agencies (rather than state child welfare agency) varies considerably based on the proportion of tribal children in a state. Twenty states (including DC and Puerto Rico) received the full initial allotment of CWS funds (no tribal allotment). Among the 32 states with some CWS funding allotted to tribes, the portion of overall funding directed to tribal entities to serve tribal children was roughly 3% or less in 24 states, while in the remaining 8 it ranged from 14% (Arizona) to 70% (Alaska) of that funding.[34]

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[31] Based on information received by CRS from HHS, ACF, Office of Legislative Affairs (OLAB) in September 2014. The effect on FY2014 federal financial participation is based on a state's performance during FY2013.

[32] Section 428.

[33] Based on CRS analysis of CWS tribal allotments received from HHS, ACF, OLAB in September 2014. See also HHS, ACF, ACYF-PI-14-04 (available at http://www.acf.hhs.gov/programs/cb/resource/pi1404).

[34] Ibid. Tribal allotment amounts are shown in a single line in **Appendix C** and are not included in amount shown as provided to a given state for CWS.

Promoting Safe and Stable Families Program

Title IV-B, Subpart 2, Sections 430-438

The Promoting Safe and Stable Families (PSSF) program provides funds to states, territories, and tribes to enable them to develop, establish, expand, or operate a coordinated set of community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services. The objectives of these coordinated service programs are to

- prevent maltreatment among at-risk families through provision of support services;
- assure children's safety within the home and preserve intact families in which children have been maltreated;
- address problems of families whose children have been placed in foster care—in a timely manner—so reunification can occur; and
- support adoptive families by providing support services necessary for them to make a lifetime commitment to children.

This program was enacted in 1993 (P.L. 103-66) to provide support to states for the provision of "family preservation and support services." Congress renamed these grants to states as the Promoting Safe and Stable Families program in 1997 (P.L. 105-89) and, at the same time, required states to use these funds to additionally support "time-limited family reunification" and "adoption promotion and support" services. The program's funding authorization was again extended, and other program changes were made by the Promoting Safe and Stable Families Amendments of 2001 (P.L. 107-133), by the Child and Family Services Improvement Act of 2006 (P.L. 109-288), Section 133 of the Continuing Appropriations Act, FY2011 (enacted 2010, P.L. 111-242) and, most recently, by the Child and Family Services Improvement and Innovation Act (enacted 2011, P.L. 112-34).[35]

PSSF Funding Authorization and Appropriations

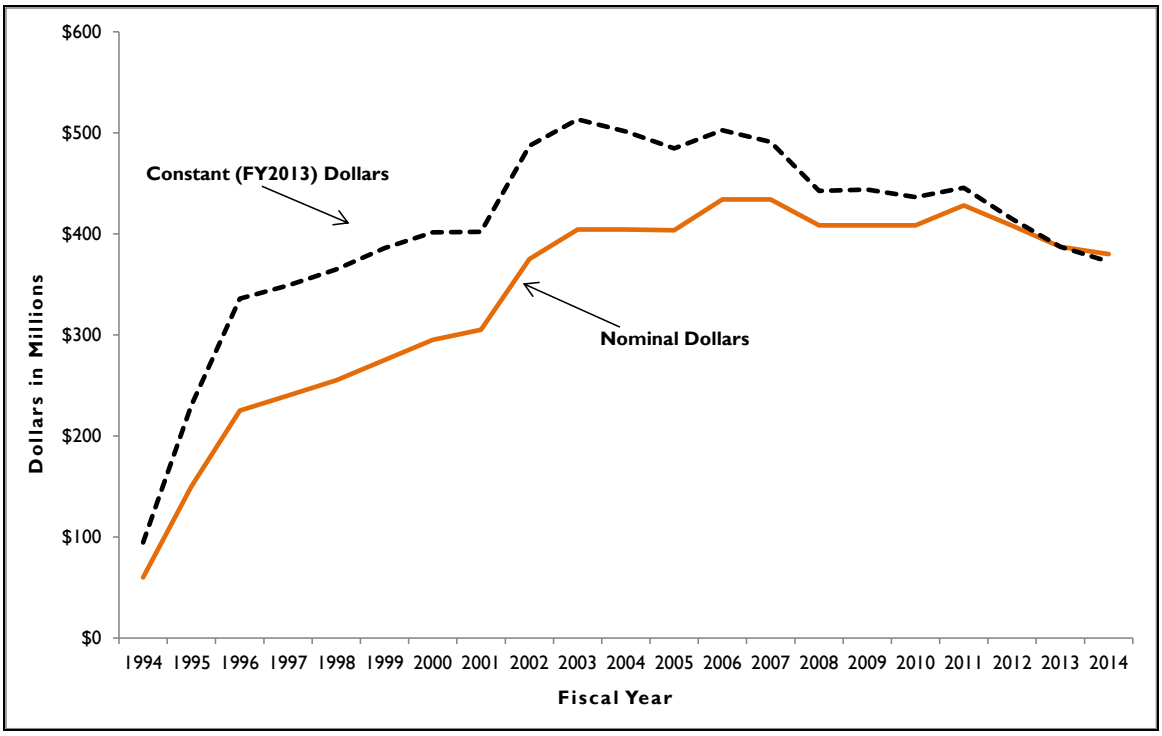
Total PSSF program funding is authorized at $545 million annually. Of this amount, $345 million is authorized on a mandatory basis (capped entitlement to states) and $200 million is discretionary. Both the mandatory and discretionary PSSF funding authorizations are set to expire on the last day of FY2016. Actual PSSF appropriations peaked at $434 million in each of FY2006 and FY2007. In FY2013 all PSSF funding (mandatory and discretionary) was subject to sequestration. Total program funding in that year was $387 million. For FY2014, only the mandatory portion of the funding was affected, but program funding dipped again to $380 million.[36]

[35] For more information on this program's establishment and early legislative history, see CRS Report RL33354, *Child Welfare: Enactment of the Child and Family Services Improvement Act of 2006 (P.L. 109-288)* , by Emilie Stoltzfus.

[36] For additional information on sequestration and its effect on child welfare program funding see, CRS Report R43458, *Child Welfare: An Overview of Federal Programs and Their Current Funding*, by Emilie Stoltzfus.

After showing increases across most of the first 12 years of the program, overall funding for the PSSF program was relatively flat before declining in recent years. **Figure 6** shows the nominal and constant (inflation-adjusted) funding level for PSSF for each of FY1994 (first year funds were authorized) through FY2014. (**Table D-1** in **Appendix D** shows the complete funding history of the PSSF program.)

Figure 6. Trend in Funding for the PSSF Program, Nominal and Constant Dollars, FY1994-FY2014



Source: Figure prepared by the Congressional Research Service (CRS). For data used to prepare this chart, see **Appendix A.**

Notes: Funding for this program was initially provided in FY1994 for "family preservation and support services." The program was expanded and renamed Promoting Safe and Stable Families in 1997.

Reservation of Funds for Additional Program Activities

For FY2014, 80% or $305 million (out of the total PSSF appropriation of $380 million for that year) was provided to states, territories, and tribes for support of four specific categories of child welfare-related child and family services. The remaining FY2014 funds were distributed for the following additional program activities:

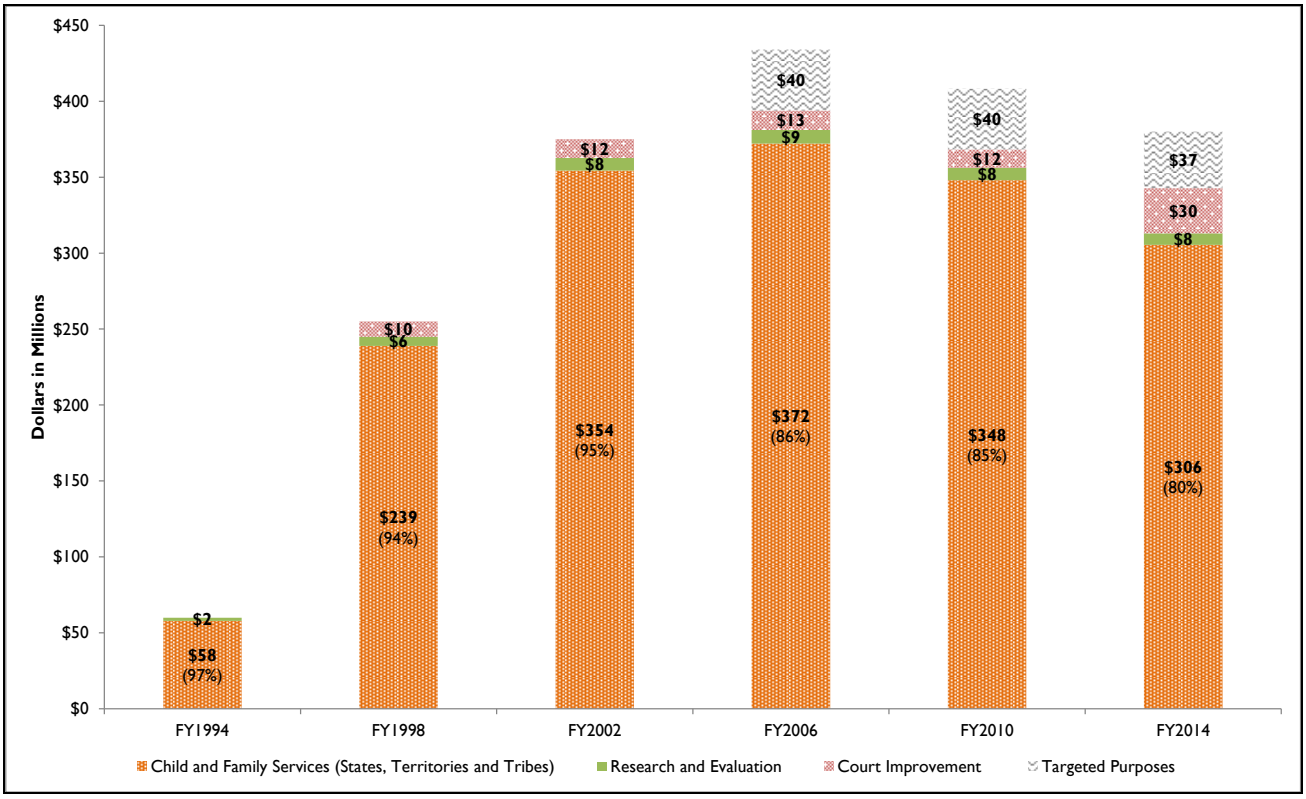
- grants to state and tribal highest courts under the Court Improvement Program (8% or $30 million);
- support for research, evaluation, training and technical assistance related to the PSSF program or its purposes (2% or $8 million); and
- support for two targeted purposes (10%), including grants to regional partnerships to improve outcomes of children affected by parental substance abuse ($19 million) and grants to improve caseworker visits with children in foster care ($19 million).

Use of PSSF funds for activities other than state administered child and family services has been a feature of the PSSF program since its inception and Congress has added additional set-asides to those originally included. (**Table D-2** in **Appendix D** lists requirements for reservations of funds that are included in the statute.)

Figure 7 shows funding under the PSSF program by activities, including the combined share of overall funding provided by formula to states, territories, and tribes for provisions of PSSF child and family services by selected fiscal years.

Figure 7. Amount of PSSF Funding by Activity, Selected Fiscal Years

Amounts shown in nominal dollars.



Source: Figure prepared by the Congressional Research Service (CRS). Data used to prepare this chart are shown in **Table D-1** in **Appendix D.**

Note: The FY2006 and FY2010 bars *do not* include $20 million in funding for the Court Improvement Program, which, for those years, was appropriated outside of the overall PSSF funding authority. Beginning with FY2011, the Court Improvement Program has, again, been wholly funded via a statutory reservation of funds from the overall PSSF program.

The use of PSSF funds for child and family services, along with the formula allocation of those funds to states, tribes, and territories, is discussed immediately below. This is followed by a discussion of how funds are used and allocated for the additional PSSF activities.

Use of PSSF Funds for Child and Family Services

For FY2014, states, territories and tribes received $305 million in federal funds to support four categories of services:

- *Family support services* are meant to strengthen families and enable children to safely remain in their own homes;
- *Family preservation services* target the same kinds of services on families where a child is at high risk of being removed from the home, or where the child has been removed and the goal is to reunite the child and his/her parents.
- *Time-limited reunification services* are also available to enable a parent and child to be reunited, but only during the first 15-17 months during which the child is placed in foster care.
- *Adoption promotion and support services* are intended to encourage more adoptions from foster care when this is in the best interest of children and to support pre- and post-adoptive services to families.[37]

(For a description of the activities that may be funded under each of the service categories, see **Table 2**.)

States are required to spend a "significant portion" of program funding on each of those four categories of child and family services and, their combined spending on all four categories must be no less than 90% of the federal PSSF child and family services funding they receive. [38] HHS has interpreted "significant portion" to mean that states must generally spend no less than about 20% on each service category.[39]

Combined, states planned to spend roughly half of all federal FY2013 PSSF services funding on family support (26%) and family preservation (25%) services. As described in **Table 2**, services that may be funded in these categories are wide ranging. Further, they may be offered to the broadest group of children and families. Spending for adoption promotion and support and time-limited family reunification services, which are designed to serve more narrow populations and/or for more narrow purposes, was expected to make up 21% and 20%, respectively, of the federal funding. States planned to spend the remaining funds for program administration (6%) and

[37] Each of these service categories is defined in Section 431. The Child and Family Services Improvement and Innovation Act (2011, P.L. 112-34) amended the statutory definition of "family support services" to specifically incorporate mentoring for children. That law also amended the statutory definition of "time-limited family reunification services" to include services or activities to enable visits between children in foster care and their siblings and parents, and to include other activities to help parents (i.e., peer-to-peer mentoring and support groups for parents and caregivers).

[38] See Section 434(d) and Section 433(a)(4). The latter provides that a state may not spend more than 10% of program funds for administrative costs, and, further, that all remaining program funds must be used to provide the specified child and family services. In regulation, however, HHS has defined administrative costs to *exclude* certain "program costs" that are incurred while developing and implementing the state's plan to provide child and family services. For example, the planning provision of child and family services, which is a requirement of the PSSF plan, is considered a "service"-related activity rather than an administrative cost. See 45 C.F.R. 1357.32(h)(3).

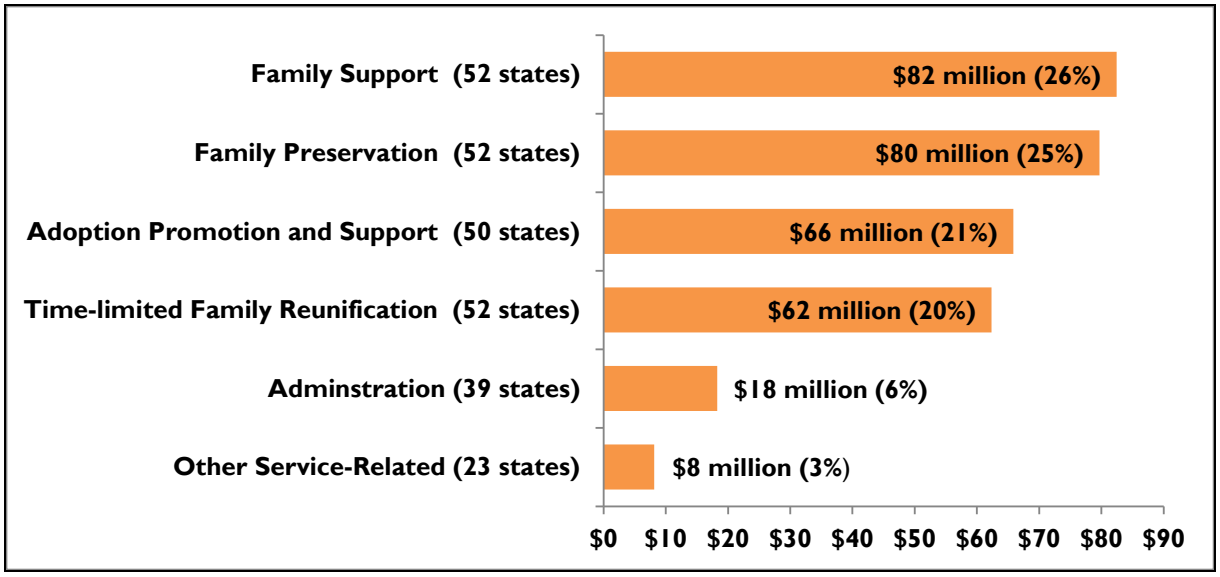
[39] Section 432(a)(4). For recent guidance, see HHS, ACF, ACYF-CB-PI-14-03 (issued March 5, 2014), p. 34, which provides that if the state reports spending of less than approximately 20% for any of the four PSSF service categories it must provide a written "rationale for the disproportion." See http://www.acf.hhs.gov/programs/cb/resource/pi1403.

"other" service-related costs (3%) (see **Figure 8**).[40] This plan for spending federal FY2013 PSSF dollars tracked closely with states' actual spending of those dollars for FY2010.[41]

Viewed by individual state, the share of spending by purpose was more varied and there were some states that reported they planned to spend (FY2013) or actually spent (FY2010) less than 20% in a given category. According to HHS, the rationale provided by most states for this lesser spending was that money from another source was available, and being used, for the given purpose.[42]

Figure 8. Planned Use of FY2013 Federal PSSF Funds for Child and Family Services by Kind of Service or Activity

Total *estimated* spending ($317 million) for 50 states, District of Columbia, and Puerto Rico.



Source: Figure prepared by the Congressional Research Service (CRS) based on HHS, ACF, ACYF, Children's Bureau, *Report to Congress on State Child Welfare Expenditures: 2013*, Appendix D. Parts may not sum to total due to rounding.

Note: The total estimated spending for FY2013 exceeds the actual federal funding provided because these plans were required to be submitted before final federal program funding was determined.

The PSSF program is available for states to spend on a somewhat more limited set of child welfare purposes than is true of the CWS program (compare **Figure 4** to **Figure 8**). Further, as discussed below, PSSF plan requirements are considerably less focused on children in foster care than those included in the CWS plan. At the same time, three of the four categories of services for which states must spend the majority of their federal PSSF funds target services, in whole or in part, on children in, or formerly in, foster care and the families of those children. (Only the

[40] HHS, ACF, ACYF, Children's Bureau, *Report to Congress on State Child Welfare Expenditures: 2013*, Appendix D. Available at http://www.acf.hhs.gov/programs/cb/resource/cfs-101-report-to-congress-2013. Percentages discussed in the report match data provided in Appendix D of the report.

[41] Ibid. States have two years to spend federal PSSF dollars for a given fiscal year and, afterward, must report actual spending, by purpose, for the PSSF program.

[42] Ibid, pp. 5-6.

service category described as "family support" does not explicitly target at least some of its services for children in, or formerly in, foster care and their families.)

PSSF State Plan Requirements

As is true with the CWS program, federal law stipulates a series of plan requirements under the PSSF program. States are required to assure that the safety of children will be their "paramount concern" in administering and conducting services under the PSSF program.[43] Apart from this broad child-protection-related assurance, the PSSF state plan requirements focus in large part on planning to provide child and family services. States must target services, establish goals and measure progress toward those goals, coordinate services across the state, and report on services provided. Additional PSSF state plan requirements stipulate fiscal and program administration-related rules.

Target Services

As required by the Child and Family Services Improvement and Innovation Act (2011, P.L. 112-34), as part of their PSSF plan states must describe how children at greatest risk for child maltreatment will be identified and how the state targets its child and family services to reach those children and their families.[44]

Planning for Child and Family Services and Reporting on Services and Spending

The statute requires each state to establish a five-year plan for services provided under the PSSF plan. This five-year plan must include goals to be achieved via provision of these services and the measures that will be used to assess progress toward these goals. In the interim years, states must annually provide an assessment of their progress toward the goals—making any necessary adjustments. At the end of the five-year period, they must develop a final report assessing what the plan achieved. Further, as part of that final report—and after consulting with appropriate public and nonprofit private agencies and community-based organizations—states are to develop a new set of goals (for a new five-year plan).[45]

Each state is required by statute to provide to HHS its five-year plan, annual updates of the plan, and a final progress review of the five-year plan.[46] As part of this reporting, states must provide to HHS a description of child and family services (by service category) they plan to provide, as well as planned and actual expenditures for child and family services under the Title IV-B programs (CWS and PSSF).[47] Each state must also provide in its PSSF state plan that it will participate in

[43] Section 432(a)(9).

[44] Section 432(a)(10).

[45] Section 432(a)(2) and (5).

[46] The final progress review must also be made available to the public. Section 432(a)(2)(C)(ii).

[47] Separately, the statute requires HHS to compile certain information from these reports, provide this information to the House Committee on Ways and Means and the Senate Committee on Finance, and post this information on its website. See http://www.acf.hhs.gov/programs/cb/resource/annual-report-of-state-child-welfare-expenditures.

any evaluations that HHS may require and that it will furnish such reports, containing such information, as HHS may require.

HHS implemented the initial planning and reporting provisions under this part of the law via regulations issued in November 1996. Those regulations established requirements related to the five-year Child and Family Services Plan (CFSP) and the Annual Progress and Services Review (APSR).[48] In implementing this provision, HHS sought to encourage states to plan across programs and to reduce the number of required, discrete child welfare-related plan submissions. Accordingly, the five-year CFSP and its annual update (the APSR) are to incorporate required information and assurances for states seeking funds under the PSSF program, the CWS program (discussed earlier in this report), and several other child welfare programs.[49] The final regulations have in some aspects been superseded by changes in the law, not all of which have been reflected in changes to the regulation. However, HHS annually issues guidance to states (via a "program instruction") on complying with the planning and reporting requirements.[50]

Coordination and Administration

To the extent feasible and appropriate, states must provide for coordination of PSSF-funded services with other services or benefits provided under any other federal (or federally assisted) program that addresses the needs of the same populations. Additionally, the PSSF program must be administered by the same state agency that administers the CWS program.[51]

Majority of Funds to Be Spent for Services and Other Fiscal Requirements

Each state must assure in its PSSF state plan that no more than 10% of program funds (federal and nonfederal) will be spent for program administration and, as noted above, that "significant portions" of the remaining funds will be spent on community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services.[52] There is not a statutory definition of administrative costs for the PSSF program. However, as implemented by HHS (via regulation) administrative costs *do not include* planning for services, delivery of services, consultation, training, quality assurance measures, data collection, evaluation, and supervision.[53]

Finally, a state must include in its PSSF plan assurances that funds provided under the program will not be used to supplant federal or nonfederal funds for services that existed prior to establishment of the program (i.e., those that existed in state FY1992) and states are required to

[48] Final regulations at 45 C.F.R. 1357.10, 1357.15, and 1357.16. See *Federal Register*, November 18, 1996, p. 58655; and amendments at *Federal Register*, November 23, 2001, p. 58677.

[49] The additional child welfare programs for which plan requirements or assurances, or other information must be incorporated are Child Abuse Prevention and Treatment Act (CAPTA) State Grants under Section 106 of CAPTA; the Chafee Foster Care Independence Program (CFCIP) (Section 477), including Chafee Education and Training Vouchers (Section 477(i)).

[50] The most recent request for a new five-year Child and Family Services Plan (CFSP) was issued in March 2014 (for plans covering FY2015-FY2019) and is available at http://www.acf.hhs.gov/programs/cb/resource/pi1403.

[51] Section 432(a)(1) and (3).

[52] Section 432(b)(4),(6) and (7); and Section 434(d).

[53] 45 CFR 1357.32(h).

document compliance with this rule.[54] Finally, each state is required to provide for any methods of program administration found necessary by HHS to allow proper and efficient administration of the plan.

Allocation of PSSF Child and Family Services Funds

After reservation of funds for other purposes—including $10 million for child and family services administered by tribes—there were $295 million in FY2014 PSSF funds available for formula grants to states and territories for the provision of child and family services. As in every other year, HHS must annually allocate those PSSF funds as follows: each state (plus the District of Columbia) is entitled to an allotment of those funds based on its relative share of children receiving benefits under the Supplemental Nutrition Assistance Program (SNAP); each territory (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands) is entitled to an allotment based on the formula that is used under the CWS program (described above). To receive their full allotment amounts, states must provide $1 in program funding for every $3 in federal funds provided and they may not spend more than 10% of total program funds (federal and nonfederal) for program administration. For FY2014 the median PSSF allotment to a state child welfare agency (50 states and DC) was just above $4.0 million while the largest single allotment was $31.3 million (Texas) and the smallest was just above $239,000 (Wyoming). (For PSSF allotments by state, see **Appendix C**.)

Tribal Receipt of PSSF Funding

Funding for tribal child and family services is reserved from the overall PSSF appropriation before allocation of those funds to states and territories for child and family services. The statute provides that 3% of most mandatory PSSF funding must be reserved for tribal grants in addition to 3% of any discretionary funds provided for the program.[55] For FY2014, the tribal set-aside was just above $10 million. Tribes, tribal organizations, or tribal consortia that seek PSSF funding must submit a plan to HHS for approval. In general, they must meet the same state plan requirements under the PSSF program that states are required to meet. However, if—"taking into account the resources, needs, and other circumstances of the Indian tribe or tribal consortium"—HHS considers either inappropriate, a tribal entity may be exempted from the requirement that (1) no less than 90% of the funds be spent on provision of services, and (2) that "significant" portions of funding will be devoted to each of the four named service categories.[56]

HHS is required to make an allotment to each tribe or tribal consortium based on that tribal entity's relative share of children among all tribal entities with an approved PSSF plan.[57] However, HHS may not approve a plan of a tribal entity if, based on this distribution formula, the PSSF funds available to the tribal entity would be less than $10,000.[58] For FY2014, HHS allotted

[54] 45 CFR 1357.32(f) specifies that for purposes of meeting this non-supplant requirement, the applicable "base" year is state FY1992.

[55] The 3% is applied to the mandatory funding total after reserving $40 million of those funds for targeted purposes, but before any other set-asides are applied.

[56] Section 432(b)(2)(A).

[57] For purposes of distributing tribal PSSF funds, HHS has interpreted "children" to mean individuals under the age of 21. This allows it to use the same tribal population data for the PSSF program as is used in the CWS program.

[58] Section 432(b)(2)(B).

PSSF funds to 138 tribal entities serving children in 29 states. The median tribal PSSF allotment was just above $30,000 while the largest such allotment exceeded $1.4 million (to Navajo Nation, serving tribal children in Arizona, New Mexico, and Utah) and the smallest was just above the minimum tribal allotment amount of $10,000 (to the Chitimacha in Louisiana).[59]

Other Activities for Which PSSF Funds Must Be Reserved

Support for child and family services provided, or funded, by states, tribes, and territories is the primary purpose for which PSSF funds are appropriated and spent. However, federal law also requires that certain PSSF funds be reserved and used for additional programs or activities. These include grants to state and tribal highest courts under the Court Improvement Program; grants for two targeted purposes (to improve outcomes for children affected by their parents' substance abuse and to support monthly caseworker visits of children in foster care); and research, evaluation, and technical assistance related to programs and purposes supported by the PSSF program. Each of these programs or activities is described below.

Court Improvement Program (CIP)

Under the Court Improvement Program (CIP, Section 438 of the Social Security Act) the highest court in any state operating a Title IV-E program is entitled to an allotment of formula grant funding to make improvements in their handling of child welfare-related proceedings. As provided by the Child and Family Services Improvement and Innovation Act (2011, P.L. 112-34), $1 million of the annual CIP funding must be reserved for competitive grants for tribal courts. Under current law, all of CIP funding is provided by a set-aside of PSSF program funds, and for FY2014, $30 million in PSSF funds were reserved for the program ($29 million for state highest courts and $1 million for tribal courts)[60]

CIP grants are provided for three kinds of court improvement purposes. States highest courts seeking to spend money on each of the purposes must indicate this in their single application for CIP funds and funds provided must be spent on the specific CIP purpose for which they are granted. Tribal grantees receive a single sum of CIP funds that may be spent on any of these purposes:

- *Basic:* Grants to assess and improve handling of child abuse and neglect proceedings;
- *Training:* Grants to train judges and legal personnel and attorneys in handling of child welfare cases; and

[59] Based on CRS analysis of PSSF tribal allotments received from HHS, ACF, OLAB in September 2014. See also HHS, ACF, ACYF-PI-14-04 (available at http://www.acf.hhs.gov/programs/cb/resource/pi1404).

[60] For early legislative history and discussion of other court-related child welfare programs, see CRS Report RL33350, *Child Welfare: The Court Improvement Program*, by Emilie Stoltzfus.

- *Data:* Grants to improve the timeliness of court decisions regarding the safety, permanence, and well-being of children (through collection and analysis of relevant data).

As stipulated by the 2011 amendments to CIP (P.L. 112-34), both basic and training grants may support activities that increase and improve engagement of families in court proceedings related to child welfare generally, including proceedings concerning family preservation, reunification, or adoption.

Eligibility for CIP Grants

To be eligible for any CIP formula grant, a highest court must be located in a state (or other jurisdiction) that operates a Title IV-E foster care, adoption assistance, and guardianship program and it must have a rule in effect requiring courts in that state (or jurisdiction) to ensure that foster parents, pre-adoptive parents, and relative caregivers of a child in foster care are notified of any proceedings to be held with respect to the child.[61] The highest courts in each of the 50 states, the District of Columbia, and Puerto Rico participate in the CIP.

To be eligible for competitive tribal CIP grants, a court must be the highest court of a tribe that is (1) operating, or seeking to operate, a Title IV-E program (as evidenced by receipt of a tribal Title IV-E plan development grant), or (2) has a court responsible for proceedings related to adoption and foster care.

Program and Application Requirements of State Highest Courts

Before FY2012, state highest courts were required to submit separate applications to receive each grant. That requirement was changed by the Child and Family Services Improvement and Innovation Act (P.L. 112-34). State highest courts are now required to submit a single application but they must indicate in that application whether they are applying to receive CIP funding for all three purposes or less than that. For FY2014 all states applied for, and received, grant funding for each of the three CIP grant purposes. Most states have applied for and receive funds for all three CIP grant purposes.[62]

All state highest courts (including the highest courts in Puerto Rico and the District of Columbia) successfully applied for and received CIP funding in FY2012 and are therefore expected to receive this funding in each year through FY2016. Although a state highest court does not need to reapply for CIP funds in each of these years, a court's continued receipt of CIP funds in each of FY2013-FY2016 is contingent on its successful progress toward identified outcomes. Courts must demonstrate this via updated strategic plans, year-end assessment reports and participation in periodic review calls hosted by HHS. Courts must also continue to provide annual letters (from

[61] Section 438(b)(1).

[62] In previous years, most but not all states applied for and received funding for each CIP grant purpose. According to HHS, South Carolina's highest court did not apply for a basic grant for each of FY2008 through FY2011 but it has done so for subsequent years. Additionally a number of states including the District of Columbia, Hawaii, Massachusetts, Maryland, and Wisconsin did not apply for CIP data grant funding in at least one or more years (from FY2008 through FY2013).

the court and the child welfare agency) assuring continued compliance with and satisfaction of CIP requirements.[63]

Application

In its CIP application a state highest court is required to identify why it is applying for CIP funds and what it intends to achieve with the funding. Further it must demonstrate "meaningful and ongoing collaboration" between the courts, the state child welfare agency, and Indian tribes (where applicable); discuss how data collection and sharing will occur between the courts and the state and local child welfare agencies; demonstrate that at least some of any CIP training funds it receives will be used for cross-training initiatives jointly planned and carried out with the state child welfare agency; and provide additional information as requested by HHS.

As part of demonstrating meaningful collaboration, HHS requires state highest courts to establish a statewide multidisciplinary taskforce to guide CIP efforts. Further the state highest court must include, as part of its application, a letter of support from the state child welfare agency that assures ongoing collaboration, consultation, and engagement with regard to program planning and implementation, federal compliance reviews for the state child welfare agency and any court-related aspects of required child welfare program improvements. The letter must also ensure that the state child welfare agency will share administrative data with the court on an ongoing basis.[64]

Program Requirements

HHS now requires all state highest courts that receive CIP funding to implement continuous quality improvement (CQI) procedures. These procedures must be used to regularly, and on an ongoing basis, ensure that the court's child abuse and neglect proceedings promote: due process of law; timely and thorough court hearings; high quality legal representation to parents, children and child welfare agencies (both in court and out of court); and engagement of the entire family in court processes.[65]

Beginning with FY2013, state highest courts are also required to annually collect and report data on five timeliness measures: 1) median time from original petition to child's first permanency hearing; 2) median time (in days) between every subsequent permanency hearing while the child remains in care; 3) median time from original child abuse and neglect petition to legal permanency (i.e., reunification, adoption, legal guardianship or placement with a fit and willing relative); 4) median time from original child abuse and neglect petition to the date a *petition* for termination of parental rights is filed (for children who are not reunited); and 5) median time from original child abuse and neglect petition to completed termination of parental rights proceedings (for children who are not reunited).[66]

[63] HHS, ACF, ACYF, Children's Bureau, PI-12-02 "Instructions for State Courts Applying for the Court Improvement Program Funds for Fiscal Years 2012-2016," issued January 1, 2012.

[64] Ibid.

[65] Ibid.

[66] Ibid.

Distribution to State Highest Courts and Required Nonfederal Share

Each state highest court with an approved CIP application is entitled to receive a minimum grant of $85,000 and a portion of any of the remaining set-aside funds that is equal to the share of individuals under 21 years of age in its state (compared to all states with an approved application for the grant). This same formula applies to each of the three CIP grant purposes. Thus, if a state highest court successfully applies and seeks funding for all three CIP grant purposes, it receives three minimum allotments of $85,000 (a total of $255,000) and a share of the remaining funds for each CIP grant purpose based on the size of its state's population under 21 years of age.

State highest courts must provide $1 in program funding for every $3 in federal funding provided under the CIP. (**Appendix E**, includes tables showing funding by CIP grant purpose and by state highest courts for FY2013 and FY2014).

Federal Funding for CIP

The CIP was established in FY1995 with funds set aside from the program now known as PSSF. The original legislation (P.L. 103-66, 1993) required state highest courts to use the grant funding to assess their handling of child welfare proceedings.[67] Funding provided for the CIP totaled $5 million in its initial year (FY1995), was at $10 million for each of FY1996-FY2001, and, after Congress authorized additional discretionary PSSF funding to be reserved for the CIP as of FY2002, reached a little more than $13 million in FY2005. As part of the Deficit Reduction Act (P.L. 109-171), Congress expanded the CIP program, authorizing two additional purposes (related to training and data collection) and annually appropriating an additional $20 million for the CIP.

Funding for the CIP has been between $30 and $33 million in each year beginning with FY2006. For the first five years (FY2006-FY2010) part of the funding was appropriated independent of the PSSF program (via P.L. 109-171). However, beginning with FY2011 (as provided in P.L. 111-242, Section 133), all CIP funding is again provided via a reservation of funds appropriated for the PSSF program. Under current law, the annual set-aside for the CIP is $30 million in mandatory funding authorized for the PSSF plus 3.3% of any discretionary appropriations provided for the PSSF. The PSSF program is currently authorized through FY2016.

Beginning with FY2012 (and for each year after that one), $1 million of the $30 million in mandatory CIP funding must be reserved for tribal court improvement grants; $10 million must be used for the CIP grant purpose related to training, and $10 million for the CIP grant purpose related to data collection. The remaining $9 million in mandatory funds, along with any discretionary PSSF funds reserved for the CIP, must be used to support the basic CIP grant purposes. (For a CIP funding history, FY1995-FY2014, see **Table E-1** in **Appendix E**.)

[67] The original Court Improvement Program authorization was provided as an independent piece of law within the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66). The Promoting Safe and Stable Families Amendments of 2001 (P.L. 107-133) moved its authorization into the Social Security Act (by creating a new Section 438).

Tribal Court Improvement Program

HHS awarded the first grants for tribal court improvement in September 2012. The awards valued at up to $150,000 per year for each of three years were made to seven tribal entities: Navajo Nation Judicial Branch, Window Rock, AZ; Confederated Salish and Kootenai Tribes, Pablo, MT; Pokagon Band of Potawatomi Indians, Dowagiac, MI; White Earth Band of Chippewa, White Earth, MN; Washoe Tribe of Nevada and California, Gardnerville, NV; The Pascua Yaqui Tribe, Tucson, AZ; and Nooksack, Indian Tribe, Deming, WA. Each of these grantees received their third year of tribal CIP funding in late FY2014.

HHS has announced its intention to fund a second round of Tribal Court Improvement grants beginning with FY2015. Current grantees may again apply for this funding and up to 10 grants may be awarded.[68]

Targeted Purposes Funded with PSSF Dollars

The statute requires that each year $40 million in mandatory PSSF program funds must be reserved for two "targeted purposes": (1) competitive grants to regional partnerships to improve the outcomes of children affected by parental substance abuse; and (2) formula grants to state child welfare agencies to improve the quality and frequency of caseworker visits with children in foster care. Targeting of PSSF funds for these purposes was first included in the Child and Family Services Improvement Act of 2006 (P.L. 109-288). At that time Congress responded to new evidence about the significance of regular caseworker visits in achieving good outcomes for children in foster care, and, separately, to longstanding concerns about the frequency with which parental substance abuse brings children to the attention of the child welfare agency and the difficulties those agencies face in ensuring positive outcomes for the affected children. With the 2011 Child and Family Services Improvement and Innovation Act (P.L. 112-34), Congress extended the provisions targeting PSSF funds for these purposes through FY2016.

Grants to Regional Partnerships to Improve Outcomes for Children Affected by Parental/Caretaker Substance Abuse

For more than one-quarter (28%) of the children who entered foster care during FY2013, drug abuse by the parent or caretaker was reported as a circumstance of the child's removal to foster care. Additionally, alcohol abuse by a parent or caretaker was cited as a circumstance of removal for 6% of children entering care during that year.[69] The percentage of children who *remain* in care due to issues related to substance abuse is believed to be even larger because, among other reasons, accessing and successfully completing treatment services is often time consuming and children may not be able to safely return to their homes until treatment is successfully completed.[70]

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[68] HHS Grants Forecast, Tribal Court Improvement, posted September 17, 2014.

[69] States may report more than one "circumstance of removal." FY2013 data on circumstances of removal to foster care were provided to CRS by HHS, ACF, ACYF, Children's Bureau based on state reporting via AFCARS.

[70] HHS, ACF, ACYF, Children's Bureau, *Targeted Grants to Increase the Well-Being of, and Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse: First Annual Report to Congress*, (continued...)

In 2006 (P.L. 109-288), Congress authorized grants for services and activities designed to improve the safety, permanence, and well-being of children who are in out-of-home placement, or are at risk of such placement, because of a parent or caretaker's abuse of methamphetamine or another substance. [71] The law required HHS to provide these grants on a competitive basis to "regional partnerships" comprised of child welfare agencies, and other relevant partners, serving a defined area. In awarding the grants HHS was instructed to give additional weight to a partnership application that demonstrated greater need to respond to methamphetamine abuse in its service region and proposed a response to methamphetamine abuse. Services and activities that partnerships were authorized to provide included family-based, comprehensive, long-term substance abuse treatment services (and replication of successful models for providing such services); early intervention and preventative services; child and family counseling; mental health services; and parenting skills training. The 2006 law also required HHS to establish performance indicators to allow assessment of work done by grantees, required that grantees report on their work in relation to those indicators, and, in turn, that HHS provide Congress with annual reports on the work of the grantees.

Regional Partnerships Defined

The law defines "regional partnerships" as collaborative arrangements between two or more agencies in a defined area or region, one of which must be the state (county) or tribal child welfare agency. Other agencies or individuals permitted, or encouraged, to be a part of, or lead, regional partnerships include judges and court personnel, public or private social service agencies, private child welfare agencies, substance abuse treatment or prevention agencies, juvenile justice officials, school personnel and others.

Section 437(f)(2) of the Social Security Act

In 2011 (P.L. 112-34) Congress extended the reservation of PSSF program funding for these "regional partnership grants" for an additional five years (FY2012-FY2016) and made limited changes to the program. It removed the specific reference to methamphetamine abuse (and related weighting of grantee applications), permitted HHS to award two-year extension grants to previously funded grantees, indicated prior grantees were also allowed to submit applications for support of a new project or to receive extension and new project funding simultaneously, required cross-site evaluations and reports, and limited federal administration spending to no more than 5% of program funding.

To make these "regional partnership grants" Congress initially reserved a total of $145 million in mandatory PSSF program funding across five years (FY2007-FY2011). In 2011 (P.L. 112-34), it continued the grant program for five additional years, reserving $100 million ($20 million annually) in mandatory PSSF funding for the grants.

(...continued)

sent to Congress May 2010, pp. 1-2. (Hereinafter cited as HHS, *First Annual Report* (on regional partnership grants).

[71] After holding an April 25, 2006 hearing focused on the particular strains on child welfare agencies brought about by parental abuse of methamphetamine, the Senate Finance Committee reported legislation titled the "Improving Outcomes for Children Affected by Meth Act of 2006" (S.Rept. 109-269 to accompany S. 3525). Grants proposed in that bill ultimately became one of the targeted purposes for which PSSF funding was initially provided.

Awards Made

Through September 30 of FY2014, HHS had awarded this targeted PSSF funding to 64 regional partnerships located in 32 states (including six tribal areas).[72] In most instances regional partnership grantees have received (or are expected to receive) five years of federal funding for a single project.[73] Further, they have typically received the minimum annual statutory award amount of $500,000 for each year of their project.[74] To receive this federal support, the law states that regional partnership grantees must provide matching funds rising from 15% to 25% of this federal funding across a five-year grant project.[75] This means the typical project—receiving federal support of $500,000 across each of five years—should have a total annual budget (federal award plus grantee match) of at least $588,000 in the initial years, rising to at least $667,000 in year five.

Reports on Regional Partnership Grants

As of September 2014 HHS had submitted three annual reports detailing the work of the initial round of grantees through the fourth year of the grant period (which ended September 30, 2011).[76] The most recent report (submitted in March 2014) discusses performance indicators across sites and is intended to meet the discussion of effectiveness for initial grantees (required by P.L. 112-34).[77] HHS also notes that it plans to issue a final report on the work of the first 53 grantees, covering the full five-year grant period.[78] Finally, it notes that HHS has contracted for a

[72] Initial awards were made on September 30, 2007, September 30, 2011, and September 30, 2014. For a list of the first 53 regional partnership grantees, including brief project descriptions, see HHS, *First Annual Report* (on regional partnership grants)), Appendix B available at http://www.acf.hhs.gov/programs/cb/resource/targeted-grants-to-increase-the-well-being; For a list, with brief project descriptions of the second round of 25 grantees (including new projects and two year extension grants) see HHS, ACF, ACYF, *Integrating Safety, Permanency and Well-Being for Children and Families in Child Welfare*, Appendix B, pp. 15-18, available at http://www.acf.hhs.gov/programs/cb/resource/acyf-fy2012-projects-summary. For the four partnership grants awarded on September 30, 2014 see "Regional Partnership Grants ... " included in list of FY2014 grants at http://www.acf.hhs.gov/programs/cb/resource/discretionary-grant-awards-2014.

[73] A relatively small number of initial grantees sought and received three years of grant funding. Further, eight grantees successfully sought a two-year extension. The law says no grant project period may be less than two years or more than five years, except that a grantee may apply for a two-year extension of project funding (Section 436(f)(3)(B)).

[74] Some grantees received different annual amounts up to $1 million. The law says no grantee may receive annual funding of less than $500,000 or more than $1 million for a given project. (Section 436(f)(3)(A)).

[75] A grantee must provide 15% of the project funding in years one and two, 20% in years three and four; and 25% in year five. Additionally, extension grantees are required to provide 30% and 35% in matching funds for years five and six of the grant, respectively (Section 436(f)(6)).

[76] See HHS report requirements at Section 437(f)(9)). A link to each report is at http://www.cffutures.org/projects/rpg.

[77] HHS, ACF, ACYF, Children's Bureau, *Targeted Grants to Increase the Well-Being of and Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse: Third Annual Report to Congress*, submitted March 2014, p. 9. (Hereinafter HHS, *Third Annual Report* (on regional partnership grants)). The 2011 law (Section 103(c)(1)(3) of P.L. 112-34) required HHS to conduct cross-site evaluations and provide a final report on work of grantees receiving FY2007-FY2011 funding and, separately, grantees receiving FY2012-FY2016 funding. HHS, *Third Annual Report* (on regional partnership grants) notes that the round of regional partnership grants receiving FY2007-FY20011 funding were awarded before the cross-site evaluation requirement was added to the law and were implemented in a manner that does not allow for a cross-site evaluation that can show statistically significant impacts. However, HHS did develop a performance indicator system, which met the initial statutory requirement for program study and permits review of grantees work and outcomes for families served.

[78] Grant funding under this project is typically awarded on the last day of the fiscal year for which the funding was appropriated. Therefore while funding for the initial awards began with FY2007 and ended with FY2011, the first year of grant funding was issued on September 30, 2007 and the fifth year was issued on September 30, 2011. Generally (continued...)

cross-site evaluation of the second round of grantees and expects to issue an evaluation report for those grantees in December 2017.[79]

Children and Families Served by Regional Partnerships and Services Offered

Through the four years of the grant period, 12,238 families, including close to 14,462 adults and 20,276 children, had been served through one of the initial 53 regional partnership grants. Most of these regional partnerships (72%) targeted their services to families with children at risk of entering foster care or those already in care. However, some focused primarily on families with children at-risk of entering care (15%) or those with children already in care (13%). The average number of families served by a grantee ranged from a low of 24 to a high of 1,305 and averaged 231. Among those who had been served and discharged from the program by the end of year four, the average length of service under the regional partnership grant program was 215 days, or 7.2 months.[80] (For additional characteristics of children, and, separately, adults served, see **Appendix F**.)

Grantees focused on a range of strategies to improve outcomes for children (and their families) affected by parental abuse of methamphetamine and other substances. Among these were enhancements to or creation of court-based drug treatment programs; increasing timely access to treatment services, including residential treatment and home-based services; strengthening and expanding available services to families with substance abuse concerns or establishing new continuums of care for these families; and improving service integration and knowledge skills and collaboration across practice areas.

By year four of the grant program many regional partnerships had refined their service models to better meet needs of families served. Specifically, HHS reported that they had (1) added or expanded services to identify and address effects of trauma on both the adults and children served; (2) improved their ability to identify and meet children's service needs, including through direct provision of services or better links to other agencies providing needed services (e.g., early childhood development and substance abuse education); (3) better integrated their services to adults and children (serving family as whole); (4) strengthened their recovery services, especially through implementing or enhancing peer/parent mentors, recovery coaches, or other substance abuse specialists; and (5) continued to focus on provision of key supportive services, particularly housing (lack of which grantees noted directly impacts ability of families to be reunited) as well as medical and health care services.[81]

Performance Indicators and Findings as of Year Four

The 2006 law authorizing regional partnership grants required HHS to establish performance indicators (in consultation with certain stakeholders) to assess the work carried out by grantees. Twenty-three indicators were established to assess grantees work in the areas of safety and permanency for children served; recovery for adults; well-being for children, families, and adults

(...continued)

then grantees used the FY2007-FY2011 funding to carry out their projects across FY2008-FY2012.

[79] See HHS, *Third Annual Report* (on regional partnership grants), pp. i-ii.

[80] Ibid, p. 85-86.

[81] Ibid, pp. 16-34.

served; and systems collaboration. HHS established a web-based program that grantees use to regularly report data on these performance indicators. Not all of the indicators may necessarily be deemed relevant to the design of a particular regional partnership grantee. Grantees must report only on indicators relevant to their program. (See **Appendix F** for a complete list of performance indicators, as well as some descriptive findings related to these performance indicators, through four years of grant operation (i.e., for September 30, 2007, through September 30, 2011)).

Lessons on Successful Collaborative Efforts and Program Operations

When Congress established regional partnerships as the only entities eligible to receive this grant funding, it signaled strong interest in a collaborative approach to addressing the child welfare needs of children whose parents or caretakers abuse drugs or alcohol. By year four of the program 100% of the grantees reported both child welfare services and substance abuse treatment agencies and organizations were a part of their regional partnership and close to three-fourths (74%) of the partnerships involved courts or court-related organizations. These three groups might be considered core constituencies in addressing needs of children with substance-abusing parents. As of year four of the program, however, most regional partnerships included 10 or more partners. Beyond the three already mentioned, these included (in descending order of frequency) mental health agencies or providers, community-based providers of child and family services, criminal justice and legal systems partners, education/early childhood education groups, adult health services agencies or providers, state and local employment agencies, and housing agencies or service providers.[82]

Grantees report that collaboration is critical to identifying families needing services and appropriately assessing and responding to those needs, and further, that it is essential to sustaining a project over time. They concede, however, that collaboration takes ongoing effort and planning and note that it takes time to move beyond first steps (such as sharing data or information) to implementing shared practices and policies at a system level and maintaining joint accountability for outcomes achieved. To meet these ends, some important components of collaboration, as discussed by grantees, include cross-system training, clearly defined roles and expectations for each partner, regular and ongoing communication, and shared supervision or monitoring of project outcomes.[83]

In terms of program operations, as of year four regional partnerships were increasing their efforts to provide family-centered responses (as opposed to those solely focused on child welfare or, alternatively, adult recovery). Grantees reported co-location of workers to be positive for partners in the grant project as well as for families served, and also that it can facilitate shared treatment planning. Providing supportive services to families was found to be critical to the success of a regional partnership. Further ongoing review of the services and activities offered was noted as important to respond to newly identified or changing needs of families served.[84]

Federal money was critical to development of the partnerships, with grantees reporting that federal dollars alone funded close to two-thirds (64%) of their "system collaboration and improvements" work (compared to 40% of project services and activities overall).[85] Among the

[82] Ibid, p.7

[83] Ibid, pp 35-62

[84] Ibid.

[85] Ibid, p. 1

43 grantees who received an initial five-year project grant, 17 regional partnerships were assessed (at year four) as likely able to continue their project beyond the end of federal funding, 17 were thought likely to be able to continue some part of the project or a scaled down version, and sustainability of 9 of the projects was deemed not yet knowable. Integrating the work of the regional partnership into larger community or state systems was considered important to enable ongoing work, including the ability to establish third-party billing to pay for some work (e.g., billing Medicaid). The operation and longer-term sustainability of these regional partnerships, which began operation shortly before the 2008-2009 recession, were affected by the difficult fiscal climate, which outside the regional partnership, reduced substance abuse treatment capacity, affected child welfare staffing, and reducing community supports available. Changes in child welfare policy and practice also affected the work of the partnerships as more child welfare agencies implemented policies (such as differential response) that reduced the number of children entering foster care, providing more in-home services. The often voluntary nature of those services (as opposed to court order) required greater family engagement efforts to bring families to the services of the regional partnership.[86]

Grants to Improve Monthly Case Worker Visits of Children in Foster Care

Beginning in the middle 2000s, federal reviews of state performance in providing child welfare services demonstrated that frequent and adequate caseworker visits were associated with timely achievement of permanence for children in care, placement stability for children in foster care, as well as more positive outcomes related to ensuring children's safety and meeting the educational, physical, and mental health needs of children.[87] Still, no federal standards for frequency or content of caseworker visits were in place. Further, a 2003 survey of state agencies found that while most states did have standards requiring at least one visit a month for children in foster care (n=47), far fewer (n=20) had the ability to track the frequency of caseworker visits with children in foster care, and that even among those states able to track caseworker visits, many children did not necessarily receive a monthly visit.[88]

To address this issue, the Child and Family Services Improvement Act of 2006 (P.L. 109-288) committed $95 million in mandatory PSSF funding across six years (FY2006-FY2011) to help ensure frequent, quality caseworker visits with children in foster care. In 2011, the Child and Family Services Improvement and Innovation Act (P.L. 112-34) extended this support, reserving $100 million in PSSF mandatory funds across five years ($20 million in each of FY2012-FY2016). Separately, the 2006 law (as amended in 2011) required states—under their CWS state plan—to ensure that each child in foster care is visited at least once a month, and that the visit is well-planned and focused on the child's safety, permanency, and well-being. Further, states must report data to HHS on the frequency of monthly caseworker visits and the share of those visits that happen where the child was residing while in foster care. Finally, the law stipulates that states

[86] Ibid, pp. 63-7.

[87] HHS, ACF, ACYF, Children's Bureau, "Report to Congress on Monthly Caseworker Visits with Children in Foster Care," received January 2011. (Hereinafter, "HHS Report on Monthly Caseworker Visits.") See also, National Conference of State Legislators, *Child Welfare Caseworker Visits with Children and Parents*, September 2006, http://www.ncsl.org/Portals/1/documents/cyf/caseworkervisits.pdf.

[88] HHS, Office of the Inspector General, *State Standards and Capacity to Track Caseworker Visits with Children in Foster Care*, (OEI- 04-03-00350), December 2005

failing to achieve national standards concerning frequency of monthly caseworker visits (90%, rising to 95% in 2015) and in-home caseworker visits (50%) must provide additional non-federal funds (matching dollars) to receive their full federal allotment of funding under the CWS program.

Use of PSSF Funding to Improve Case Worker Visits

States are to use the caseworker grant funding to improve the quality of monthly caseworker visits with children in foster care—including better caseworker decision making regarding the safety, permanency and well-being of those children—and to support activities designed to increase retention, recruitment and training of caseworkers.[89] (For allotment amounts by state, see **Appendix C**.) In a June 2012 survey, states reported spending monthly caseworker dollars to support worker training on planning and carrying out quality caseworker visits that promote placement stability and permanency for children (and for related quality assurance work); pay overtime to staff to allow increased time for caseworker visits; cover travel expenses for caseworker visits, including out of state visits; develop and support data systems and improved reporting to better track caseworker visits; purchase equipment needed to make field and online recording and reporting of caseworker visits easier; and buy items to recognize worker achievements (e.g., certificates and lapel pins).[90]

CWS Requirements Related to Caseworker Visits

As part of its CWS plan, a state must describe its standards for the content and frequency of caseworker visits with children in foster care. At a minimum, the law provides that those standards must ensure children in foster care are visited on a monthly basis and that each caseworker visit is well-planned and focused on ensuring the child's safety, permanence, and well-being.[91] HHS has noted that these monthly caseworker visits must be held in person.[92]

Further, states must report data to HHS to enable it to determine the percentage of monthly caseworker visits achieved by the state in each fiscal year, as well as the share of those visits that occurred in the child's foster care residence (e.g., family home or institution). States are subject to reduced federal financial participation in the CWS program if they fail to achieve a 90% monthly caseworker visit percentage (95% as of FY2015) and/or if they fail to show that at least half of the monthly caseworker visits occur onsite where a child is residing while in foster care.[93]

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[89] Section 436(a)(4)(B). The 2011 law retained prior law focus on activities designed to improve caseworker retention, recruitment, and training," added reference to support for quality caseworker visits and decisionmaking and dropped the 2006 explicit language regarding giving caseworkers the "ability to access the benefits of technology."

[90] National Resource Center for Permanency and Family Connections, handout for webinar "Addressing the Use of Caseworker Visit Funds," July 26, 2012.

[91] Section 422(b)(17).

[92] HHS, ACF, ACYF, Children's Bureau, *Child Welfare Policy Manual*, Section 7.3, Q&A 8. This policy guidance clarifies that "video-conferencing" may not be counted as a monthly caseworker visit because it does not constitute an in-person visit.

[93] Section 424(f). The national requirement was put in place by the 2011 program reauthorization (P.L. 112-34). Initially, (as added by P.L. 109-288) the law required each state, in consultation with HHS, to outline specific steps (including state-specific targets) to ensure that no later than October 1, 2011 at least 90% of the children in foster care receive a monthly visit from their caseworker.

Determining a State's Monthly Case Worker Visit Percentage

The manner in which a state's monthly caseworker visit percentage is calculated was changed (effective with FY2012) as part of the 2011 reauthorization of CWS and PSSF (P.L. 112-34). The initial method (used for FY2007-FY2011) was child specific and required that in order for a state to count a child as having been visited on a monthly basis, such a visit must have occurred for the child in "each and every" month that the child was in care. A state's monthly caseworker visit percentage was determined by comparing that *number of children* to the total number of children served by the state in foster care during the fiscal year. [94] The revised calculation, as provided in P.L. 112-34, looks at the *number of monthly caseworker visits* to children in foster care during the fiscal year and compares that to the total number of caseworker visits that would have occurred during the fiscal year if every child in care for at least one month during that fiscal year had been visited at least once in every month. (If a child is visited twice in the same month, only one of those visits must count as a monthly caseworker visit.)[95] This more recent method—which counts visits completed as opposed to children—permits states to receive some credit every time they complete a monthly caseworker visit.[96]

Children Visited Monthly

Under the initial child-specific standard, just 15 states were able to report that during FY2011 90% of the children in their foster care caseload received a caseworker visit for each and every month in which the child was in foster care. However, that represented a sizeable increase from FY2007, when just one state was able to meet the 90% target. Further, under the old child-specific standard, the average monthly caseworker visit percentage across all states rose from less than 42% in FY2007 to 74% in FY2011.[97] (Some of the change in reported frequency of caseworker visits may have reflected improvements in states' ability to track visits.)

Under the new monthly caseworker visit standard, which is specific to the number of monthly caseworker visits a state completes, 37 states were able to achieve a 90% monthly caseworker visit percentage in FY2012, and that number grew to 39 states in FY2012.[98] (For state-level monthly caseworker visit percentages, see **Appendix G**).

Children Visited Where They Live

The law further requires that no less than half of all caseworker visits occur where the child is residing while in foster care (e.g., in the child's foster family home, group care, or institutional setting). Nearly all states were meeting this standard in the first year the data were collected

[94] See HHS, ACF, ACYF, PI-07-08, issued May 30, 2007.

[95] For purposes of this calculation, children in foster care who are placed out of state must be included. However, any child in foster care at age 18 or older is to be excluded. See HHS, ACF, ACYF, Children's Bureau PI-12-01 and HHS, ACF, ACYF, Children's Bureau *Child Welfare Policy Manual*, Section 7.3, Q&A 7.

[96] Under this child-specific method for determining a state's monthly caseworker visit percentage, a state's performance was rated the same whether a child received a caseworker visit in each of 11 months during a 12-month stay in foster care or whether the child received a caseworker visit in only 1 month during a 12-month stay in foster care. In either case, the state's effort would not count toward meeting the monthly caseworker percentage.

[97] "States" here refers to 52 jurisdictions for which these requirements apply – the 50 states, District of Columbia, and Puerto Rico. Based on Children's Bureau data received from HHS, ACF, OLAB in September 2014.

[98] Based on Children's Bureau data received from HHS, ACF, OLAB in September 2014.

(FY2007). However, FY2013 is the first year in which *all* 52 states (includes DC and Puerto Rico) were able to report meeting the 50% target for caseworker visits in the child's home. The average state percentage of in-home monthly caseworker visits was 69% in FY2007 and had risen to 84% in FY2013.

Reduced Federal Financial Participation in CWS

States that fail to meet the national target percentages (90% or 95% as of FY2015) for monthly caseworker visits and, separately, 50% for visits in the home of the foster child, are subject to reduced federal financial participation in the CWS program. This means they have to supply more non-federal dollars (e.g., state or local money) to get the same amount of federal CWS support.[99] The amount of additional non-federal spending required varies by the degree to which a state failed to meet the target percentage(s). A state that misses the target(s) by fewer than 10% must provide no less than 26% of the overall CWS funding (instead of the regular 25%) to receive its full federal CWS allotment; a state that misses the target(s) by between 10% and 20% must provide no less than 28% of the program funding; and a state that misses the target(s) by 20% or more must provide not less than 30% of the CWS program funding.

For FY2013, 13 states (including Puerto Rico) failed to meet the 90% national target for monthly caseworker visit percentage, and for FY2012 this was true of 15 states. All states exceeded the 50% required in-home visits during FY2013 and Puerto Rico was the only jurisdiction that failed to meet that standard in FY2012. (For performance information by state, see **Appendix G**)

Content of Caseworker Visits

In reviewing state standards for the content of caseworker visits that were in place prior to the 2006 enactment of federal requirements for such standards, HHS noted that all states require that the majority of caseworker visits occur in the home of the child and that the majority of states required that any child who is verbal have an opportunity to speak with a caseworker privately during a visit. States also encouraged caseworkers to make impromptu visits to children in care, particularly those in new placement settings and to increase the frequency of visits based on specific needs of a child and family.[100]

Further, in describing the content of caseworker visits, the large majority of states mentioned ensuring a child's safety and well-being and discussing issues pertinent to case planning and achieving permanency goals. HHS also notes that the majority of states mentioned addressing the child's educational needs as well as his or her physical, emotional, and behavioral health. Finally, some states required that additional content areas be addressed with youth who are emancipating from care, including transition plans, and permanent connections to adults.[101]

[99] Although the funding for this grant program is provided as a set-aside of PSSF funds and its basic purpose is explained in the PSSF statute, the requirements related to development of standards for frequency and quality of caseworker visits, reporting related data, as well as penalties for failure to make the required level of change, were included as amendments to the CWS program.

[100] HHS Report on Monthly Caseworker Visits.

[101] Ibid.

Early Efforts to Improve Frequency and Content of Caseworker Visits

When states provided the initial data on the frequency of caseworker visits to children in foster care, the "overwhelming majority" of states raised concerns about documentation of those visits. As a result, states have worked to improve practice in this area. For most states, this meant making changes to their child welfare information management systems to aid collection of these data. Some states reported establishing remote and wireless connectivity to these information systems and/or purchasing laptops to allow caseworkers to input data while in the field. Others expanded data fields to allow workers to more accurately describe their visits with children in foster care. Additionally, many states provided training to staff on proper data entry related to caseworker visits.[102]

As part of working to align state policy with the new federal requirements, states also established working groups to review challenges and address barriers to adequate visits. Among the strategies employed by certain states were retention incentives for caseworkers; training on visitation policies and State Automated Child Welfare Information System (SACWIS) enhancements for easier data collection and more accurate data reporting (Kansas); permitting caseworkers to establish alternative work schedules and to use overtime to meet the caseworker visit requirements (District of Columbia and West Virginia); developing a chart that specified required frequency of contact and who was responsible for that contact (Delaware and Georgia); enhanced supervisory training and supports (Mississippi); and implementing a one family/one worker policy to improve continuity of service and foster trust and engagement between caseworker and family.[103]

Research, Evaluation, and Technical Assistance Funding

HHS is required to annually reserve some PSSF funds to support *evaluation* of family support, family preservation, time-limited family reunification, and adoption promotion and support services funded through the PSSF program or any other program designed to achieve the same purposes as the PSSF program. Further, HHS is specifically instructed to support *evaluation, research, and technical assistance* related to the targeted purposes under the PSSF program (i.e., improved monthly caseworker visits with children in foster care and improved outcomes for children affected by parental/caretaker substance abuse). [104] Finally, to the extent funds are available for this purpose, HHS is specifically required to provide *technical assistance* to help states and Indian tribes or tribal consortia to (1) better identify families where children are at risk of child abuse and neglect; (2) develop treatment models to improve services to those families, especially those where substance abuse is an issue; (3) implement well-designed treatment models that clearly state how the services will result in desired changes for families served; (4) establish mechanisms to ensure services delivered match the identified treatment models; and (5)

[102] Ibid.

[103] Ibid.

[104] The law requires HHS to use not less than $2 million in each fiscal year to support this work ($1 million for each targeted purpose). Section 435(c).

establish mechanisms to ensure that post-adoption services meet the needs of individual families and develop models to reduce the rate of disrupted adoptions.[105]

The total annual set-aside authorized for this purpose is $6 million in mandatory PSSF funds plus 3.3% of any discretionary funds appropriated for the program.[106] In recent years, the research set-aside has totaled between $7 million and $8 million annually.

Use of Funds

PSSF research and evaluation funding is awarded competitively (via contracts, grants, and cooperative agreements). FY2009-FY2013 funding was used to fully or partially fund several national child welfare resource centers that provided technical assistance and training to state and tribal public child welfare agencies. Specifically, these included the national child welfare resource centers concerned with Organizational Improvement, Youth Development, Permanency and Family Connections, and Legal and Judicial Issues. During those same five years these PSSF funds were also used to provide partial support to the Child Welfare Information Gateway, which acts as a single web-based information clearinghouse on a full continuum of child welfare topics, and to co-sponsor (with the HHS Substance Abuse and Mental Health Services Administration (SAMHSA)) the National Center on Substance Abuse and Child Welfare.[107] Additionally, in late FY2011 HHS awarded four grants related to improving services delivery to youth in the child welfare system. The grants are expected to be funded for five years and were made to public and private agencies in four states. [108]

HHS, through the Children's Bureau, has recently announced a major re-organization of its training and technical assistance network, which has included multiple national resource centers, regional implementation centers, and an information clearinghouse known as the Child Welfare Information Gateway. [109] Beginning with FY2015, the work of nine national resource centers (including three of the five that had been funded with PSSF dollars), five regional implementation centers and the training and technical assistance coordination center is transferred to a single National Capacity Building Center for Public Child Welfare Agencies. However, the Child Welfare Information Gateway and a number of national resource centers, including all those that are statutorily mandated, will continue to be supported through separate competitively awarded contracts or agreements.[110]

Accordingly, beginning September 30, 2014, PSSF funding is being used to support the National Capacity Building Center for Public Child Welfare Agencies. It continues to provide funding for

[105] Section 435

[106] Section 436(b)(1) and Section 437(b)(1).

[107] CRS communication with HHS, Office of Secretary for Legislative Affairs and HHS, Office of Legislative Affairs and Budget, September 2014.

[108] The Improving Services Delivery for Youth in the Child Welfare System grantees are listed (along with other FY2011 grantees) in this document, http://www.acf.hhs.gov/programs/cb/resource/discretionary-grant-awards-2011.

[109] See Children's Bureau Briefing, "Changes to the Delivery of Training and Technical Assistance," JooYeun Chang, Associate Commissioner, Children's Bureau, April 23, 2014 https://www.acf.hhs.gov/programs/cb/resource/changes-to-tta-delivery.

[110] For example, see the list of HHS, Children's Bureau competitive awards made with FY2014 dollars on September 30, 2014, including multiple national resource centers: http://www.acf.hhs.gov/programs/cb/resource/discretionary-grant-awards-2014.

the separately operating National Child Welfare Resource Center on Legal and Judicial Issues. Additionally, partial support for the Child Welfare Information Gateway, co-sponsorship of the National Center of Substance Abuse and Child Welfare, and previously awarded grants related to improving services delivery for youth in the child welfare system will continue to be supported with this PSSF funding.[111]

Report to Congress

HHS is required to report to Congress every two years on the effectiveness of the PSSF programs. The report is to discuss any technical assistance provided and, with regard to program evaluations, include funding level, status of any ongoing evaluations, and findings to date. The most recent report was submitted to Congress in April 2012 (and covered activities funded in FY2007 and FY2008).

[111] CRS communication with HHS, Office of Secretary for Legislative Affairs and HHS, Office of Legislative Affairs and Budget, September 2014.

Appendix A. Title IV-B Funding

Table A-1. Funding for the CWS and PSSF Programs, FY1990-FY2014

Nominal and constant dollars shown in millions

Fiscal Year	Child Welfare Services (CWS)	Promoting Safe and Stable Families (PSSF)	TOTAL	Child Welfare Services (CWS)	Promoting Safe and Stable Families (PSSF)	TOTAL
	Nominal dollars			*Inflation-adjusted (constant FY2013) dollars*		
1990	$253		$253	$456	*PSSF funding was not yet authorized.*	$456
1991	$274		$274	$471		$471
1992	$274		$274	$457		$457
1993	$295		$295	$477		$477
1994	$295	$60	$355	$465	$95	$559
1995	$292	$150	$442	$448	$230	$678
1996	$277	$225	$502	$414	$336	$750
1997	$292	$240	$532	$424	$349	$773
1998	$292	$255	$547	$418	$365	$783
1999	$292	$275	$567	$409	$386	$795
2000	$292	$295	$587	$397	$401	$799
2001	$292	$305	$597	$385	$402	$787
2002	$292	$375	$667	$379	$487	$866
2003	$290	$404	$694	$368	$513	$881
2004	$289	$404	$694	$359	$501	$860
2005	$290	$404	$693	$348	$484	$832
2006	$287	$434	$721	$332	$502	$834
2007	$287	$434	$721	$324	$491	$815
2008	$282	$408	$690	$305	$442	$748
2009	$282	$408	$690	$306	$444	$750
2010	$282	$408	$690	$301	$436	$737
2011	$281	$428	$709	$293	$446	$738
2012	$281	$408	$689	$285	$415	$700
2013	$263	$387	$650	$263	$387	$650
2014	$269	$380	$649	$263	$372	$636

Source: Table prepared by the Congressional Research Service (CRS) based on final program funding. Dollars were adjusted for inflation using the CPI-U for FY1990-FY2013.

Note: The Child Welfare Services program (CWS) was renamed as the Stephanie Tubbs Jones Child Welfare Services Program in 2008 (P.L. 110-351). The Promoting Safe and Stable Families program was initially authorized in FY1994 as Family Preservation and Support Services (P.L. 103-66). It was renamed Promoting Safe and Stable Families in 1997 (P.L. 105-89).

Appendix B. Services or Activities that May Be Supported Under Title IV-B

Table B-1. Description of Selected Categories of Services Used for Reporting Expenditures Under Title IV-B

CWS funds may be spent in any of the categories shown in the table. Categories specific to the PSSF programs are indicated with an * after their names. Not all categories are discrete, thus states may vary in what category they choose to report a given service provided.

Category	Aim	Target Population(s)	Kinds of Services or Activities
PREVENTION AND SUPPORT SERVICES* (Family Support)[a]	Promote the safety and well-being of children and families. Increase the strength and stability of families (including adoptive, foster, and extended families). Increase parents' competence and confidence in their parenting abilities. Afford children a safe, stable, and supportive family environment. Strengthen parental relationships and promote marriage. Enhance child development.	Any family with children.	Community-based services that include • respite care for parents and other caregivers; • early developmental screening of children to assess the needs of these children and assistance in obtaining specific services to meet their needs; • mentoring, tutoring, and health education for youth; • a range of center-based activities (informal interactions in drop-in centers, parent support groups); • services designed to increase parenting skills; and • counseling and home visiting.
PROTECTIVE SERVICES	Prevent or remedy the abuse, neglect, or exploitation of children.	Families for whom an investigation of child abuse or neglect is found necessary. Children in foster care and their families.	Services include • investigation and emergency medical services; • emergency shelter; • legal action; • developing case plans; • counseling; • assessment/evaluation of family circumstances; • arranging alternative living arrangements; • preparing for foster care placement, if needed; and • case management and referral to service providers.

Category	Aim	Target Population(s)	Kinds of Services or Activities
CRISIS INTERVENTION* (Family Preservation)[b]	Prevent the unnecessary removal of children from their families. Help children in foster care—as appropriate—to be reunited with families from which they have been removed or to be placed for adoption or legal guardianship.	Biological, extended, and adoptive families with children who are at risk of being placed in foster care. Children in foster care and their families.	Pre-placement prevention includes • intensive family preservation services; • post-adoptive support services; • case management; • counseling; • day care; • respite services; • homemaker services; • services designed to increase parenting skills with respect to family budgeting, coping with stress, and health and nutrition. Reunification services include • day care; • homemaker or caretaker services; • family or individual counseling for parent(s) and child; • follow-up care for families to whom a child has been returned after placement; and • other reunification services the state identifies as necessary.
TIME-LIMITED FAMILY REUNIFICATION SERVICES*	Permit timely reunification of children removed from their homes.	Children in foster care for no more than 17 months[c] and their parents or primary caregivers.	Services include • individual, group, and family counseling; • inpatient, residential, or outpatient substance abuse treatment services; • mental health services; • assistance to address domestic violence; • temporary child care and therapeutic services for families, including crisis nurseries; • peer-to-peer mentoring and support groups for parents and primary caregivers;[d] • activities designed to facilitate access to and visitation of children by parents and siblings[d]; and • transportation to or from any of these services and activities.

Category	Aim	Target Population(s)	Kinds of Services or Activities
ADOPTION PROMOTION AND SUPPORT*	Encourage more adoptions out of the foster care system, when such adoptions promote the best interests of children.	Children in foster care; prospective adoptive parents; adoptive parents and their adopted children.	Services include • pre- and post-adoptive services; • activities to expedite the adoption process; and • activities to support adoptive families.
FOSTER CARE MAINTENANCE PAYMENTS (States are restricted in the amount of CWS funds they may use for this purpose.)	Provide income for support of children and youth in foster care.	Children in foster care.	Payments to cover cost of the following items, including the cost of providing them • food, clothing, shelter, and daily supervision; • school supplies; • a child's personal incidentals; • liability insurance with respect to a child; • reasonable travel to allow the child to remain in school where he or she was enrolled at time of placement; and • reasonable travel to allow visits to the child's home. For children in group or institutional placement settings, "reasonable costs of administration of the institution or group home" is also included.
ADOPTION SUBSIDY PAYMENTS (States are restricted in the amount of CWS funds they may use for this purpose.)	Enable adoptions for children who have special needs.[e]	Children who have special needs (primarily, children who are adopted from foster care).	One-time payment to adoptive parents to cover nonrecurring costs of finalizing an adoption. Recurring payments to adoptive parents to assist in the support of children with special needs.
FOSTER or ADOPTIVE PARENTS TRAINING and RECRUITMENT[f]	Increase number and quality of foster and adoptive homes available.	Prospective foster and adoptive parents and individuals who are already foster or adoptive parents.	Cost of activities related to recruiting potential foster or adoptive parents and costs of providing short-term training to increase ability of foster or adoptive parents to provide assistance and support to foster and adoptive children.
STAFF and EXTERNAL PARTNER TRAINING	Increase ability of staff and external partners to provide assistance to children and families.	Public agency staff and other individuals working with the public agency.	Cost of short- and long-term training to increase the ability of staff and external partner to provide assistance and support to children and families.

Category	Aim	Target Population(s)	Kinds of Services or Activities
OTHER SERVICE-RELATED ACTIVITIES*	Improved planning, coordination, and delivery of services to children and families.	Not applicable.	Activities include • planning; • services coordination; • preparation for or follow-up to service delivery (e.g., recording progress notes); and • other activities supporting delivery of services under the program (but *excluding* direct services or administration).
ADMINISTRATIVE COSTS* [g]	Administer program	Not applicable	Under both CWS and PSSF, includes procurement, payroll processing, personnel functions, management, maintenance and operation of space and property, data processing and computer services, accounting, budgeting, and auditing. Under CWS, also includes travel expenses, *except that it excludes* travel expenses related to provision of services by caseworkers or the oversight of CWS funded programs. Further, the reference to "personnel functions" *excludes* costs related to provision of services by caseworkers or the oversight of programs funded under the CWS.[g] Under PSSF, also includes indirect costs allocable in accordance with the agency's approved cost allocation plan.[g]

Source: Table prepared by the Congressional Research Service (CRS) based on U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), ACYF-CB-PI-12-05 issued April 11, 2012, Attachment B.

Note: Other categories described in the guidance but not described in this table are Guardianship Assistance Payments, Independent Living Services, and Education and Training Vouchers.

a. Although not explicitly stated in the guidance, states are permitted to spend "family support" funds "to strengthen parental relationships and promote healthy marriages." See Section 431(2), which provides a statutory definition of "family support services " for purposes of the PSSF program.

b. "Family preservation services" are defined in statute for purposes of the PSSF program (Section 431(1)). The statutory definition does not divide services by pre-placement and reunification, but this is the way in which they are presented in guidance to states. In addition to those given in the guidance, and shown in the table above, the statutory definition includes "child development" as one of the topics related to parenting skills training (Section 431(1)(E)). Finally, although this is not shown in the guidance (or in the table above), the statute permits states to spend funds under this category for "infant safe haven programs to provide a way for a parent to safely relinquish a newborn infant at a safe haven designated pursuant to a State law" (Section 431(1)(F).

c. Seventeen months is a *maximum* time frame; for some children the time frame may be as short as 15 months. Section 431(7) stipulates that these services may be made "during the 15-month period that begins on the date a child is considered to have entered foster care pursuant to Section 475(5)(F)." Under Section 475(5)(F) of the law, a child is considered to have entered foster care on the earlier of (1) the date of the first judicial finding that the child has been subjected to child abuse or neglect; or (2) 60 days after the child is removed from his/her home.

d. This service or activity was added to the statute (Section 431(7)) by P.L. 112-34 (enacted 2011), although it is not shown in the guidance.

e. "Special needs" in the context of children adopted with public child welfare agency involvement generally means that a state has determined that the child is unlikely to be successfully placed for adoption without

provision of adoption subsidy (and medical assistance) and that the child has a factor or condition (e.g., child is older, part of a large sibling group, or has a mental or emotional disability) that makes this the case. States are permitted to define these special needs factors or conditions. See Section 474(3)(c).

f. Although shown as one category in this table, states are asked to report separately on funds used for training and recruitment of foster parents and funds used for training and recruitment of adoptive parents.

g. For the statutory definition of CWS administrative costs, see Section 422(c)(1). For the regulatory definition of PSSF administrative costs, see 45 C.F.R. 1357.32(h).

Appendix C. Title IV-B Funding by State

Table C-1.Title IV-B Funding by State, FY2014

Nominal dollars in thousands

State	Stephanie Tubbs Jones Child Welfare Services (CWS)	Promoting Safe and Stable Families (PSSF) for Child and Family Services	PSSF for improved caseworker visits	Subtotal CWS and PSSF to state child welfare agency	PSSF for Court Improvement Program (CIP) to state highest court	TOTAL Title IV-B
Alabama	$4,659	$5,794	$365	$10,817	$491	$11,309
Alaska	$194	$558	$35	$788	$294	$1,081
Arizona	$5,643	$7,492	$472	$13,606	$591	$14,197
Arkansas	$3,008	$3,181	$200	$6,389	$403	$6,791
California	$30,793	$31,122	$1,959	$63,874	$2,194	$66,068
Colorado	$4,113	$3,369	$212	$7,694	$512	$8,205
Connecticut	$1,819	$2,026	$128	$3,973	$425	$4,398
Delaware	$805	$922	$58	$1,785	$299	$2,084
District of Columbia	$328	$736	$46	$1,110	$281	$1,391
Florida	$14,803	$17,586	$1,107	$33,496	$1,096	$34,592
Georgia	$9,929	$12,109	$762	$22,799	$775	$23,574
Hawaii	$1,086	$946	$60	$2,092	$318	$2,409
Idaho	$1,806	$1,549	$98	$3,453	$343	$3,796
Illinois	$10,238	$11,890	$748	$22,877	$896	$23,773
Indiana	$6,507	$5,910	$372	$12,789	$591	$13,380
Iowa	$2,742	$2,341	$147	$5,230	$409	$5,640
Kansas	$2,652	$1,930	$121	$4,703	$407	$5,110
Kentucky	$4,281	$4,688	$295	$9,264	$467	$9,731
Louisiana	$4,231	$5,892	$371	$10,494	$488	$10,982
Maine	$1,069	$1,285	$81	$2,435	$312	$2,747
Maryland	$3,753	$4,041	$254	$8,048	$537	$8,585
Massachusetts	$3,726	$4,572	$288	$8,586	$560	$9,146
Michigan	$9,020	$10,306	$649	$19,975	$736	$20,710
Minnesota	$4,182	$3,236	$204	$7,622	$522	$8,144
Mississippi	$3,241	$4,186	$263	$7,691	$411	$8,102
Missouri	$5,413	$6,131	$386	$11,930	$550	$12,480
Montana	$642	$734	$46	$1,422	$302	$1,724
Nebraska	$1,650	$1,202	$76	$2,928	$352	$3,280
Nevada	$2,563	$2,214	$139	$4,916	$391	$5,307
New Hampshire	$968	$674	$42	$1,685	$315	$1,999
New Jersey	$5,257	$4,922	$310	$10,489	$677	$11,165
New Mexico	$1,547	$2,835	$178	$4,560	$362	$4,922
New York	$11,851	$16,835	$1,060	$29,746	$1,162	$30,908
North Carolina	$9,094	$10,045	$632	$19,771	$734	$20,505
North Dakota	$441	$388	$24	$853	$289	$1,142
Ohio	$10,362	$10,845	$683	$21,890	$816	$22,706

State	Stephanie Tubbs Jones Child Welfare Services (CWS)	Promoting Safe and Stable Families (PSSF) *for Child and Family Services*	PSSF *for improved caseworker visits*	Subtotal CWS and PSSF *to state child welfare agency*	PSSF *for **Court Improvement Program** (CIP) to state highest court*	TOTAL Title IV-B
Oklahoma	$1,357	$4,003	$252	$5,612	$451	$6,062
Oregon	$3,294	$4,172	$263	$7,728	$435	$8,164
Pennsylvania	$9,777	$10,223	$643	$20,643	$843	$21,485
Rhode Island	$831	$875	$55	$1,761	$303	$2,064
South Carolina	$4,601	$5,435	$342	$10,378	$482	$10,860
South Dakota	$422	$698	$44	$1,163	$298	$1,461
Tennessee	$5,943	$7,756	$488	$14,187	$567	$14,754
Texas	$25,306	$31,298	$1,970	$58,574	$1,699	$60,272
Utah	$3,638	$2,045	$129	$5,812	$436	$6,249
Vermont	$540	$461	$29	$1,030	$283	$1,313
Virginia	$5,920	$5,568	$350	$11,839	$646	$12,485
Washington	$5,125	$6,218	$391	$11,734	$585	$12,319
West Virginia	$1,705	$1,917	$121	$3,743	$336	$4,080
Wisconsin	$4,813	$5,085	$320	$10,218	$534	$10,752
Wyoming	$427	$239	$15	$681	$283	$964
Subtotal (50 states & DC)	*$258,116*	*$290,485*	*$18,284*	*$566,884*	*$28,486*	$595,370
Territories						
American Samoa	$181	$193	$8	$382	[a]	$382
Guam	$323	$348	$18	$689	[a]	$689
Northern Mariana Islands	$150	$158	$6	$314	[a]	$314
Puerto Rico	$3,435	$3,771	$236	$7,443	$398	$7,841
Virgin Islands	$200	$213	$9	$422	[a]	$422
Subtotal to Territories	*$4,290*	*$4,683*	*$276*	*$9,250*	*$398*	*$9,648*
Tribes						
Subtotal to Tribes	*$6,329*	*$10,284*	*Not eligible*	*$16,613*	*$928* [b]	*$17,541*
Other						
Title IV-B, Subpart 1 Activities [c]						$39,984
PSSF Activities [d]						$26,100
TOTAL	**$268,735**	**$305,453**	**$18,560**	**$592,748**	**$29,812**	**$688,644**

Source: Table prepared by the Congressional Research Service (CRS). Allotments amounts by state and territory as provided to CRS by HHS, ACF, Office of Legislative Affairs and Budget (OLAB). Funding shown is distributed by statutory formula except as described in table notes b, c, and d.

a. State and territories may be eligible for Court Improvement Program grants if they have an approved Title IV-E plan (concerning foster care and adoption assistance). Puerto Rico is the only territory with such a plan.

b. Funding for Tribal Court Improvement Program grants is provided via a special reservation of PSSF funds. The funds are awarded competitively to eligible tribes, which may include those with or without a Title IV-E plan).

c. Funding for these activities is authorized or provided under Section 426 and Section 427 of the Social Security Act and is awarded competitively. These activities are Child Welfare Training, Child Welfare Research and Demonstration (which has supported the Permanency Innovation Initiative for each of FY2010-FY2014), and Family Connection Grants.

d. Funding for these activities is provided via statutory set-asides of PSSF funds and is awarded competitively. These activities are Regional Partnership Grants to Improve Outcomes for Children Affected by Parental Substance Abuse; and Research, Evaluation, and Technical Assistance related to the PSSF program/purposes.

Table C-2. Title IV-B Funding by State, FY2013

Nominal Dollars in Thousands

State	Stephanie Tubbs Jones Child Welfare Services (CWS)	Promoting Safe and Stable Families (PSSF) for Child and Family Services	PSSF for improved caseworker visits	Subtotal CWS and PSSF to state child welfare agency	PSSF for Court Improvement Program (CIP) to state highest court	TOTAL Title IV-B
Alabama	$4,558	$6,007	$380	$10,945	$502	$11,447
Alaska	$208	$559	$35	$803	$296	$1,098
Arizona	$5,503	$7,637	$483	$13,623	$606	$14,229
Arkansas	$2,936	$3,321	$210	$6,467	$409	$6,875
California	$28,998	$30,860	$1,951	$61,808	$2,280	$64,088
Colorado	$3,937	$3,288	$208	$7,432	$521	$7,953
Connecticut	$1,724	$1,945	$123	$3,792	$431	$4,224
Delaware	$770	$895	$57	$1,721	$300	$2,021
District of Columbia	$312	$736	$46	$1,094	$188	$1,282
Florida	$13,915	$17,079	$1,080	$32,074	$1,131	$33,204
Georgia	$9,619	$12,083	$764	$22,465	$794	$23,260
Hawaii	$1,049	$907	$57	$2,013	$321	$2,334
Idaho	$1,739	$1,490	$94	$3,323	$347	$3,670
Illinois	$9,965	$12,270	$776	$23,010	$928	$23,938
Indiana	$6,309	$6,039	$382	$12,730	$604	$13,334
Iowa	$2,728	$2,366	$150	$5,244	$415	$5,658
Kansas	$2,564	$1,959	$124	$4,647	$413	$5,059
Kentucky	$4,227	$5,061	$320	$9,609	$477	$10,085
Louisiana	$4,120	$6,133	$388	$10,641	$498	$11,139
Maine	$1,065	$1,347	$85	$2,497	$314	$2,812
Maryland	$3,739	$3,957	$250	$7,946	$548	$8,494
Massachusetts	$3,729	$4,619	$292	$8,640	$570	$9,210
Michigan	$8,832	$10,713	$677	$20,222	$761	$20,983
Minnesota	$4,066	$3,151	$199	$7,416	$532	$7,947
Mississippi	$3,206	$4,305	$272	$7,783	$419	$8,202
Missouri	$5,368	$6,453	$408	$12,229	$564	$12,792
Montana	$651	$752	$48	$1,451	$304	$1,755
Nebraska	$1,612	$1,240	$78	$2,931	$355	$3,286
Nevada	$2,306	$2,047	$129	$4,483	$396	$4,879
New Hampshire	$972	$659	$42	$1,673	$318	$1,990
New Jersey	$5,081	$4,672	$295	$10,049	$694	$10,743
New Mexico	$1,527	$2,865	$181	$4,574	$367	$4,941
New York	$12,131	$17,151	$1,084	$30,366	$1,202	$31,568
North Carolina	$8,770	$10,081	$637	$19,488	$754	$20,242
North Dakota	$449	$414	$26	$889	$289	$1,178
Ohio	$10,235	$11,207	$708	$22,150	$842	$22,992
Oklahoma	$1,300	$4,112	$260	$5,672	$459	$6,130
Oregon	$3,203	$4,231	$267	$7,702	$443	$8,145
Pennsylvania	$9,681	$10,379	$656	$20,716	$870	$21,586

State	Stephanie Tubbs Jones Child Welfare Services (CWS)	Promoting Safe and Stable Families (PSSF) for Child and Family Services	PSSF for improved caseworker visits	Subtotal CWS and PSSF to state child welfare agency	PSSF for Court Improvement Program (CIP) to state highest court	TOTAL Title IV-B
Rhode Island	$833	$866	$55	$1,754	$306	$2,060
South Carolina	$4,478	$5,646	$357	$10,480	$493	$10,973
South Dakota	$436	$705	$45	$1,185	$299	$1,485
Tennessee	$5,818	$8,089	$511	$14,419	$579	$14,998
Texas	$24,245	$31,656	$2,001	$57,902	$1,749	$59,651
Utah	$3,530	$2,004	$127	$5,660	$443	$6,103
Vermont	$541	$478	$30	$1,049	$284	$1,333
Virginia	$5,753	$5,533	$350	$11,636	$661	$12,298
Washington	$4,893	$6,234	$394	$11,520	$598	$12,119
West Virginia	$1,691	$2,066	$131	$3,887	$340	$4,227
Wisconsin	$4,744	$5,111	$323	$10,179	$545	$10,724
Wyoming	$383	$244	$15	$642	$284	$926
Subtotal to 50 states & DC	*$250,448*	*$293,620*	*$18,560*	*$562,628*	*$29,042*	*$591,670*
Territories						
American Samoa	$294	$327	$16	$637	[a]	$637
Guam	$713	$807	$47	$1,568	[a]	$1,568
Northern Mariana Islands	$287	$319	$16	$623	[a]	$623
Puerto Rico	$4,286	$4,904	$309	$9,500	$448	$9,947
Virgin Islands	$499	$562	$32	$1,093	[a]	$1,093
Subtotal to Territories	*$6,080*	*$6,920*	*$420*	*$13,421*	*$448*	*$13,869*
Tribes						
Subtotal to Tribes	*$6,094*	*$10,473*	*not eligible*	*$16,567*	*$949* [b]	$17,516
Other						
Title IV-B, subpart 1 [c]						$38,651
PSSF activities [d]		$26,643				$26,643
TOTAL	**$262,622**	**$337,657**	**$18,980**	**$592,616**	**$30,439**	**$688,349**

Source: Table prepared by the Congressional Research Service (CRS). Allotments amounts by state and territory as provided to CRS by HHS, ACF, Office of Legislative Affairs and Budget. Funding shown is distributed by statutory formula except as described in table notes b, c, and d.

a. State and territories may be eligible for Court Improvement Program grants if they have an approved Title IV-E plan (concerning foster care and adoption assistance). Puerto Rico is the only territory with such a plan.

b. Funding for Tribal Court Improvement Program grants is provided via a special reservation of PSSF funds. The funds are awarded competitively to eligible tribes, which may include those with or without a Title IV-E plan).

c. Funding for these activities is authorized or provided under Section 426 and Section 427 of the Social Security Act and is awarded competitively. These activities are Child Welfare Training, Child Welfare Research and Demonstration (which has supported the Permanency Innovation Initiative for each of FY2010-FY2014), and Family Connection Grants.

d. Funding for these activities is provided via statutory set-asides of PSSF funds and is awarded competitively. These activities are Regional Partnership Grants to Improve Outcomes for Children Affected by Parental Substance Abuse; and Research, Evaluation, and Technical Assistance related to the PSSF program/purposes.

Appendix D. Promoting Safe and Stable Families Program Funding History and Reservations

Table D-1. PSSF Funding by Kind of Authority and Purpose, FY1994-FY2014

Nominal dollars in millions; NA = not authorized

Fiscal Year	TOTAL Funding	Funding by Kind of Appropriation Authority[a]		Funding Provided by Activity and Entity Funded					
				Court Improvement	*Research and Evaluation*	Targeted Purposes		*Child and Family Services*	
						Address Substance Abuse	*Improve Caseworker Visits*		
		Mandatory	Discretionary	Courts[b]	HHS	Regional Partner-ships	States and Territories	Indian Tribes	States and Territories
1994	$60.0	$60.0	NA	NA	$2.0	NA	NA	$0.6	$57.4
1995	150.0	150.0	NA	$5.0	6.0	NA	NA	1.5	137.5
1996	225.0	225.0	NA	10.0	6.0	NA	NA	2.3	206.8
1997	240.0	240.0	NA	10.0	6.0	NA	NA	2.4	221.6
1998	255.0	255.0	NA	10.0	6.0	NA	NA	2.6	236.5
1999	275.0	275.0	NA	10.0	6.0	NA	NA	2.8	256.3
2000	295.0	295.0	NA	10.0	6.0	NA	NA	3.0	276.1
2001	305.0	305.0	NA	10.0	6.0	NA	NA	3.1	286.0
2002	375.0	305.0	70.0	12.3	8.3	NA	NA	4.4	349.9
2003	404.4	305.0	99.4	13.3	9.3	NA	NA	5.0	376.8
2004	404.4	305.0	99.4	13.3	9.3	NA	NA	5.0	376.8
2005	403.6	305.0	98.6	13.3	9.3	NA	NA	5.0	376.1
2006	434.0	345.0	89.0	12.9	8.9	NA	$40.0	4.8	367.3
2007	434.1	345.0	89.1	12.9	8.9	$40.0	0.0	11.8	360.4
2008	408.3	345.0	63.3	12.1	8.1	35.0	5.0	11.0	337.1
2009	408.3	345.0	63.3	12.1	8.1	30.0	10.0	11.0	337.1
2010	408.3	345.0	63.3	12.1	8.1	20.0	20.0	11.0	337.1
2011	428.2	365.0	63.2	32.1	8.1	20.0	20.0	11.6	336.4
2012	408.1	345.0	63.1	32.1	8.1	20.0	20.0	11.0	316.9
2013	387.1	327.4	59.7	30.4	7.7	18.9	18.9	10.5	300.5
2014	380.0	320.2	59.8	29.8	7.5	18.6	18.6	10.3	295.2

Source: Table prepared by the Congressional Research Service (CRS). Parts may not sum to total due to rounding.

a. The amount of funding provided under mandatory authority is generally the same as the mandatory authorization provided in statute for each of the given years. However, the mandatory funding provided for FY2013 and FY2014 fell below the annual authorized level of $345 million due to sequestration. Annual discretionary funding authority of $200 million has been included in the act for every year beginning with FY2002. Congress has chosen to appropriate lower levels. Additionally, the FY2013 discretionary funding was subject to sequestration.

b. Funding shown in this column reflects only those dollars reserved for the Court Improvement Program (CIP) out of the PSSF program funding. For each of FY2006-FY2010, the Deficit Reduction Act of 2005 (P.L. 109-171) appropriated an additional $20 million for CIP. See Table E-1, in Appendix E, for total CIP funding

in each year. Beginning with FY2012, $1 million of these funds are reserved for competitive grants to tribal highest courts.

Table D-2. PSSF Annual Funding Authorization and Distribution, FY2012-FY2016

Entity Receiving Funds	Activity (Permanent set-aside authority or expiration)	Mandatory Funds Reserved	Discretionary Funds Reserved	*Total Funds Authorized*
HHS	Program-related training, technical assistance, and evaluation (permanent)	$6 million	3.3% of any discretionary funds provided	*$13 million*
State or tribal highest courts	Court Improvement Program (CIP) (permanent)	$30 million (of which $1 million is reserved for tribal courts)	3.3% of any discretionary funds provided	*$37 million*
States and territories	Targeted Purpose: Grants to improve monthly caseworker visits (FY2016)	$20 million	*No discretionary funds reserved*	*$20 million*
Regional Partnerships	Targeted Purpose: Grants to improve the well-being of children in, or at risk of entering, foster care because of parent /caretaker substance abuse (FY2016)	$20 million	*No discretionary funds reserved*	*$20 million*
Tribal entities	Child and family services (permanent)	3.0% of all mandatory funds *except* those for regional partner-ships and monthly caseworker visits.[a]	3.0% of any discretionary funds provided	*$16 million*
States and territories	Child and family services	Remaining funds	Remaining funds	*$460 million*
TOTAL	**All activities**	**$345 million**	**$200 million**	***$545 million***

Source: Table prepared by Congressional Research Service (CRS) based on statutory requirements for reservation of PSSF funds included in Sections 436 and 437 of the Social Security Act.

a. The statute provides that the 3% set-aside of mandatory funds for tribes must happen *after* the reservation of funds for targeted purposes but before all other PSSF reservations of mandatory funds.

Appendix E. Court Improvement Program (CIP): Funding History and Funding by Grant Type and State

Table E-1. Funding Authority and Appropriations for the Court Improvement Program, FY1995-FY2014

Nominal Dollars; NA = Not Authorized or Appropriated

Fiscal Year	CIP Funds Authorized as Set-Aside from PSSF	Funds Appropriated for CIP		
		PSSF Set-Aside	*Deficit Reduction Act of 2005 funds*	*TOTAL*
1995	$5 million	$5 million	NA	$5 million
1996	$10 million	$10 million	NA	$10 million
1997	$10 million	$10 million	NA	$10 million
1998	$10 million	$10 million	NA	$10 million
1999	$10 million	$10 million	NA	$10 million
2000	$10 million	$10 million	NA	$10 million
2001	$10 million	$10 million	NA	$10 million
2002	$16.6 million	$12.3 million	NA	$12.3 million
2003	$16.6 million	$13.3 million	NA	$13.3 million
2004	$16.6 million	$13.3 million	NA	$13.3 million
2005	$16.6 million	$13.3 million	NA	$13.3 million
2006	$16.6 million	$12.9 million	$ 20 million	$32.9 million
2007	$16.6 million	$12.1 million	$ 20 million	$32.1 million
2008	$16.6 million	$12.1 million	$ 20 million	$32.1 million
2009	$16.6 million	$12.1 million	$ 20 million	$32.1 million
2010	$16.6 million	$12.1 million	$ 20 million	$32.1 million
2011	$36.6 million	$32.1 million	NA	$32.1 million
2012	$36.6 million	$32.1 million	NA	$32.1 million
2013	$36.6 million	$30.4 million	NA	$30.4 million
2014	$36.6 million	$29.8 million	NA	$29.8 million

Source: Table prepared by the Congressional Research Service (CRS).

Table E-2. Funding Awarded by CIP Purpose and State, FY2014

Nominal dollars

State	Basic	Data	Training	Total
Alabama	$174,261	$158,474	$158,474	$491,209
Alaska	$99,572	$96,995	$96,995	$293,562
Arizona	$212,039	$189,570	$189,570	$591,179
Arkansas	$140,804	$130,934	$130,934	$402,672
California	$817,657	$688,081	$688,081	$2,193,819
Colorado	$182,012	$164,854	$164,854	$511,720
Connecticut	$149,059	$137,730	$137,730	$424,519
Delaware	$101,481	$98,566	$98,566	$298,613
District of Columbia	$94,670	$92,959	$92,959	$280,588
Florida	$402,933	$346,703	$346,703	$1,096,339
Georgia	$281,373	$246,642	$246,642	$774,657
Hawaii	$108,687	$104,497	$104,497	$317,681
Idaho	$118,197	$112,326	$112,326	$342,849
Illinois	$327,235	$284,392	$284,392	$896,019
Indiana	$211,847	$189,413	$189,413	$590,673
Iowa	$143,208	$132,913	$132,913	$409,034
Kansas	$142,385	$132,235	$132,235	$406,855
Kentucky	$165,244	$151,052	$151,052	$467,348
Louisiana	$173,005	$157,440	$157,440	$487,885
Maine	$106,459	$102,664	$102,664	$311,787
Maryland	$191,622	$172,764	$172,764	$537,150
Massachusetts	$200,313	$179,918	$179,918	$560,149
Michigan	$266,601	$234,482	$234,482	$735,565
Minnesota	$186,004	$168,140	$168,140	$522,284
Mississippi	$144,035	$133,594	$133,594	$411,223
Missouri	$196,448	$176,737	$176,737	$549,922
Montana	$102,756	$99,616	$99,616	$301,988
Nebraska	$121,799	$115,290	$115,290	$352,379
Nevada	$136,337	$127,257	$127,257	$390,851
New Hampshire	$107,518	$103,536	$103,536	$314,590
New Jersey	$244,364	$216,178	$216,178	$676,720
New Mexico	$125,424	$118,274	$118,274	$361,972
New York	$427,693	$367,083	$367,083	$1,161,859
North Carolina	$266,136	$234,100	$234,100	$734,336
North Dakota	$97,768	$95,509	$95,509	$288,786
Ohio	$296,842	$259,375	$259,375	$815,592
Oklahoma	$158,903	$145,832	$145,832	$450,567
Oregon	$153,070	$141,031	$141,031	$435,132
Pennsylvania	$307,091	$267,811	$267,811	$842,713
Rhode Island	$103,260	$100,030	$100,030	$303,320

State	Basic	Data	Training	Total
South Carolina	$170,796	$155,621	$155,621	$482,038
South Dakota	$101,252	$98,378	$98,378	$298,008
Tennessee	$202,831	$181,991	$181,991	$566,813
Texas	$630,637	$534,133	$534,133	$1,698,903
Utah	$153,567	$141,441	$141,441	$436,449
Vermont	$95,571	$93,701	$93,701	$282,973
Virginia	$232,918	$206,757	$206,757	$646,432
Washington	$209,645	$187,600	$187,600	$584,845
West Virginia	$115,713	$110,281	$110,281	$336,275
Wisconsin	$190,393	$171,753	$171,753	$533,899
Wyoming	$95,705	$93,811	$93,811	$283,327
Territories—Puerto Rico	$139,105	$129,536	$129,536	$398,177
Subtotal—CIP distributed by formula to eligible states and territories	**$10,324,245**	**$9,280,000**	**$9,280,000**	**$28,884,245**
Tribal—CIP competitively awarded to eligible tribal entities				$928,000
TOTAL Court Improvement				**$29,812,245**

Source: Table prepared by the Congressional Research Service (CRS) based on allocation amounts, by purpose and state, received from HHS, ACF, OLAB, September 2014.

Table E-3. Funding Awarded by CIP Purpose and State, FY2013

Nominal dollars. A blank cell indicates the state did not seek funds for this purpose in the given fiscal year.

State	Basic	Data	Training	TOTAL
Alabama	$177,098	$163,080	$161,671	$501,849
Alaska	$100,157	$97,850	$97,618	$295,625
Arizona	$215,894	$195,970	$193,968	$605,832
Arkansas	$142,349	$133,619	$132,742	$408,710
California	$840,365	$725,392	$713,835	$2,279,592
Colorado	$184,188	$169,090	$167,573	$520,851
Connecticut	$150,829	$140,808	$139,802	$431,439
Delaware	$101,862	$99,295	$99,037	$300,194
District of Columbia	$94,622		$93,011	$187,633
Florida	$411,730	$361,998	$357,000	$1,130,728
Georgia	$286,244	$255,613	$252,535	$794,392
Hawaii	$109,575	$105,834	$105,458	$320,867
Idaho	$119,186	$113,982	$113,459	$346,627
Illinois	$335,963	$297,763	$293,925	$927,651
Indiana	$215,357	$195,514	$193,520	$604,391
Iowa	$144,555	$135,490	$134,579	$414,624
Kansas	$143,782	$134,834	$133,935	$412,551
Kentucky	$167,732	$155,139	$153,874	$476,745

State	Basic	Data	Training	TOTAL
Louisiana	$175,741	$161,928	$160,540	$498,209
Maine	$107,193	$103,814	$103,475	$314,482
Maryland	$194,375	$177,726	$176,053	$548,154
Massachusetts	$202,615	$184,712	$182,913	$570,240
Michigan	$273,894	$245,142	$242,253	$761,289
Minnesota	$188,178	$172,473	$170,894	$531,545
Mississippi	$146,144	$136,838	$135,902	$418,884
Missouri	$200,115	$182,593	$180,832	$563,540
Montana	$103,213	$100,441	$100,162	$303,816
Nebraska	$122,360	$116,673	$116,102	$355,135
Nevada	$137,751	$129,722	$128,915	$396,388
New Hampshire	$108,335	$104,784	$104,427	$317,546
New Jersey	$248,870	$223,926	$221,420	$694,216
New Mexico	$126,926	$120,544	$119,903	$367,373
New York	$438,295	$384,519	$379,114	$1,201,928
North Carolina	$271,179	$242,840	$239,992	$754,011
North Dakota	$97,814	$95,863	$95,667	$289,344
Ohio	$304,117	$270,765	$267,413	$842,295
Oklahoma	$160,984	$149,418	$148,256	$458,658
Oregon	$155,209	$144,523	$143,449	$443,181
Pennsylvania	$314,298	$279,396	$275,889	$869,583
Rhode Island	$103,987	$101,097	$100,807	$305,891
South Carolina	$173,868	$160,341	$158,982	$493,191
South Dakota	$101,515	$99,001	$98,748	$299,264
Tennessee	$205,875	$187,476	$185,627	$578,978
Texas	$642,277	$557,452	$548,928	$1,748,657
Utah	$155,006	$144,350	$143,279	$442,635
Vermont	$95,918	$94,257	$94,090	$284,265
Virginia	$236,624	$213,545	$211,226	$661,395
Washington	$213,063	$193,571	$191,612	$598,246
West Virginia	$116,719	$111,890	$111,405	$340,014
Wisconsin	$193,368	$176,873	$175,215	$545,456
Wyoming	$95,948	$94,281	$94,113	$284,342
Territories—Puerto Rico	$156,898	$145,955	$144,855	$447,708
Subtotal—CIP distributed by formula to eligible states and territories	***$10,510,160***	***$9,490,000***	***$9,490,000***	***$29,490,160***
Tribal—CIP competitively awarded to eligible tribal entities				$949,000
TOTAL Court Improvement				**$30,439,160**

Source: Table prepared by the Congressional Research Service (CRS) based on final allocation amounts received from HHS, ACF, OLAB, September 2014.

Appendix F. Regional Partnership Grants

Table F-1. Performance Indicators for Regional Partnership Grants.

Domain	Performance Indicator
Safety	**Children remain at home**: Percentage of children identified as at risk of removal from the home who are able to remain in the custody of a parent or caregiver through RPG case closure **Occurrence of child maltreatment:** Percentage of children who had an initial occurrence and/or recurrence of substantiated/indicated child maltreatment within 6, 12, 18, and 24 months after enrolling in the RPG program
Permanency	**Average length of stay in foster care**: For children discharged from foster care, their average length of stay (in days) from date of most recent entry into such care until date of discharge **Re-entries to foster care placement**: Percentage of children returned home from foster care that re-entered foster care in less than 6, 12, 18, and 24 months **Timeliness of reunification**: Percentage of children who were reunified in less than 12 months from the date of the most recent entry into foster care **Timeliness of permanency**: Of children placed in foster care, percentage of children who, in less than 24 months from the date of the most recent foster care placement, achieved: (1) a finalized adoption or (2) legal guardianship
Recovery	**Access to treatment:** Percentage of parents or caregivers who were able to access timely and appropriate substance abuse treatment; number of days between program entry and treatment entry **Retention in substance abuse treatment:** Percentage of parents or caregivers referred to substance abuse treatment who remained until treatment completion; average length of stay in treatment for referred parents or caregivers **Substance use:** Percentage of parents or caregivers in substance abuse treatment who report a reduction in substance use, as measured by number of days of use in past 30 days at treatment intake and discharge **Parents or caregivers connected to supportive services:** Percentage of parents or caregivers who were assessed for and received supportive services that include (1) primary medical care, (2) dental care, (3) mental health, (4) child care, (5) transportation, (6) housing assistance, (7) parenting training/child development education, (8) domestic violence services, (9) employment/vocational education or training, (10) continuing care/recovery support services, (11) alternative therapies/natural healing practices, and (12) other supportive services **Employment:** Percentage of parents or caregivers participating in substance abuse treatment who are (1) employed full time, (2) employed part time, and (3) currently enrolled in an educational or vocational training program **Criminal behavior:** Percentage of parents or caregivers who show a decrease in criminal behavior
Child, Adult and Family Well-Being	**Prevention of substance-exposed newborns**: Percentage of pregnant women who had a substance exposed newborn (first or subsequent), as detected at birth **Children connected to supportive services**: Percentage of children who were assessed for and received the following supportive services: developmental services, mental health or counseling, primary pediatric care, substance abuse prevention and education, substance abuse treatment, educational services, and other supportive services **Improved child well-being**: Percentage of children who show an increase in socio-emotional, behavioral, developmental, and/or cognitive functioning **Adult mental health status:** Percentage of parents or caregivers who show an improvement in mental health functioning

Domain	Performance Indicator
	Parenting capacity: Percentage of parents or caregivers who demonstrate increased parental capacity to provide for their children's needs and family's well-being **Family relationships and functioning:** Percentage of parents or caregivers who show improved parent-child and other family interactions **Risk and protective factors:** Percentage of parents or caregivers who show a decrease in risk factors associated with reasons for service and/or an increase in protective factors to prevent child maltreatment
Systems Collaboration	**Coordinated case management:** Percentage of families who receive appropriate, coordinated case management services. Percentage of families who (1) report active involvement in various aspects of the case planning process, including identifying strengths, needs, and needed services, and establishing and evaluating progress toward goals; (2) receive joint case management services coordinated between a substance abuse treatment provider and a child welfare agency, and (3) receive a cross-agency assessment conference every 90 days or less **Substance abuse education and training for foster care parents and other substitute caregivers:** Percentage of foster parents or substitute caregivers who received education and training about (1) addiction and substance abuse treatment, (2) special needs of children who have suffered from maltreatment and whose parents have a substance use disorder, and (3) family recovery issues **Collaborative capacity:** Regions have new or increased ability to address parental or caregiver substance abuse and its effect on children, as measured by increased cross-systems understanding and collaborative activities **Capacity to serve families:** Regions have new or increased capacity to serve families in which a parent or caregiver has an identified substance use disorder and there is current or potential involvement with the child welfare system: (1) percentage of regional partnership member agencies that increased the number of appropriate treatment programs for the targeted region, and (2) among those partner agencies, increase in the number or percentage of families served or the number or percentage of treatment slots available in the targeted region

Source: Table 7 of HHS, ACF, ACYF, *Third Annual Report* (on regional partnership grants), available at http://www.cffutures.org/projects/rpg.

HHS Notes: The 23 performance measures were established through a detailed legislatively mandated consultative process involving the Children's Bureau, SAMHSA, the ACF Office of Planning, Research and Evaluation (OPRE), the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE), the HHS Office of the Assistant Secretary for Resources and Technology (ASRT), and representatives of the regional partnership grantees. See the First Report to Congress for a description of the consultative process, http://www.acf.hhs.gov/programs/cb/pubs/targeted_grants/targeted_grants.pdf

Children and Adults Served

Most of the children served lived at home with their parent or other caretaker (71%) and did not enter foster care during the time they were served by the regional partnerships.[112] A sizeable share of children served (39%) had a past history of child maltreatment that was not associated with their current enrollment in the regional partnership grant program. The average age of children served was 5.7 years, although close to half (47%) were three years of age or younger. Among children served, close to 44% were white, a little more than 21% were Hispanic, more

[112] HHS, *Third Annual Report* regional partnership grants, p. 95.

than 16% were black, 13% were Alaska Native or American Indian, close to 5% were of two or more races, and a more than 1% were Asian, Native Hawaiian, or Other Pacific Islander.[113]

The majority of adults served were women (73%), the biological parent of a child served in the program (71% mothers; 20% fathers), the child's primary caregiver (81%), and never married (55%) or currently separated/divorced (19%). Many (40%) had less than 12 years of education, although the majority (56%) had 12 to 15 years of schooling. Close to half (47%) were unemployed, 29% were not in the labor force, and the remaining share (24%) had full or part-time employment. A sizeable minority (37%) noted public assistance as their primary source of income or support and roughly equal shares cited no primary source of income (27%) or wages/salaries (27%). The race/ethnicity of the adults served was 62% white, 15% Hispanic, 12% black, 9% Alaska Native/American Indian, a little more than 1% Asian, Native Hawaiian/Other Pacific Islander, and a little less than 1% two or more races.[114]

Most served adults (71%) received substance abuse services, although not all the served adults needed such services (e.g., adult family members of a primary caregiver needing treatment). For served adults who needed substance abuse services, the primary substance problem at admission to treatment for adults was methamphetamine (32%), marijuana (21%), alcohol (19%), heroin/opiates (16 %), cocaine/crack (10%), and "other" (3%).[115]

Findings Related to Performance Indicators as of Program Year Four

Safety of Children

Most children were in their own homes when they entered program services, and of those children the large majority (93%) continued to live at home. Across the full four years of the project, 4.3% of children served experienced a recurrence of maltreatment within 6 months of entering the program and 9.4% experienced maltreatment within 24 months of entry. Efforts to keep children served by the regional partnership program safe appear to have improved as the program advanced. Among those children, recurrence of maltreatment (within six months) became less common over the four years (declining from 6.5% of children served in year one of the grant program to 3.4% in year four).[116]

Permanency for Children

As noted earlier, most children served in the program were not in, or did not enter, foster care. However, a sizeable minority (close to 30%) were served in foster care during the first four years of the grant program. Among those children, the median length of stay in foster care was nine

[113] Ibid, p. 88. Hispanics may be of any race but for purpose of this discussion are not included in any category other than "Hispanic."

[114] Ibid, p. 89-92. Hispanics may be of any race but for purpose of this discussion are not included in any category other than "Hispanic."

[115] Ibid, p. 113.

[116] HHS, *Third Annual Report* (on regional partnership grants), pp. 94-100. Among children in the regional partnership states, generally 5.5% of children were reported as experiencing a recurrence of maltreatment within 6 months.

months, and that median decreased over the course of the regional partnership grant. The most common reason for leaving foster care was to be reunited with parents, and 70% of those leaving to be reunited did so in 12 months or less. Among the children served who were in foster care, 12% exited to a new permanent home through adoption or legal guardianship. Most of these children did so within 24 months of entering foster care (53% of those leaving to adoption and 85% of those leaving to legal guardianship). By comparison, just 32% of foster children in the regional partnership grant states who left care for adoption did so in 24 months or less. Among the children who were discharged from foster care 7.5% re-entered care within 24 months across the four years. The re-entry rate showed a steady decline across the four-year project period studied, changing from 9.8% in year one to 3.5% in year four. [117]

Promote and Sustain Recovery for Adults

Generally, adults served were able to access substance abuse treatment services quickly, on average within 11 days of entering a regional partnership grant program. Further, once in treatment, they remained for four months on average. The percentage completing treatment (36.6%), however, was roughly the same as the percentage dropping out of treatment before completion (35.1%). Nonetheless, the large majority of adults served in the regional partnership program (between 72% and 82% depending on the substance) reported reduced substance use from treatment admission to discharge. Along with reduced substance use, two-thirds of the adults (66%) served by regional partnership grants showed reduced criminal behavior and the percentage who were employed rose from 30.2% to 42.5%.The large majority of served adults received key supportive services including transportation (88%); continuing care (88%); parenting training and education (86%); mental health services (83%); primary medical care services (79%); services to address domestic violence (70%); and housing assistance, dental care, and employment or vocational training (68% for each). [118]

Well-Being

The measurement of well-being is less standardized than other measures discussed. Many grantees used some core checklists or standardized measures but, in general, there was wide variety in measurement. Highlights of grantee findings include the following:[119]

Children

Regional partnership grantees found that children entering the program had significant physical, social, cognitive, and behavioral challenges. The majority of children received supportive services in the program, including primary pediatric care, substance abuse prevention and education, mental health or counseling services, educational services, developmental services, and substance abuse treatment. At their entry to the program, 27.0% of children served were given a "strength" rating for overall well-being; this increased to 57% by the time the child left the program.

[117] Ibid, pp. 101-110. The percentage of children exiting to reunification within 12 months of entry to foster care was roughly on par with comparable percentage for all foster care children served in the regional partnership states.

[118] Ibid, pp. 112-133.

[119] Ibid, pp. 135-171, see especially Table 24.

Adults

At entry to the program, 75% of adults served showed clinical levels of stress related to life situations or circumstances and 19.5% showed this stress level related to their role of being a parent. Additionally, 39% exhibited mild to severe depression symptoms. Between entry and discharge, regional partnership grantees reported significant decreases in parental stress, as well as reduced levels of unemployment, alcohol and drug use, legal issues, family conflict, and psychiatric symptoms; and they showed improved parental abilities.

Families

Nurturing and attachment between child and parent were seen as the greatest strength of families served, and concrete supports needed to cope with stress was the area most in need of improvement. Between entry and discharge, families showed improvements in overall family interactions, environment, and family safety.

Improve System Collaboration

The large majority (91%) of families served received coordinated case management, including—for most families with open cases for both child welfare and substance abuse treatment services—joint case management and regular cross-agency assessment. On a standardized checklist to measure collaborative strength, grantees showed continued strong improvement in each of 10 measures. With regard to service capacity, most grantees fully or nearly met or exceeded their target goals for serving children and families. Most grantees did not focus on providing substance abuse education and training for foster parents or other substitute caregivers. However, nine grantees reported providing trainings in which foster parents and other caregivers participated. Topics covered included family recovery, substance abuse and addiction, special needs of children, and others.[120]

[120] Ibid, pp. 173-184.

Appendix G. Monthly Caseworker Visits: Performance by State

A state's monthly caseworker visit percentage is calculated by comparing the total number of monthly caseworker visits the state completed during the year to the total number of caseworker visits that would have occurred in the year (if every child in foster care was visited no less often than once a month). If one child in foster care is visited more than once in a month, only one of those visits is counted for purposes of the calculation. Children in foster care who are placed in another state must be included in this calculation but children in care at age 18 or older are not.

Beginning with FY2012 each state must achieve a monthly caseworker visit percentage of 90% (95% as of FY2015). Additionally, each state must ensure that not less than 50% of the visits are conducted where the child lives. States that fail to meet one or both of these national target percentages must provide additional non-federal funding to receive their full allotment of federal funds under the CWS program. Specifically, a state that misses the target(s) by fewer than 10% must provide no less than 26% of the overall CWS funding (instead of the regular 25%) to receive its full federal CWS allotment; a state that misses the target(s) by between 10% and 20% must provide no less than 28% of the program funding; and a state that fails to meet the target(s) by 20% or more must provide not less than 30% of the CWS program funding.

Table G-1. State Monthly Caseworker Visits Percentage and Visits in Home of Child Percentage, FY2012 and FY2013

A shaded cell indicates that the national percentage was not achieved and the state was required to provide additional non-federal resources in FY2013 or FY2014 (based on FY2012 or FY2013 performance, respectively) to receive its full federal CWS allotment.

State	Monthly Case Worker Visit Percentage *must be 90% or better*		Visits Completed in Child's Residence *must be 50% or better*	
	FY2012	*FY2013*	*FY2012*	*FY2013*
Alabama	95%	97%	97%	98%
Alaska	73%	81%	67%	66%
Arizona	83%	87%	82%	83%
Arkansas	77%	79%	93%	92%
California	88%	91%	76%	77%
Colorado	96%	96%	87%	87%
Connecticut	92%	95%	79%	81%
Delaware	96%	94%	82%	80%
District of Columbia	95%	96%	98%	98%
Florida	94%	98%	98%	98%
Georgia	99%	98%	91%	91%
Hawaii	78%	82%	63%	69%
Idaho	98%	94%	82%	70%
Illinois	94%	95%	95%	96%
Indiana	93%	92%	84%	82%
Iowa	79%	76%	68%	70%

State	Monthly Case Worker Visit Percentage *must be 90% or better*		Visits Completed in Child's Residence *must be 50% or better*	
	FY2012	***FY2013***	***FY2012***	***FY2013***
Kansas	98%	95%	83%	82%
Kentucky	93%	95%	98%	99%
Louisiana	92%	95%	84%	88%
Maine	97%	97%	89%	90%
Maryland	95%	97%	70%	72%
Massachusetts	87%	87%	79%	80%
Michigan	96%	95%	85%	88%
Minnesota	80%	79%	85%	91%
Mississippi	47%	66%	83%	85%
Missouri	98%	98%	99%	99%
Montana	65%	59%	89%	86%
Nebraska	85%	94%	91%	91%
Nevada	86%	88%	77%	77%
New Hampshire	99%	98%	99%	98%
New Jersey	96%	98%	96%	96%
New Mexico	98%	99%	98%	98%
New York	95%	94%	92%	92%
North Carolina	95%	93%	89%	89%
North Dakota	91%	93%	81%	78%
Ohio	96%	96%	91%	90%
Oklahoma	93%	93%	94%	94%
Oregon	75%	70%	65%	70%
Pennsylvania	98%	97%	99%	98%
Puerto Rico	64%	62%	[a]	77%
Rhode Island	85%	81%	57%	56%
South Carolina	91%	91%	79%	76%
South Dakota	98%	97%	96%	96%
Tennessee	92%	95%	68%	71%
Texas	94%	94%	81%	82%
Utah	96%	97%	100%	100%
Vermont	91%	95%	56%	54%
Virginia	93%	95%	74%	74%
Washington	96%	94%	89%	88%
West Virginia	95%	95%	77%	75%
Wisconsin	97%	97%	89%	89%
Wyoming	98%	98%	70%	68%

Source: Table prepared by the Congressional Research Service (CRS) based on information received from HHS, ACF, OLAB in September 2014.

a. For FY2012, Puerto Rico did not report a number of visits conducted where the child lived. This meant its percentage was treated as 0% and it was subject to the full five percentage point reduction in federal financial participation on this measure.