



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

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Summary

Under Title IV-B of the Social Security Act, the federal government provides funds to states, tribes, and territories for 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 via two formula grant programs. Under the Stephanie Tubbs Jones Child Welfare Services (CWS) program, states may provide a broad range of services designed to support, preserve, and/or reunite children and their families. States are required to use funding received under the Promoting Safe and Stable Families (PSSF) program for specific categories of child and family services. Combined FY2012 funding for these two programs was \$689 million (\$281 million for CWS and \$408 million for PSSF). This represented close to 94% of the total \$730 million provided in that year for all programs and activities under Title IV-B.

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 children in foster care, including ensuring provision of certain protections for *all* children in foster care. Requirements under the PSSF program center on state planning for the delivery of child and family services, more generally, including establishment of goals and regular review of 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 more than 41% of their federal FY2010 CWS funding on that purpose. At the same time, they expected to spend close to that same share of CWS funding (more than 37%) on the four categories of child and family services for which they are *required* to use their PSSF funding.

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.

In November 2011 (P.L. 112-34), Congress extended funding authorization for the CWS and PSSF programs through the last day of FY2016. This report discusses the CWS and PSSF programs, separately, including their purposes, unique requirements, funding levels, and funding distribution. It also describes several grants and activities that are supported by funds reserved from the overall PSSF appropriation. These include the Court Improvement Program, grants to regional partnerships to improve the outcomes of children affected by parental substance abuse,

grants to improve monthly caseworker visits of children in foster care, and funds reserved to HHS for research, evaluation, training, or technical assistance.

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Introduction

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 provide a broad range of services designed to support, preserve, and/or reunite children and 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.¹ In FY2012, these two programs received combined federal funding of \$689 million, of which \$281 million was for CWS and \$408 million was for the PSSF program.

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**, but they are not discussed further in this report. Most 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).²

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

¹ Hereinafter, any mention of a section, part, or title of the law is made with reference to the Social Security Act.

² The National Random Sample Study of Child Welfare, last funded in FY2011, has been administered by the Office of Planning, Research and Evaluation (OPRE) within HHS, ACF. The Mentoring Children of Prisoners program, last funded in FY2010, was administered by the Family and Youth Services Bureau within HHS, ACF, ACYF.

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 FY2012 funding provided for Title IV-B programs and activities = \$730 million

Program (Section)	Program Purpose as Authorized in the Law	FY2012 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.	\$281 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.	\$26 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, special family finding efforts, family group decision-making meetings, and/or residential family treatment programs.	\$15 million	\$15 million appropriated annually through FY2013 (via P.L. 110-351).
National Random Sample Study of Child Welfare (a.k.a., the 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)		\$408 million (all purposes)	
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.	\$328 million	Expires with the last day of FY2016.
PSSF—Targeted Purpose: Improve 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.	\$20 million	PSSF funding set-aside expires with the last day of FY2016.
PSSF—Targeted Purpose: Improve Outcomes of Children Affected by Substance Abuse (Secs. 436(b)(5) and 437(f))	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.	\$20 million	PSSF funding set-aside expires with the last day of FY2016.
PSSF—Court Improvement Program (CIP) (Sec. 436(b)(2); Sec. 437(b)(2) and (Sec. 438)	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.	\$32 million (of which \$1 million must be provided for tribal court grants)	PSSF funding set-aside permanently authorized. ^a
PSSF—Research, Evaluation, Training and Technical Assistance (Sec. 436(b)(1); Sec 437(b)(1) and Sec. 435)	Funds reserved to HHS for support of program-related evaluation, training, research, and technical assistance.	\$8 million	PSSF funding set-aside permanently authorized.
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).

- a. Funding for the CIP is permanently set aside from the PSSF program. 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 “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.³ At the state level, the child welfare “system” consists of workers at state and county child welfare agencies who work 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 to carry out their 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, 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. 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

³ 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.

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—whether for a permanent home 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 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 be used to serve any of these children and their families if that service is related to child welfare.⁴ 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.

Figure 1 shows that allegations of abuse or neglect involving 5.9 million children were referred to child welfare agencies in FY2010 and that these agencies conducted investigations or assessments related to allegations of child abuse or neglect involving as many as 3.6 million children. More than a million of these children receive some kind of child welfare service after that investigation or assessment is completed.⁵ The large majority of those services are provided 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 1**, nationwide, fewer than half of all children in foster care on a given day meet the eligibility criteria to receive Title IV-E assistance. 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 eligible for Title IV-E assistance) 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,

⁴ Child is defined generally, for purposes of Title IV-B and Title IV-E, as under the age of 18 (Section 475(8)). However, there is no age eligibility limit applicable to the Title IV-B programs and states may provide child welfare services to individuals (who are not parents) who are age 18 or older.

⁵ If a child is the subject of more than one abuse and neglect referral, investigation, or post-investigation service, he or she is included each time in the counts described here. This “duplicate” count has been used by HHS, since it began publishing child maltreatment data in the early 1990s. 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 2010* (December 2011), p. 19

appropriate, and permanent home for the child. CWS funds may be used to provide case planning and review services to children in foster care 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).⁶

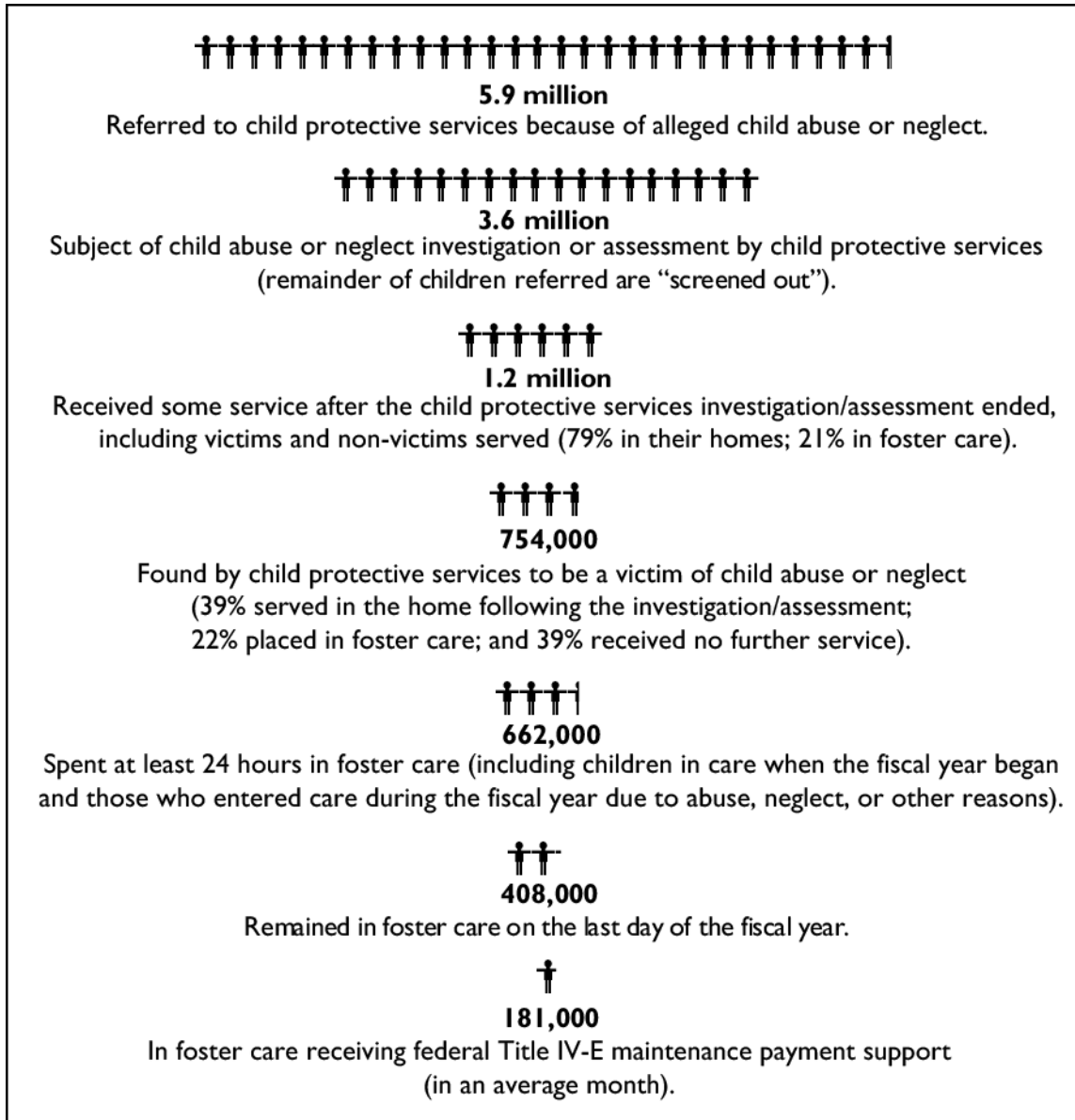
Finally, although these children are not shown in **Figure 1**, more than 250,000 children leave foster care each year. Some of these children return to their parents, others go to live with relatives, some go to new permanent homes via adoption or legal guardianship and others reach the age of majority 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.⁷

⁶ 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. This restriction applies to all children who are in foster care, and without regard to their Title IV-E eligibility status.

⁷ 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.

Figure 1. Children Brought to the Attention of Public Child Welfare Agencies

Reflects national estimates or counts based on data reported by states for FY2010



Source: Figure prepared by the Congressional Research Service (CRS) based on U.S. Department of Health and Human Services (HHS), *Child Maltreatment 2010* (December 2011); FY2010 data reported by states via the Adoption and Foster Care Analysis Reporting System (AFCARS) as of July 2011; and Title IV-E expenditure claims data as compiled by HHS, Office of Legislative Affairs and Budget, May 2011.

Note: As shown in this figure, a child is counted each time he or she was involved in an abuse or neglect referral or investigation, or was found to be a victim or received a post-investigation service. For FY2010, there were an estimated 3 million "unique" children who were the subject of an investigation or assessment and 695,000 "unique" victims. Data on the "unique" number of children included in a referral or receiving a post-investigation service are not available.

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.

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

- protect and promote the welfare of all children;
- prevent child abuse and neglect;
- 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.⁸

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).⁹ 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 \$281 million for the CWS program for FY2012.

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

⁸ 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).

⁹ For more information see, CRS Report R42027, *Child Welfare: The Child and Family Services Improvement and Innovation Act (P.L. 112-34)*. 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)*.

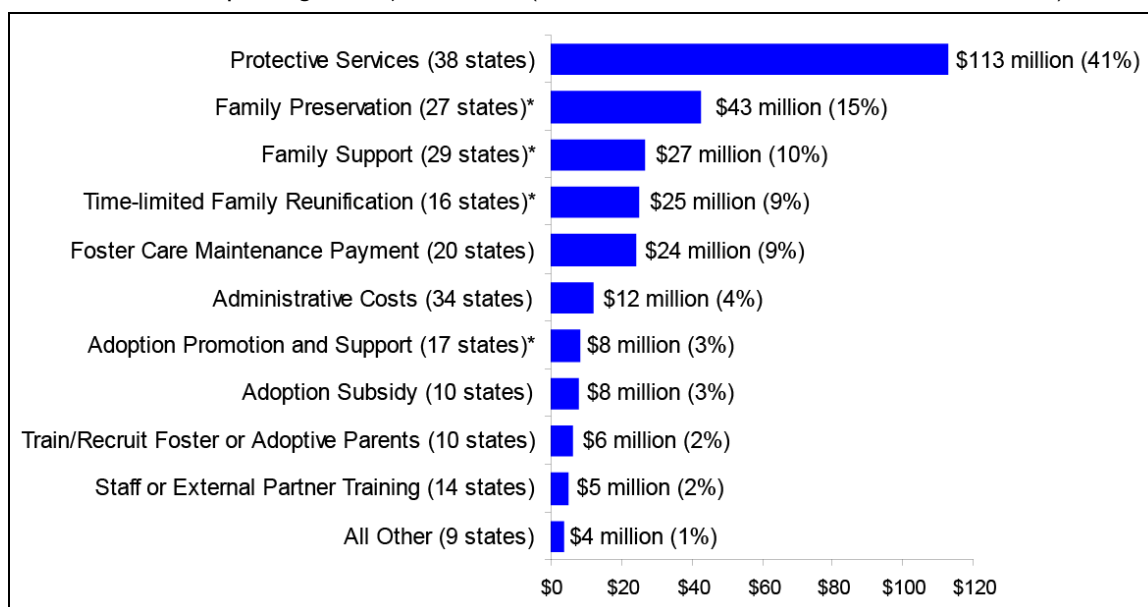
that may be used for program administration and for foster care maintenance payments, adoption assistance payments, or child care.

Combined, states planned to spend the largest single share (41%) of their FY2010 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 37% of their FY2010 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 2 depicts total state planned spending of FY2010 CWS funds by category. The “All Other” category includes spending by a few states on a range of purposes, including guardianship assistance, independent living services, child care related to employment or training of a parent/caretaker, or caseworker training and recruitment.

Figure 2. Planned Use of FY2010 Federal CWS Funds by Kind of Service or Activity

Estimated spending for 52 jurisdictions (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 (prepared 2009) and submitted as part of FY2010 funding request.

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, which is discussed below.

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.¹⁰

¹⁰ See 2012 guidance, HHS, ACF, ACYF-CB-PI-12-05 at <http://www.acf.hhs.gov/sites/default/files/cb/pi1205.pdf>.

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 less than 17 months.¹¹ 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).

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 A**.

¹¹ 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) 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.

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 FY2005.¹² 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 FY2005.¹³

Further, states are 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 *unless* the state can show that it did this in FY2005. If the state can show this, then it is permitted to count nonfederal state spending for foster care maintenance payments under the CWS. However, it may only include an annual amount of this kind of nonfederal spending for foster care maintenance payments that is equal to or less than the amount it counted for this purpose in FY2005.¹⁴

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.¹⁵ 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.¹⁶

¹² 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) for roughly three decades.

¹³ 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).

¹⁴ This requirement was added in 2006 by P.L. 109-288, which made it effective with FY2008.

¹⁵ 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)).

¹⁶ Administrative costs for purposes of the CWS program are defined in the law at Section 422(c)(1).

CWS State Plan Requirements

Federal law stipulates a series of plan requirements that states must meet in order to receive CWS funds. These requirements deal with protections and services to children in foster care; protections for other children served; program development and description; and 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 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.¹⁷

Each state is further required under the CWS plan (1) to have standards related to the frequency and quality of caseworker visits of children in foster care; (2) to 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; (3) to 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 (4) 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.¹⁸

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.

HHS cited both of these requirements in a recent 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.¹⁹ It emphasizes the importance of doing trauma-screening for

¹⁷ 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). Thus, they became mandatory for any state seeking to receive *any amount* of CWS funding.

¹⁸ Section 422(b)(7), (15), (16), and (17).

¹⁹ 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/continued...>

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 as their use with adults, and notes that these medications can have complicated side effects. Accordingly it notes that they should be “prescribed with care” and justified by documented “clinical evidence.” HHS also encourages 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).²⁰

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 developmental needs of these young children are met.²¹ 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.²²

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.²³ 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.²⁴

Finally, 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.²⁵ 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 new requirement also

(...continued)

[default/files/cb/im1204.pdf](http://www.acf.hhs.gov/sites/default/files/cb/im1204.pdf)

²⁰ Ibid, p. 7. 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>

²¹ Section 422(b)(18).

²² 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>.

²³ Section 422(b)(8)(A)(iv).

²⁴ Section 422(b)(8)(B), (11), and (12).

²⁵ Section 422(b)(19).

provides that if the data the state reports to HHS on child maltreatment-related deaths does 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).²⁶

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 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.²⁷

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.²⁸ 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.²⁹

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.³⁰

²⁶ 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>. Information submitted by the states was not yet publicly available in October 2012, however, HHS plans to post each state’s APSR online.

²⁷ Section 422(b)(3) through (6).

²⁸ 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.

²⁹ Section 422(b) (9) and (13).

³⁰ 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.

CWS Program Funding, Authorization and Distribution

Federal funding for the CWS program has been flat or in decline for most of the past 15 years. The program is authorized to receive discretionary appropriations of \$325 million each fiscal year, through FY2016. For FY2012, it received an appropriation of \$281 million.

The current CWS funding authorization level was initially set for FY1990, but Congress has never appropriated the full \$325 million authorized. Instead, funding for the CWS program peaked in FY1994 at \$295 million but has drifted down to the current \$281 million since then. Because these funding amounts are not adjusted for inflation, the actual decline in purchasing power to states is greater than the nominal dollars suggest. However, this decline in funding for the CWS program generally coincides with the period in which separate federal support for child welfare-related child and family services became available under what is now called the PSSF program. As described later in this report, that program currently provides funding to all states for some, but not all, of the purposes for which CWS funds may be used. (For the history of Title IV-B funding to states for child and family services, in both nominal and inflation-adjusted dollars, see **Appendix C.**)

Distribution of Funds

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 the tribe's (or tribes') share of the population that is under the age of 21 in the given state. In FY2012, states and territories received \$274 million in CWS funding, and the remaining \$6 million was distributed to tribes or tribal organizations. (For FY2012 allotments of Title IV-B funds by state see **Table B-1 in Appendix B.**)

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 established state-specific targets for improving the frequency of caseworker visits with children in foster care are subject to reduced federal financial participation in the CWS program. For FY2011, at least 19 jurisdictions saw their federal financial participation rate in this program lowered from 75% to 74%, 72%, or 70%, commensurate with the degree to which they failed to meet their established targets. (This provision for 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.")

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.³¹ As noted above, HHS provides funds to tribes based on the tribe’s share of a state’s 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 FY2012, 180 tribes or tribal organizations, serving children in as many as 31 states, were allotted \$6.4 million in CWS tribal funding.³²

³¹ Section 428.

³² For CWS allotment amounts by tribe see Attachment A1 of HHS, ACF, ACYF-Children’s Bureau-PI-12-06, available at <http://www.acf.hhs.gov/sites/default/files/cb/pi1206.pdf>.

Promoting Safe and Stable Families Program

Title IV-B, Subpart 2, Sections 430-437

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 established in 1993 (P.L. 103-66) to provide support to states for the provision of family preservation and family 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 additionally to 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), and most recently by the Child and Family Services Improvement and Innovation Act (2011, P.L. 112-34).³³

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 mandatory and discretionary PSSF funding authorization are set to expire on the last day of FY2016. Actual PSSF appropriations peaked at \$434 million in each of FY2006 and FY2007. Congress appropriated \$408 million for the PSSF program in FY2012 (P.L. 112-74). (**Table D-1** in **Appendix D** shows the complete funding history of the PSSF program.)

Reservation of Funds for Additional Purposes

Eighty percent or \$328 million (out of the total FY2012 PSSF appropriation of \$408 million) was provided to states, territories, and tribes for support of four specific categories of child welfare-

³³ 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.

related child and family services. The remaining FY2012 funds were distributed for additional purposes as follows – 1) grants to state and tribal highest courts under the Court Improvement Program (\$32 million, 8%); grants to regional partnerships to improve outcomes of children affected by parental substance abuse (\$20 million, 5%); grants to improve monthly caseworker visits (\$20 million, 5%); and support for research, evaluation, training and technical assistance (\$8 million, 2%).

Use of PSSF funds for purposes 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. The use and allocation of PSSF funds for child and family services is discussed immediately below and is followed by a discussion of how funds are used and allocated for the additional PSSF purposes.

Use of PSSF Funds for Child and Family Services

For FY2012, states, territories and tribes received \$328 million in federal funds to support four categories of services: 1) Family support services are meant to strengthen families and enable children to safely remain in their own homes; 2) 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. 3) 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. 4) Finally, 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.³⁴ (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.³⁵ HHS has interpreted “significant portion” to mean that states must generally spend no less than about 20% on each service category.³⁶

³⁴ 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).

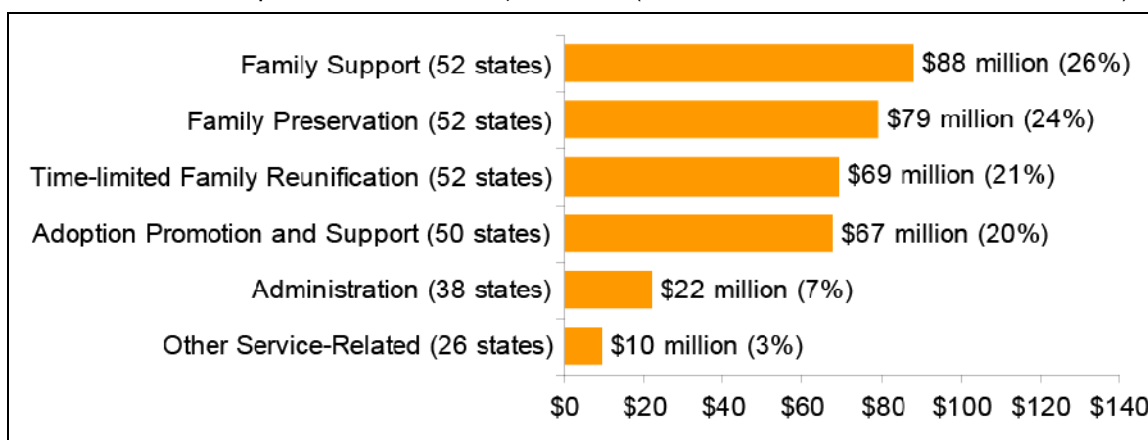
³⁵ See Section 434(d) and Section 433(a)(4). The latter provides that a state may not spend more than 10% of program funds for administrative costs, and, further, that all remaining program funds must be used to provide the specified child and family services. In regulation, however, HHS has defined 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).

³⁶ Section 432(a)(4). For recent guidance on this matter see HHS, ACF, ACYF-CB-PI-12-05 (issued April 11, 2012), p. 24, which provides that a state must provide a written rationale if any of the four spending categories “does not approximate 20 percent.” See <http://www.acf.hhs.gov/sites/default/files/cb/pi1205.pdf>.

Consistent with past practice, states planned to spend at least half of the PSSF services funding on family support (26%) and family preservation (24%) services (in FY2010). As described in **Table 2**, services that may be funded in these categories are wide ranging. Further, they may be offered to the broadest populations. Spending for time-limited reunification and adoption promotion support services, which are designed to serve more narrow populations and/or more narrow purposes, were expected to receive 21% and 20%. States planned to spend the remaining funds for program administration (7%) and “other” service-related costs (3%).

Figure 3. Planned Spending of FY2010 Federal PSSF Child and Family Services Funds by Kind of Service or Activity

Total federal funds expected: \$336 million; 52 jurisdictions (50 states, District of Columbia, and Puerto Rico)



Source: Figure prepared by the Congressional Research Service (CRS) based on state planned spending of federal PSSF funding as reported by each state in its CFS-101, Part I (prepared 2009).

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 2** to **Figure 3**). 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.³⁷ (Only family support services does not target this population.)

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.³⁸ 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.

³⁷ Each of the service categories are defined in Section 431.

³⁸ Section 432(a)(9).

Target Services

As newly 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.³⁹

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).⁴⁰

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.⁴¹ 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).⁴² Each state must also provide in its PSSF state plan that it will participate in 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).⁴³ 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.⁴⁴ The final regulations have in some aspects been superseded by changes in the law, not all of which have been reflected

³⁹ Section 432(a)(10).

⁴⁰ Section 432(a)(2) and (5).

⁴¹ The final review of progress on the five-year plan must be made available to the public as well. Section 432(a)(2)(C)(ii).

⁴² Separately, the statute, as amended by P.L. 112-34, requires HHS to compile these reports on annual planned and final spending, develop national totals for each reported element, and provide this information to the House Committee on Ways and Means and the Senate Committee on Finance. The agency must also post this information on its website.

⁴³ 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.

⁴⁴ 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); and Chafee Education and Training Vouchers (Section 477(i)).

in changes to the regulation. However, HHS annually issues guidance to states (via a “program instruction”) on complying with the planning and reporting requirements.⁴⁵

Coordination and Administration

To the extent feasible and appropriate, states must provide for coordination of PSSF-funded services with services or benefits provided under any other federal (or federally assisted) program that serves the same populations. Additionally, the PSSF program must be administered by the same state agency that administers the CWS program.⁴⁶

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.⁴⁷ 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.⁴⁸

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 document compliance with this rule.⁴⁹ 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 \$11 million for tribal child and family services—there were \$317 million in FY2012 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

⁴⁵ The most recent request for a new five-year plan was issued in June 2009 (for plans covering FY2010-FY2014), available at <http://www.acf.hhs.gov/sites/default/files/cb/pi0906.pdf>, and the most recent guidance on an annual update to the plan was issued April 11, 2012, available at <http://www.acf.hhs.gov/sites/default/files/cb/pi1205.pdf>.

⁴⁶ Section 432(a)(1) and (3).

⁴⁷ Section 432(b)(4),(6) and (7); and Section 434(d).

⁴⁸ 45 CFR 1357.32(h).

⁴⁹ 45 CFR 1357.32(f) specifies that for purposes of meeting this non-supplant requirement, the applicable “base” year is state FY1992.

federal funds provided and they may not spend more than 10% of total program funds (federal and nonfederal) for program administration. (For FY2012 PSSF allotments by state, see **Table B-1** in **Appendix B**.)

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 be reserved for tribal grants in addition to 3% of any discretionary funds provided for the program.⁵⁰ For FY2012, the tribal set-aside was \$11 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, a tribal entity may be exempted from the requirements 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 if, “taking into account the resources, needs, and other circumstances of the Indian tribe or tribal consortium,” HHS considers these requirements inappropriate.⁵¹

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.⁵² 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 \$10,000.⁵³ For FY2012, HHS allotted PSSF funds to 130 tribal entities in 29 states.⁵⁴

Other Programs or 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 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.

⁵⁰ 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.

⁵¹ Section 432(b)(2)(A).

⁵² 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.

⁵³ Section 432(b)(2)(B).

⁵⁴ For PSSF allotment amounts by tribe see Attachment A2 of HHS, ACF, ACYF-Children’s Bureau-PI-12-06, available at <http://www.acf.hhs.gov/sites/default/files/cb/pi1206.pdf>. Some of these tribes may serve children in more than one state.

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 to eligible tribal highest courts. Under current law, all of CIP funding is provided by a set-aside of PSSF program funds and for FY2012 \$32 million in PSSF funds were reserved for the program (\$31 million for state highest courts and \$1 million for tribal courts)⁵⁵

CIP grants are provided for three kinds of court improvement purposes. States highest courts seeking to spend money on each of the purposes must ensure their single application for CIP funds indicates this and that they receive separate funding for each kind of grant. 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
- *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.⁵⁶ 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 implementation grant), or 2) has a court responsible for proceedings related to adoption and foster care.

⁵⁵ 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.

⁵⁶ Section 438(b)(1) as amended by the Safe and Timely Interstate Placement Act of 2006 (P.L. 109-239).

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. Most states have applied for and receive funds for all three CIP grant purposes.⁵⁷

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 the court and the child welfare agency) assuring continued compliance with and satisfaction of CIP requirements.⁵⁸

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.⁵⁹

⁵⁷ According to HHS, South Carolina's highest court did not apply for a basic grant for each of FY2008 through FY2011 but it did so for FY2012. 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 FY2012). However, all state highest courts have received CIP data-related funding in at least one or more years.

⁵⁸ 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.

⁵⁹ Ibid.

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.⁶⁰

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).⁶¹

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** shows funding by kind of CIP grant and by state highest courts for FY2011, **Table E-2** and FY2012, **Table E-3**).

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.⁶² Funding provided for the CIP totaled \$5 million in its initial year (FY1995), was at \$10 million for each of FY1996-FY2001, and reached a little more than \$13 million in FY2005. As part of the Deficit Reduction Act (P.L. 109-171),

⁶⁰ Ibid.

⁶¹ Ibid.

⁶² 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 that independent program authorization into the Social Security Act (by creating a new Section 438).

Congress expanded the CIP program, authorizing two additional CIP grant purposes (related to training and data collection) and annually appropriating an additional \$20 million for the program.

Funding for the CIP has been at between \$32 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, 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, FY995-FY2012, see **Table E-1** in **Appendix E**.)

Initial Awards for Tribal Court Improvement

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.

Targeted Purposes Funded with PSSF Dollars

Beginning with FY2006, Congress has required that \$40 million in mandatory PSSF funds be reserved each year for: 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 quality and frequency of caseworkers visits with children in foster care. Targeting of PSSF funds for these purposes was first provided for by 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.

The 2006 law reserved a total of \$145 million (across FY2007-FY2011) for the regional partnership grants and \$95 million (across FY2006-FY2011) for grants to states to improve monthly caseworker visits. In 2011, as part of the Child and Family Services Improvement and Innovation Act (P.L. 112-34), Congress maintained the annual \$40 million reservation of funds for these purposes for five years (FY2012-FY2016) and divided those funds equally (\$100 million for each purposes) across the five years.

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

In a nationally representative study, caseworkers investigating allegations of abuse or neglect noted active drug abuse by 32% of the primary caregivers from whom children were removed to out-of-home care and active alcohol abuse among 14% of the primary caregivers from whom children were removed.⁶³ 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.⁶⁴ After holding a hearing that 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 2006.⁶⁵ Grants proposed in that legislation ultimately became one of the targeted purposes for which PSSF funding was initially provided by the Child and Family Services Improvement Act (P.L. 109-288).

The 2006 law reserved \$145 million in PSSF funds across five years (FY2007-FY2011) to support competitive grants to “regional partnerships” for services and activities designed to improve the safety, permanency, and well-being of children who are in an out-of-home placement or are at risk of such placement because of a parent’s or caretaker’s abuse of methamphetamine or another substance. Regional partnerships were defined as collaborative arrangements between two or more agencies in a defined area, 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 including courts, judges, public or private social service agencies, private child welfare agencies, substance abuse treatment or prevention agencies, juvenile justice officials, school personnel and others. The 2006 law gave HHS authority to make regional partnerships grants valued at no less than \$500,000 and no more than \$1,000,000 and for no more than five years. Grantees were required to provide funding of 15% of the grant in years one and two of a grant, 20% in years three and four; and 25% in year five.

The 2011 law removed the specific reference to methamphetamine abuse but otherwise reserved \$100 million in PSSF funding across five years (FY2012-FY2016) for the same kind of regional partnership grants. The 2011 law also permitted HHS to award two-year extension grants to previously funded grantees, allowed a single grantee to receive multiple grants (i.e., an extension grant and a new two to five year grant), required grantees receiving extension funding to provide additional matching amounts (30% in year six and 35% in year seven of the grant), stipulated that

⁶³ Special tabulations of National Survey of Child and Adolescent Well-being (NSCAW) II data provided to CRS by U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Planning, Research, and Evaluation (OPRE); based on national sample of children in families investigated for child abuse and neglect, February 2008 through April 2009. For more information, see Cecilia Casanueva, et.al., *NSCAW II Baseline Report: Maltreatment*, OPRE #2011-27c, Washington, DC: OPRE, ACF, HHS, August 2011, pp. 4-5.

⁶⁴ U.S. Department of Health and Human Services (HHS), Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse: First Annual Report to Congress, sent to Congress May 2010, pp. 1-2. (Hereafter cited as HHS, Targeted Grants: First Annual Report, May 2010.) This report and other information about the regional partnership grants is available at <http://www.ncsacw.samhsa.gov/technical/ta-rpg.aspx>.

⁶⁵ See S.Rept. 109-269 to accompany S. 3525, which notes that the Senate Finance Committee held hearings related to child welfare in the spring of 2006, including one entitled “The Social and Economic Effects of the Methamphetamine Epidemic on America’s Child Welfare System,” April 25, 2006.

no more than 5% of the funding provided could be used for administrative purposes by HHS, and required further evaluation of the project by HHS.

FY2012-FY2016 Funding Awarded to 20 Regional Partnerships

Funding reserved for regional partnership grants in FY2012-FY2016 was awarded in September 2012. Twelve grantees received awards of up to \$1 million per year for up to five years; four previous grantees received an extension grant of \$500,000 per year for up to two years; and four grantees received a new five year grant and a two-year extension grant. (To see list of these grantees look for Regional Partnership Grants and Two-Year Extension of Regional Partnership Grants at this link <http://www.acf.hhs.gov/programs/cb/resource/discretionary-grant-awards-2012>.)

FY2007-FY2011 Funding Awarded to 53 Regional Partnerships Operating in 29 States

HHS awarded an initial five years of funding for this purpose to 53 regional partnerships operating in 29 states (including six tribal areas).⁶⁶ (Table F-1 in Appendix F lists the grantees by state, project type, and funding level.)

Implementation of Initial Grant Projects

As required by the statute, each of these regional partnerships initially funded was established by a collaborative agreement between two or more public or private entities. The vast majority (96%) of the regional partnerships included more than the minimum of two partners. Public child welfare agencies (state, county, or tribal) were involved in each of the partnerships⁶⁷ and, together with some private child welfare service providers, served as the designated lead agency in close to half (45%) of the regional partnerships. Public (state, county, or tribal) substance abuse prevention and treatment agencies, together with private substance abuse treatment providers, headed 23% of the regional partnerships and, additionally, were members of a majority of the partnerships. Other partnership members who participated in nearly half, or more, of the 53 partnerships included courts or judges (involved as members or as lead agencies in 59% of the partnerships) and mental health services providers (involved as members or as lead agencies in 49% of the partnerships). Agencies or service providers participating in roughly a third or fewer partnerships include public state and county mental health agencies, public or private providers of education, housing assistance, employment services or other child and family services; local law enforcement agencies or other criminal justice entities; and university-based program evaluators, among others.⁶⁸

⁶⁶ HHS, *Targeted Grants: First Annual Report*, May 2010. With one exception, all of the states listed are identified by the location of the lead agency. The grantee operating in New Mexico is not headquartered in that state.

⁶⁷ The statute required that a state or tribal child welfare agency be involved in each partnership. HHS interpreted the law to permit county agencies to meet the requirement for state agency involvement.

⁶⁸ HHS, *Targeted Grants: First Annual Report*, May 2010.

Activities Funded

Grantees focused on a range of strategies to improve outcomes for children (and their families) who are 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. (See examples of key activities in **Table 3**, below.)

Populations Served

Nearly all of the grantees included a response to methamphetamine abuse in their planned activities but very few limited their focus *solely* to addressing effects of methamphetamine abuse. Instead, many responded to substance abuse needs broadly, including both drug and alcohol abuse.⁶⁹

The majority of regional partnerships (73%) targeted their services and activities on children and families who remained together in their own homes, as well as children who had been removed to foster care (and their families); 21% focused *exclusively* on children who remained living in their own homes (and their families); and 6% focused exclusively on children in out-of-home care (and their families).⁷⁰

Table 3. Key Program Activities of Regional Partnerships, Selected Examples
Compiled by HHS

Systems Collaboration and Improvements	<p>89% are emphasizing cross-systems training on child welfare and substance abuse issues</p> <p>59% are implementing cross-system information sharing and data collection improvements</p> <p>40% are developing new and/or expanding existing Family Treatment Drug Courts</p>
Substance Abuse Treatment Linkages and Services	<p>77% are providing coordinated case management or integrated case planning</p> <p>74% are engaged in specific strategies to increase access to treatment</p> <p>72% are focused on improved substance abuse screening and assessment</p> <p>62% are providing mental health/psychiatric services</p> <p>55% are providing wraparound and in-home screening and assessment</p> <p>51% are implementing specialized engagement and outreach</p> <p>51% are focused on providing intensive outpatient services</p> <p>36% are concentrating on residential treatment</p>

⁶⁹ In making the awards, the law required HHS to give additional weight to applications from regional partnerships showing the negative effect of methamphetamine abuse and addiction on the child welfare system in the partnership region.

⁷⁰ HHS, *Targeted Grants: First Annual Report*, May 2010.

Services for Children and Youth	68% are providing developmental screenings, assessments, and services 57% are focused on early intervention and prevention activities 55% are providing children’s mental health services and counseling 40% are providing additional therapeutic services and interventions (e.g., trauma-focused cognitive behavioral therapy, therapeutic child care)
Support Services for Parents and Families	87% are ensuring families receive other essential clinical and community ancillary services (e.g., housing assistance, child care, transportation) 83% are providing parenting skills training and education 59% are implementing a specific family strengthening program or curriculum 57% are providing family counseling 77% are providing enhanced continuing care and recovery support 38% are using drug testing to help monitor treatment plan compliance
Expanded Capacity to Provide Treatment and Services to Families	62% are expanding the array of services provided to parents, children, and families 60% are focused on increasing the number of child welfare clients served 28% are improving services for culturally diverse families

Source: HHS, ACF, ACYF, Children’s Bureau, “Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse: First Annual Report to Congress” (sent to Congress May 2010), p. v.

Measuring Outcomes and Reporting

Grantees are required to submit semi-annual reports to HHS on their activities and program performance.⁷¹ Based on these reports, HHS in turn is required to annually report to Congress on the services and activities provided with grant funds; program performance indicators (which the statute required HHS, in consultation with other relevant entities, to develop);⁷² and progress made in achieving the goals of the grant program. The first annual report on the grant program was made available in May 2010 and covers the implementation of the program and its first six months of operation.⁷³

⁷¹ The statute requires grantees to make these reports at least annually but HHS requires them semi-annually.

⁷² After consulting with other relevant groups, and with help of a technical assistance contractor, HHS developed a set of data outcomes specific to this grant program. Each of the 53 grantees is required to report on one or more of 23 program indicators related to child and youth outcomes and service access; adult outcomes and service access; family or relationship outcomes; and regional partnership collaboration and service capacity.

⁷³ The report is available online at http://www.acf.hhs.gov/programs/cb/pubs/targeted_grants/targeted_grants.pdf.

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

Federal reviews of state performance in providing child welfare services have demonstrated that frequent and adequate caseworker visits were associated with timely achievement of permanence for children in care, as well as more positive outcomes related to ensuring children's safety and meeting the educational, physical, and mental health needs of children.⁷⁴

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). As described in the 2011 law, states are to use these funds to improve the quality of monthly caseworker visits with children in foster care, with an emphasis on better caseworker decision making regarding the safety, permanency and well-being of those children and, on activities designed to increase the retention, recruitment and training of caseworkers.⁷⁵ (For allotment amounts by state, see **Table G-1** in **Appendix G**.)

States are required to annually report to HHS on the percentage of children in their foster care caseload who are visited on a monthly basis (and the percentage of those visits that occurred where the child lives). The 2006 law required each state, in consultation with HHS, to outline specific steps (including target percentages to be reached) 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, and that most of these visits occur where the child lives. The 2011 law revises this requirement to provide that for each of FY2012-FY2014 no less than 90% of the required monthly caseworker visits must be completed and increases that percentage to 95% for FY2015 and every succeeding year.⁷⁶ States that fail to meet these target percentages are subject to reduced federal financial participation in the CWS program.⁷⁷

⁷⁴ 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>.

⁷⁵ Section 436(a)(4)(B). The 2006 law called for a "primary emphasis on activities designed to improve caseworker retention, recruitment, training, and ability to access the benefits of technology."

⁷⁶ The manner in which a state's monthly caseworker visit percentage is calculated was changed (effective with FY2012) by P.L. 112-34. The initial method 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 every month he/she was in care. Any child visited less frequently could not be counted toward achieving the monthly caseworker visit goal. The revised version (as provided in P.L. 112-34) aggregates all monthly caseworker visits (i.e., each child who is visited one or more times during a given month he or she is in care) and compares that to the total number of caseworker visits that should have occurred if every child in care had been visited in every month. This more recent method permits states to receive some credit toward the monthly caseworker visit for a child even if that child was not visited in every month he/she was in care. For instructions to states on calculating this percentage see HHS, ACF,ACYF, Children's Bureau PI-12-01, issued January 6, 2012. Available at <http://www.acf.hhs.gov/sites/default/files/cb/pi1201.pdf>.

⁷⁷ 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.

Children Visited Monthly

For FY2007—the first year for which these data were reported—only one state was able to report that more than 90% of the children in its foster care caseload had been visited on a monthly basis. Most states (31, or 60%) reported that less than half of the children in their foster care caseloads had been visited on at least a monthly basis. Data reported by states for FY2010 (the most recent publicly available) show that nearly every state has improved the percentage of children visited on a monthly basis, but that most states still have not met the 90% standard. For FY2010, seven states were able to report that 90% or more of the children in their foster care caseloads were visited on a monthly basis and only 9 reported that less than half of the children in their care were visited on a monthly basis. Across these years, most states did report that the majority of the monthly visits that occurred took place where the child lived.

Table 4. Frequency of Caseworker Visits with Children in Foster Care

Data as reported by 50 states, District of Columbia and Puerto Rico.

Percentage of Children in Foster Care Who Received a Caseworker Visit on at Least a Monthly Basis	FY2007	FY2008	FY2009	FY2010 ^a
less than 25%	15 states	8 states	4 states	0 states
25% but less than 50%	16 states	21 states	11 states	9 states
50% but less than 75%	16 states	16 states	19 states	17 states
75% but less than 90%	4 states	4 states	13 states	18 states
90% or more	1 state	3 states	5 states	7 states

Source: Table prepared by the Congressional Research Service (CRS) based on data included in HHS, ACF, ACYF, Children’s Bureau, “Report to Congress on Monthly Caseworker Visits with Children in Foster Care,” (received January 2011) for FY2007 and FY2009 and, as received from ACF in August 2011 for FY2010.

Notes: For state-by-state data on frequency of caseworker visits, see Child Welfare Outcomes database http://cwoutcomes.acf.hhs.gov/data/tables/caseworker_visits?

a. Excludes Tennessee, which as of August 2011 had not reported monthly caseworker data to HHS.

Penalties

The law stipulates that a state is subject to reduced federal financial participation in the CWS program if it fails to meet established monthly caseworker visit targets. Eleven jurisdictions failed to meet their target percentages in FY2009 (although most of these showed improvement between FY2008 and FY2009) and at least 19 failed to meet their targets in FY2011. These jurisdictions were required to provide a greater portion of nonfederal funds to receive their full FY2010 allotment of CWS funds. As stipulated in the law these penalties reduced federal financial participation for the CWS program from the regular 75% to the following percentages—74% for states that failed to meet their target percentage by less than 10 percentage points; 72% for the states that failed to meet their target percentage by between 10 and 20 percentage points; and 70% for jurisdictions that failed to meet their target percentage by 20 percentage points or more.

Beginning with FY2012, states are subject to an additional and separate potential penalty calculation tied to the requirement that no fewer than 50% of the caseworker visits must occur where the child lives.

Content of Caseworker Visits

Even before the 2006 enactment of a federal requirement for monthly caseworker visits of children in foster care, most states had policies in place that were consistent with this standard; however, less than half were able to produce reports showing how frequently children were actually visited. In further 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.⁷⁸

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.⁷⁹

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.⁸⁰

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.⁸¹

⁷⁸ HHS Report on Monthly Caseworker Visits.

⁷⁹ *Ibid.*

⁸⁰ *Ibid.*

⁸¹ *Ibid.*

Research, Evaluation, and Technical Assistance Funding

HHS is required to annually reserve some PSSF funds to support evaluation of service programs funded through PSSF, and any other program designed to achieve the same purposes as the program. Further, 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 and serve at-risk families in ways that improve outcomes for those families; and (2) ensure that the individual needs of adoptive families are met and that fewer adoption placements are ended (for example, because of a disruption in the plan to finalize the adoption or a dissolution of an already-finalized adoption).⁸²

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. In recent years, the research set-aside has totaled about \$8 million annually.

Use of Funds

In recent years, this funding has been used primarily to support the Children's Bureau training and technical assistance network. The network consists of 13 resource centers; five quality improvement centers; five regional policy implementation centers; and seven information, training, and technical assistance centers. Most of these are funded solely by the Children's Bureau, although some operate with interagency support. The work of individual members of the network varies by topic and/or purpose and by the scope of work defined in their contract or cooperative agreement.⁸³

Entities or projects that receive a portion of their funding from this PSSF set-aside include five of the national resource centers (the National Resource Center on Organizational Improvement; the National Resource Center on Legal and Judicial Issues; the National Resource Center on Permanency and Family Connections; the National Resource Center on Youth Development; and the National Resource Center on Substance Abuse and Child Welfare) and one information clearinghouse (the Child Welfare Information Gateway). In addition, the funds have supported evaluation and coordination of work done by the regional implementation centers. Further, and separate from this training and technical assistance network, the PSSF research set-aside has been used to fund some discretionary grant projects, including demonstration grants supporting and evaluating collaborations between and TANF and child welfare agencies to improve child welfare outcomes.⁸⁴

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

⁸² For each of FY2007 through FY2011, Congress further directed HHS to use a part of this set-aside to fund research, evaluation, and technical assistance specific to the targeted purposes for which PSSF funding is provided.

⁸³ For an overview of this network and to read about their specific work, see *Children's Bureau Training and Technical Assistance Network* (2012), http://www.acf.hhs.gov/sites/default/files/cb/tta_network_directory_2012.pdf. To access links to individual resource centers and other technical assistance see <http://www.acf.hhs.gov/programs/cb/assistance>

⁸⁴ CRS communication with HHS, Office of Assistant Secretary of Legislation, 2011.

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).

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

Table A-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
<p>PREVENTION AND SUPPORT SERVICES* (Family Support)^a</p>	<p>Promote the safety and well-being of children and families.</p> <p>Increase the strength and stability of families (including adoptive, foster, and extended families).</p> <p>Increase parents' competence and confidence in their parenting abilities.</p> <p>Afford children a safe, stable, and supportive family environment.</p> <p>Strengthen parental relationships and promote marriage.</p> <p>Enhance child development.</p>	<p>Any family with children.</p>	<p>Community-based services that include</p> <ul style="list-style-type: none"> • 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.
<p>PROTECTIVE SERVICES</p>	<p>Prevent or remedy the abuse, neglect, or exploitation of children.</p>	<p>Families for whom an investigation of child abuse or neglect is found necessary.</p> <p>Children in foster care and their families.</p>	<p>Services include</p> <ul style="list-style-type: none"> • 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
<p>CRISIS INTERVENTION* (Family Preservation)^b</p>	<p>Prevent the unnecessary removal of children from their families.</p> <p>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.</p>	<p>Biological, extended, and adoptive families with children who are at risk of being placed in foster care.</p> <p>Children in foster care and their families.</p>	<p>Pre-placement prevention includes</p> <ul style="list-style-type: none"> • 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. <p>Reunification services include</p> <ul style="list-style-type: none"> • 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.
<p>TIME-LIMITED FAMILY REUNIFICATION SERVICES*</p>	<p>Permit timely reunification of children removed from their homes.</p>	<p>Children in foster care for no more than 17 months^c and their parents or primary caregivers.</p>	<p>Services include</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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.	<p>Activities include</p> <ul style="list-style-type: none"> • 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 <i>excluding</i> direct services or administration).
ADMINISTRATIVE COSTS* §	Administer program	Not applicable	<p>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.</p> <p>Under CWS, also includes travel expenses, <i>except that it excludes</i> travel expenses related to provision of services by caseworkers or the oversight of CWS funded programs. Further, the reference to “personnel functions” <i>excludes</i> costs related to provision of services by caseworkers or the oversight of programs funded under the CWS. §</p> <p>Under PSSF, also includes indirect costs allocable in accordance with the agency’s approved cost allocation plan. §</p>

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 B. Title IV-B Funding by State

Table B-1. Title IV-B Funding for Subpart 1 and Subpart 2, FY2012 Allotments by State
Nominal Dollars in Thousands

State	Stephanie Tubbs Jones Child Welfare Services Subpart 1	Promoting Safe and Stable Families Program Subpart 2	TOTAL Title IV-B funding
Alabama	\$4,905	\$6,555	\$11,460
Alaska	\$224	\$590	\$815
Arizona	\$5,919	\$8,145	\$14,063
Arkansas	\$3,154	\$3,742	\$6,896
California	\$31,134	\$32,295	\$63,429
Colorado	\$4,183	\$3,283	\$7,466
Connecticut	\$1,852	\$1,987	\$3,840
Delaware	\$827	\$913	\$1,739
District of Columbia	\$322	\$780	\$1,102
Florida	\$14,943	\$16,797	\$31,740
Georgia	\$10,281	\$12,483	\$22,764
Hawaii	\$1,116	\$921	\$2,036
Idaho	\$1,857	\$1,416	\$3,273
Illinois	\$10,733	\$13,319	\$24,052
Indiana	\$6,780	\$6,552	\$13,332
Iowa	\$2,919	\$2,517	\$5,436
Kansas	\$2,741	\$2,011	\$4,752
Kentucky	\$4,534	\$5,682	\$10,216
Louisiana	\$4,413	\$6,831	\$11,244
Maine	\$1,157	\$1,469	\$2,626
Maryland	\$4,013	\$3,970	\$7,982
Massachusetts	\$4,012	\$4,882	\$8,893
Michigan	\$9,626	\$11,644	\$21,270
Minnesota	\$4,358	\$3,250	\$7,608
Mississippi	\$3,448	\$4,734	\$8,182
Missouri	\$5,773	\$8,034	\$13,808
Montana	\$692	\$798	\$1,490
Nebraska	\$1,709	\$1,344	\$3,053
Nevada	\$2,478	\$1,901	\$4,379
New Hampshire	\$1,050	\$666	\$1,715
New Jersey	\$5,469	\$4,752	\$10,221
New Mexico	\$1,639	\$2,926	\$4,566
New York	\$13,107	\$18,346	\$31,452
North Carolina	\$9,351	\$10,514	\$19,865
North Dakota	\$471	\$467	\$938
Ohio	\$11,097	\$12,081	\$23,178

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

State	Stephanie Tubbs Jones Child Welfare Services <i>Subpart 1</i>	Promoting Safe and Stable Families Program <i>Subpart 2</i>	TOTAL Title IV-B funding
Oklahoma	\$1,388	\$4,421	\$5,809
Oregon	\$3,435	\$4,450	\$7,884
Pennsylvania	\$10,466	\$11,101	\$21,568
Rhode Island	\$901	\$902	\$1,804
South Carolina	\$4,807	\$6,122	\$10,928
South Dakota	\$458	\$733	\$1,191
Tennessee	\$6,247	\$8,892	\$15,139
Texas	\$25,572	\$32,938	\$58,509
Utah	\$3,723	\$1,948	\$5,670
Vermont	\$580	\$508	\$1,087
Virginia	\$6,140	\$5,790	\$11,930
Washington	\$5,253	\$6,338	\$11,592
West Virginia	\$1,818	\$2,334	\$4,152
Wisconsin	\$5,090	\$5,197	\$10,286
Wyoming	\$407	\$264	\$671
Subtotal (50 states)	\$268,569	\$310,533	\$579,102
Territories			
American Samoa	\$192	\$208	\$401
Guam	\$337	\$372	\$710
Northern Marianas	\$160	\$171	\$331
Puerto Rico	\$4,711	\$5,318	\$10,029
Virgin Islands	\$235	\$257	\$493
Subtotal	\$5,636	\$6,328	\$11,964
Tribes	\$6,427	\$11,031	\$17,458
TOTAL	\$280,633	\$327,891	\$608,524

Source: Table prepared by the Congressional Research Service (CRS). Allotments amounts by state and territory as indicated in HHS, ACF, ACYF-CB-PI-12-05, issued April 11, 2012 and Tribal amounts as provided in HHS, ACF, ACYF,-CB-PI-12-06, issued April 11, 2012.

Appendix C. History of Title IV-B Funding to States, Tribes, and Territories for Child and Family Services

Table C-1. Title IV-B Funding for Services in Nominal and Constant (FY2012) Dollars, FY1990-FY2012

Dollars in millions; NA = Not Authorized

Fiscal Year	Nominal Dollars			Inflation-adjusted (Constant FY2012) Dollars		
	Stephanie Tubbs Jones Child Welfare Services Program, Subpart 1 (all funds) ^a	Promoting Safe and Stable Families Program, Subpart 2 (service funds only) ^b	TOTAL	Stephanie Tubbs Jones Child Welfare Services Program, Subpart 1 (all funds) ^a	Promoting Safe and Stable Families Program, Subpart 2 (service funds only) ^b	TOTAL
1990	\$252.6	NA	\$252.6	\$448.6	NA	\$448.6
1991	\$273.9	NA	\$273.9	\$463.0	NA	\$463.0
1992	\$273.9	NA	\$273.9	\$449.5	NA	\$449.5
1993	\$294.6	NA	\$294.6	\$469.2	NA	\$469.2
1994	\$294.6	\$58.0	\$352.6	\$457.2	\$90.0	\$547.2
1995	\$292.0	\$139.0	\$431.0	\$440.8	\$209.8	\$650.6
1996	\$277.4	\$209.0	\$486.4	\$407.3	\$306.9	\$714.2
1997	\$292.0	\$224.0	\$516.0	\$417.6	\$320.4	\$738.0
1998	\$292.0	\$239.0	\$531.0	\$410.9	\$336.4	\$747.3
1999	\$291.9	\$259.0	\$550.9	\$403.1	\$357.6	\$760.7
2000	\$291.9	\$279.0	\$570.9	\$390.7	\$373.4	\$764.1
2001	\$292.0	\$289.0	\$581.0	\$378.6	\$374.7	\$753.3
2002	\$292.0	\$354.4	\$646.4	\$373.0	\$452.7	\$825.6
2003	\$290.1	\$381.8	\$671.9	\$362.1	\$476.5	\$838.6
2004	\$289.3	\$381.8	\$671.1	\$352.9	\$465.7	\$818.6
2005	\$289.7	\$381.1	\$670.7	\$342.1	\$450.0	\$792.1
2006	\$286.8	\$372.2	\$658.9	\$326.6	\$423.9	\$750.5
2007	\$286.8	\$372.2	\$659.0	\$319.1	\$414.3	\$733.4
2008	\$281.7	\$348.1	\$629.9	\$300.2	\$371.0	\$671.2
2009	\$281.7	\$348.1	\$629.9	\$301.2	\$372.2	\$673.4
2010	\$281.7	\$348.1	\$629.9	\$296.2	\$366.0	\$662.2
2011	\$281.2	\$348.0	\$629.2	\$288.0	\$356.4	\$644.4
2012	\$280.6	\$327.9	\$608.6	\$280.6	\$327.9	\$608.6

Source: Table prepared by the Congressional Research Service (CRS). Dollars were adjusted for inflation using the CPI-U for FY1990-FY2012.

- a. Funding shown for the Stephanie Tubbs Jones Child Welfare Services Program includes the program's full appropriation amount all of which is distributed by formula to states, territories, or tribes.
- b. Funding shown for the Promoting Safe and Stable Families Program includes only the funds appropriated under that program that were distributed by formula to states, territories, or tribes for support of one or more of the four service categories that are the primary purpose of the program. This excludes funding appropriated and reserved for (1) the Court Improvement Program; (2) Research, Evaluation, Training and Technical Assistance; (3) grants to

regional partnerships to improve the outcomes of children affected by parental substance abuse; and (4) grants to states and territories for monthly caseworker visits.

Appendix D. Promoting Safe and Stable Families Program (PSSF): Funding History, Funding Authorized and Reserved

Table D-1. Funding for the Promoting Safe and Stable Families Program, FY1994-FY2012

Nominal dollars in millions; NA = Not Authorized

Fiscal Year	TOTAL Approp.	Appropriation by Kind of Authority ^a		Funding Provided by Entity and Purpose ^b					
				Courts ^c	HHS	Regional Partnerships	States and Territories	Indian Tribes	States and Territories
		Mandatory	Discretionary	Court Improvement	Research & Evaluation	"Meth" Grants	Caseworker Visits	Child and Family Services	
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	372.2
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 ^d	8.1	20.0	20.0	11.0	316.9

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

- The amount of funding provided under mandatory authority is the same as the mandatory authorization provided in statute for each of the given years. Annual discretionary funding authority of \$200 million has been included in the act for every year beginning with FY2002. Mandatory and discretionary funding authority expire with FY2011.
- The amount of funding provided for each purpose was calculated by CRS based on total appropriation made in a given fiscal year and the statutory language regarding reservation of funds for that fiscal year.
- Funding shown in this column reflects *only* those dollars reserved for the Court Improvement Program (CIP) out of the PSSF program. 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	Purpose (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	Grants to improve monthly caseworker visits (FY2011)	\$20 million	No discretionary funds reserved	\$20 million
Regional Partnerships	Grants to improve the well-being of children in, or at risk of entering, foster care because of parent /caretaker methamphetamine abuse or abuse of another substance (FY2011)	\$20 million	No discretionary funds reserved	\$20 million
Tribal entities	Child and family services (permanent)	3.0% of all mandatory funds <i>except</i> those for regional partnerships 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 purposes	\$345 million	\$200 million	\$565 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-FY2012

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

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

Table E-2. Funding Awarded by CIP Purpose and State, FY2011

A blank cell indicates the state did not seek funds for this purpose.

STATE	Basic	Data	Training	TOTAL
Alabama	\$202,661	\$172,925	\$168,492	\$544,078
Alaska	\$104,089	\$99,265	\$98,546	\$301,900
Arizona	\$260,841	\$216,401	\$209,776	\$687,018
Arkansas	\$158,419	\$139,864	\$137,098	\$435,381
California	\$1,062,385	\$815,374	\$778,551	\$2,656,310
Colorado	\$211,835	\$179,780	\$175,002	\$566,617
Connecticut	\$170,477	\$148,875	\$145,654	\$465,006
Delaware	\$106,685	\$101,205	\$100,388	\$308,278
District of Columbia	\$97,976	\$94,697	\$94,208	\$286,881
Florida	\$506,384	\$399,889	\$384,013	\$1,290,286
Georgia	\$351,247	\$283,959	\$273,928	\$909,134
Hawaii	\$115,047		\$106,322	\$221,369
Idaho	\$128,233	\$117,307	\$115,678	\$361,218
Illinois	\$416,464	\$332,694	\$320,206	\$1,069,364
Indiana	\$250,938	\$209,001	\$202,749	\$662,688
Iowa	\$160,770	\$141,621	\$138,766	\$441,157
Kansas	\$158,856	\$140,191	\$137,408	\$436,455
Kentucky	\$190,313	\$163,698	\$159,730	\$513,741
Louisiana	\$202,032	\$172,456	\$168,046	\$542,534
Maine	\$113,765	\$106,495	\$105,411	\$325,671
Maryland	\$226,098	\$190,439	\$185,123	\$601,660
Massachusetts	\$238,788	\$199,922	\$194,128	\$632,838
Michigan	\$332,271	\$269,778	\$260,463	\$862,512
Minnesota	\$216,765	\$183,464	\$178,500	\$578,729
Mississippi	\$165,057	\$144,824	\$141,808	\$451,689
Missouri	\$234,111	\$196,426	\$190,809	\$621,346
Montana	\$108,277	\$102,394	\$101,517	\$312,188
Nebraska	\$132,460	\$120,465	\$118,677	\$371,602
Nevada	\$153,458	\$136,156	\$133,577	\$423,191
New Hampshire	\$115,940	\$108,121	\$106,955	\$331,016
New Jersey	\$295,215	\$242,088	\$234,168	\$771,471
New Mexico	\$137,817	\$124,468	\$122,479	\$384,764
New York	\$551,838	\$433,855	\$416,267	\$1,401,960
North Carolina	\$323,023	\$262,868	\$253,900	\$839,791
North Dakota	\$101,049	\$96,993	\$96,388	\$294,430
Ohio	\$368,152	\$296,591	\$285,924	\$950,667
Oklahoma	\$180,506	\$156,369	\$152,771	\$489,646
Oregon	\$175,855	\$152,894	\$149,471	\$478,220
Pennsylvania	\$380,349	\$305,706	\$294,579	\$980,634

STATE	Basic	Data	Training	TOTAL
Puerto Rico	\$185,376	\$160,008	\$156,227	\$501,611
Rhode Island	\$109,906	\$103,611	\$102,673	\$316,190
South Carolina		\$169,835	\$165,558	\$335,393
South Dakota	\$106,004	\$100,695	\$99,904	\$306,603
Tennessee	\$239,341	\$200,334	\$194,520	\$634,195
Texas	\$789,783	\$611,665	\$585,113	\$1,986,561
Utah	\$173,912	\$151,441	\$148,092	\$473,445
Vermont	\$99,042	\$95,493	\$94,964	\$289,499
Virginia	\$279,399	\$230,269	\$222,945	\$732,613
Washington	\$247,347	\$206,318	\$200,201	\$653,866
West Virginia	\$125,781	\$115,474	\$113,938	\$355,193
Wisconsin	\$223,912		\$183,571	\$407,483
Wyoming	\$98,835	\$95,339	\$94,818	\$288,992
TOTAL	\$12,085,084	\$10,000,000	\$10,000,000	\$32,085,084

Source: Table prepared by the Congressional Research Service (CRS) based on final award amounts, by purpose and state, received from HHS, ACF,ACYF, Children's Bureau, September 2012.

Table E-3. Funding Awarded by CIP Purpose and State, FY2012

A blank cell indicates the state did not seek funds for this purpose.

STATE	Basic	Data	Training	TOTAL
Alabama	\$186,094	\$174,002	\$169,685	\$529,781
Alaska	\$101,376	\$99,418	\$98,718	\$299,512
Arizona	\$228,428	\$211,273	\$205,149	\$644,850
Arkansas	\$147,869	\$140,350	\$137,665	\$425,884
California	\$911,485	\$812,635	\$777,345	\$2,501,465
Colorado	\$192,502	\$179,644	\$175,054	\$547,200
Connecticut	\$157,255	\$148,613	\$145,528	\$451,396
Delaware	\$103,578	\$101,356	\$100,563	\$305,497
District of Columbia	\$95,213		\$93,555	\$188,768
Florida	\$442,636	\$399,861	\$384,590	\$1,227,087
Georgia	\$304,266	\$278,040	\$268,678	\$850,984
Hawaii	\$111,745	\$108,546	\$107,404	\$327,695
Idaho	\$122,292	\$117,831	\$116,239	\$356,362
Illinois	\$360,563	\$327,604	\$315,838	\$1,004,005
Indiana	\$227,842	\$210,757	\$204,658	\$643,257
Iowa	\$150,045	\$142,266	\$139,488	\$431,799
Kansas	\$148,971	\$141,320	\$138,588	\$428,879
Kentucky	\$175,512	\$164,686	\$160,822	\$501,020
Louisiana	\$184,133	\$172,277	\$168,044	\$524,454
Maine	\$109,614	\$106,670	\$105,619	\$321,903
Maryland	\$204,759		\$185,322	\$390,081

STATE	Basic	Data	Training	TOTAL
Massachusetts	\$214,111	\$198,668	\$193,155	\$605,934
Michigan	\$294,756	\$269,668	\$260,711	\$825,135
Minnesota	\$197,736	\$184,252	\$179,438	\$561,426
Mississippi	\$152,111	\$144,084	\$141,219	\$437,414
Missouri	\$211,528	\$196,395	\$190,992	\$598,915
Montana	\$104,851	\$102,477	\$101,629	\$308,957
Nebraska	\$125,429	\$120,594	\$118,868	\$364,891
Nevada	\$142,860	\$135,940	\$133,469	\$412,269
New Hampshire	\$110,816	\$107,728	\$106,626	\$325,170
New Jersey	\$264,901	\$243,384	\$235,703	\$743,988
New Mexico	\$130,709	\$125,242	\$123,290	\$379,241
New York	\$474,087	\$427,550	\$410,936	\$1,312,573
North Carolina	\$287,373	\$263,169	\$254,528	\$805,070
North Dakota	\$98,824	\$97,171	\$96,580	\$292,575
Ohio	\$327,204	\$298,235	\$287,893	\$913,332
Oklahoma	\$167,282	\$157,441	\$153,927	\$478,650
Oregon	\$161,808	\$152,621	\$149,341	\$463,770
Pennsylvania	\$337,715	\$307,489	\$296,698	\$941,902
Puerto Rico	\$165,642	\$155,996	\$152,553	\$474,191
Rhode Island	\$106,086	\$103,564	\$102,664	\$312,314
South Carolina	\$182,318	\$170,679	\$166,523	\$519,520
South Dakota	\$102,889	\$100,749	\$99,986	\$303,624
Tennessee	\$217,341	\$201,513	\$195,862	\$614,716
Texas	\$683,987	\$612,345	\$586,769	\$1,883,101
Utah	\$160,316	\$151,307	\$148,091	\$459,714
Vermont	\$97,045	\$95,605	\$95,090	\$287,740
Virginia	\$249,997	\$230,262	\$223,217	\$703,476
Washington	\$224,724	\$208,012	\$202,046	\$634,782
West Virginia	\$119,863	\$115,693	\$114,204	\$349,760
Wisconsin	\$203,658	\$189,466	\$184,400	\$577,524
Wyoming	\$96,986	\$95,552	\$95,040	\$287,578
TOTAL	\$11,081,131	\$10,000,000	\$10,000,000	\$31,081,131^a

Source: Table prepared by the Congressional Research Service (CRS) based on final award amounts, by purpose and state, received from HHS, ACF, ACYF, Children’s Bureau, September 2012.

- a. This TOTAL CIP funds awarded to states excludes the \$1 million in CIP funding reserved for tribal court improvement. FY2012 is the first year for which funds for these competitive grants were reserved under the CIP. In late September 2012, HHS announced it had awarded tribal CIP grants worth up to \$150,000 per year for each of three years to seven tribes: Confederated Salish and Kootenai Tribes, Pablo, MT; Pokagon Band of Potawatomi Indians, Dowagiac, MI; Navajo Nation Judicial Branch, Window Rock, AZ; 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.

Appendix F. Grants to Improve the Outcomes of Children Affected by Parental Abuse of Methamphetamine or Other Substances: Grantees by State, Project Focus, and Funding, FY2007-FY2011

FY2007-FY2011 funding to regional partnerships was awarded under four program options based on statutory requirements for the amount and duration of funding provided in the 2006 law.⁸⁵ Most grantees planned to receive federal funds over five years (44 grantees), with the initial federal funds provided under this grant in September 2007 and final federal funds expected in September 2011. The majority of these five-year grantees planned to receive a fixed federal award of \$500,000 for each of those five years (\$2.500 million to each of 35 grantees), while nine of the five-year grantees received a declining amount in each year of the grant, with federal funding beginning at \$1 million and declining to \$500,000 over five years (total award of \$3.742 million to each of these grantees). A total of nine grantees elected to receive funds over three years (final funds were expected in September 2009).⁸⁶ These grantees received a total of \$1.500 million (six grantees) or \$1.675 million (three grantees), depending on the program option they selected in their application. Finally, and again as stipulated in statute, each regional partnership was required to provide no less than 15% in nonfederal matching funds in the first and second year of the award; 20% in any third or fourth year; and 25% in the fourth or fifth year.

Table F-1. Grantees by State, Grant Focus, Duration of Grant and Federal Funding

Lead Agency of the Regional Partnership <i>Location of Lead Agency Office in State</i>	Project Title <i>(as given by grantee)</i>	Grant Focus <i>(as assigned by HHS)</i>	Expected Duration of Grant	Total Expected Federal Funding
ALASKA				
Cook Inlet Tribal Council, Inc.—Anchorage	Alaska Native Family Preservation Unit	Tribal	5 years	\$2.500 million
ARIZONA				
State of Arizona—Phoenix	Arizona Families F. I. R.S.T., Parent to Parent Recovery Program	Treatment focused	5 years	\$3.742 million
CALIFORNIA				
County of Butte, Department of Employment and Social Services—Oroville	Northern California Regional Partnership for Safe and Stable Families	System-wide collaboration	3 years	\$1.500 million
Center Point, Inc.—San Rafael	“Family Link”—Residential and Outpatient Treatment	Child focused	5 years	\$2.500 million

⁸⁵ P.L. 109-288 provided the minimum and maximum duration of these grants (no less than two years nor more than five years) and their size (no less than \$500,000 nor more than \$1 million annually).

⁸⁶ CRS assumes this is the time frame of the final funding based on description of these program options provided by HHS.

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Lead Agency of the Regional Partnership <i>Location of Lead Agency Office in State</i>	Project Title <i>(as given by grantee)</i>	Grant Focus <i>(as assigned by HHS)</i>	Expected Duration of Grant	Total Expected Federal Funding
County of San Diego, Health and Human Services Agency, Child Welfare Services—San Diego	Family Integrated Treatment (FIT) Program	Treatment focused	5 years	\$2.500 million
County of Santa Clara, Social Services Agency—San Jose	Santa Clara County Zero to Three Dependency Drug Treatment Court Project	Child focused	5 years	\$3.742 million
County of Santa Cruz Health Services Agency, Alcohol and Drug Program—Santa Cruz	Treatment Alliance for Safe Children (TASC)	Drug court	5 years	\$2.500 million
County of Mendocino, Health and Human Services Agency—Ukiah	Mendocino County Dependency Drug Court	Drug court	5 years	\$2.500 million
County of Sacramento, Department of Health and Human Services—Sacramento	Early Intervention Family Drug Court	Drug court	5 years	\$2.500 million
SHIELDS for Families, Inc.—Los Angeles	Tamar Village Family Centered Residential Treatment Program	Treatment focused	5 years	\$3.742 million
WestCare California, Inc.—Fresno	SMART-2 Model of Care Partnership	Child focused	5 years	\$2.500 million
COLORADO				
Connect Care, Inc.—Colorado Springs	Fourth Judicial District Family Reunification Project	Drug court	5 years	\$2.5 million
Denver Department of Human Services—Denver	Denver Entire Family Focused Comprehensive Treatment	System-wide collaboration	3 years	\$1.675 million
Island Grove Regional Treatment Center, Inc.—Greeley	Northeastern Colorado Child Welfare Project	Treatment focused	3 years	\$1.675 million
FLORIDA				
Hillsborough County Board Of Commissioners—Tampa	Children’s Reunification Services Collaborative	Array of services	5 years	\$2.500 million
GEORGIA				
Juvenile Justice Fund—Atlanta	Fulton County Family Drug Court Expansion Project Ready, Set, Go	Treatment focused	5 years	\$2.5 million
Supreme Court of Georgia—Atlanta	Family Treatment Systems Collaborative	Drug court	3 years	\$1.500 million
IDAHO				
Idaho Department of Health and Welfare—Boise	Improving Positive Outcomes for Children Through Family Drug Court	Drug court	5 years	\$3.742 million
ILLINOIS				
Children’s Research Triangle—Chicago	Moving Families Forward: A Regional Partnership to Enhance Safety and Stability in the Lives of Children	System-wide Collaboration	5 years	\$3.742 million
IOWA				
Judicial Branch, State of Iowa—Des Moines	Parents and Children Together: A Family Drug Court Initiative (PACT)	Drug court	5 years	\$2.500 million

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Lead Agency of the Regional Partnership <i>Location of Lead Agency Office in State</i>	Project Title <i>(as given by grantee)</i>	Grant Focus <i>(as assigned by HHS)</i>	Expected Duration of Grant	Total Expected Federal Funding
Upper Des Moines Opportunity, Inc.—Okoboji	Parent Partners of NW Iowa	System-wide collaboration	5 years	\$2.500 million
KANSAS				
Kansas Department Of Social and Rehabilitation Services—Topeka	Kansas Serves Substance Affected Families	Array of services	5 years	\$2.500 million
KENTUCKY				
Kentucky Department for Community Based Services—Martin County	Kentucky Sobriety Treatment and Recovery Teams (K-Start)	Array of services	5 years	\$2.500 million
Kentucky River Community Care, Inc.—Jackson	Families in Safe Houses Network (FISHN)	System-wide collaboration	5 years	\$3.742 million
MASSACHUSETTS				
Massachusetts Department of Public Health—Boston	Family Recovery Project	Array of Services	5 years	\$2.500 million
MINNESOTA				
White Earth Band of Chippewa—White Earth	White Earth Reservation Child Well Being Project	Tribal	5 years	\$2.5 million
MISSOURI				
Kids Hope United, Hudelson Region—St. Louis	Circle of Hope: Keeping Children Safe & Families Together	System-wide collaboration	5 years	\$3.742 million
St. Patrick Center—St. Louis	Project Protect	Array of services	5 year	\$2.500 million
MONTANA				
Apsaalooke Nation Housing Authority—Crow Agency	Crow Nation Methamphetamine and Substance Abuse Early Intervention and Prevention Project	Tribal	5 year	\$2.500 million
The Family Tree Center, Billings Exchange Clubs' CAP Center—Billings	Second Chance Home and Sober Supported Living	Array of services	5 years	\$2.500 million
NEBRASKA				
Omaha Nation Community Response Team—Walthill	""Sacred Child"" Program	Tribal	3 years	\$1.500 million
NEVADA				
State of Nevada—Las Vegas	To develop a regional partnership that provides interagency collaboration and services	Treatment focused	5 years	\$3.742 million
NEW MEXICO				
Clarity Counseling P.C.—Dolores, Colorado ^a	Recovering Together in San Juan County: Cross-Discipline Collaboration and a Specialized Outpatient Treatment Program	Array of services	5 years	\$2.500 million
NEW YORK				

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Lead Agency of the Regional Partnership <i>Location of Lead Agency Office in State</i>	Project Title <i>(as given by grantee)</i>	Grant Focus <i>(as assigned by HHS)</i>	Expected Duration of Grant	Total Expected Federal Funding
University of Rochester—Rochester	Fostering Recovery: Supporting Young Children Exposed to Substance Abuse and Their Families	Child focused	3 years	\$1.500 million
Westchester County—White Plains	Protecting Westchester Families/Integrating Systems of Care	Child focused	5 years	\$2.500 million
NORTH CAROLINA				
North Carolina Department of Health and Human Services—Raleigh	Robeson County Bridges for Families Program	Drug court	5 years	\$2.500 million
OHIO				
Butler County Children’s Services—Hamilton	Child Abuse and Neglect Substance Abuse Focus and Expansion (CANSAFE): Butler County’s Approach to Improving the 4 R’s	Array of services	5 years	\$2.500 million
County of Lucas—Toledo	Pre-Removal Family Drug Court:	Drug court	3 years	\$1.500 million
OKLAHOMA				
Choctaw Nation of Oklahoma—Durant	Choctaw Project SOAR (Serving Out At Risk)	Tribal	5 years	\$2.500 million
Oklahoma Department of Mental Health and Substance Abuse Services—Oklahoma City	Oklahoma Partnership Initiative (OPI)	Child focused	5 years	\$2.500 million
OREGON				
Klamath Tribes—Chiloquin	Klamath Tribes: Methamphetamine and Substance Abuse Eradication Project	Tribal	5 years	\$2.500 million
Multnomah County—Portland	Family Involvement Team	Drug court	5 years	\$3.742 million
Northeast Oregon Collaborative/Baker County—Baker City	Funding a collaborative of Child Welfare and substance abuse treatment providers	System-wide collaboration	5 years	\$2.500 million
OnTrack Inc.—Medford	(Collaboration to reduce foster care placement secondary to parental substance abuse) ^b	Treatment focused	5 years	\$2.500 million
RHODE ISLAND				
Children’s Friend and Service—Providence	Project Connect Statewide	Treatment focused	5 years	\$2.500 million
TENNESSEE				
Child and Family Tennessee—Knoxville	New beginnings for Women and Children	Child focused	5 years	\$3.742 million
Tennessee Department of Mental Health and Developmental Disabilities—Nashville	Building Strong Families In Rural Tennessee	Array of services	5 years	\$2.500 million
TEXAS				
Aliviane, Inc.—El Paso	Project Aware	Array of services	5 years	\$2.500 million

Lead Agency of the Regional Partnership <i>Location of Lead Agency Office in State</i>	Project Title <i>(as given by grantee)</i>	Grant Focus <i>(as assigned by HHS)</i>	Expected Duration of Grant	Total Expected Federal Funding
Houston Council on Alcoholism and Drug Abuse—Houston	SAFE4Kids	Child focused	5 years	\$2.500 million
Travis County—Austin	Parenting in Recovery Project	System-wide collaboration	5 years	\$2.500 million
VERMONT				
Lund Family Center—Burlington	A Regional Interagency Screening, Assessment, and Treatment Collaboration	Array of services	5 years	\$2.500 million
WASHINGTON				
Pierce County Alliance—Tacoma	Regional partnership to effect systems change for the purpose of increasing the reunification of children with parents recovering from substance dependency and to reduce the number of children returned to child welfare	Treatment focused	3 years	\$1.675 million
WISCONSIN				
Wisconsin Department of Health and Family Services—Madison	Western Wisconsin Collaborative for Children’s Safety and Permanency	System-wide collaboration	5 years	\$2.500 million

Source: Table prepared by Congressional Research Service (CRS) based on Appendix B in HHS, ACF, ACYF, Children’s Bureau, “Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse: First Annual Report to Congress” (sent to Congress May 2010).

- a. This lead agency is officially located in Dolores, CO. However, its regional partnership program is operating and serving families in New Mexico.
- b. This grantee does not give a project title. This description is based on the grantee’s project abstract.

Appendix G. Monthly Caseworker Visits: Allotments by State

Table G-1. Allotments for Monthly Caseworker Visits with Children in Foster Care, FY2006-FY2012

No FY2007 funds were provided for this purpose. States were permitted to spend FY2006 funds during that year.

State	FY2006	FY2008	FY2009	FY2010	FY2011	FY2012
Alabama	\$840,806	\$105,385	\$211,030	\$424,784	\$424,165	\$414,115
Alaska	\$91,458	\$10,646	\$20,574	\$39,650	\$37,997	\$37,283
Arizona	\$939,577	\$116,805	\$228,112	\$471,024	\$494,916	\$514,547
Arkansas	\$552,829	\$68,614	\$137,873	\$267,241	\$254,976	\$236,412
California	\$4,306,545	\$508,439	\$1,006,364	\$2,004,176	\$2,005,524	\$2,040,230
Colorado	\$380,276	\$49,871	\$98,287	\$195,003	\$197,918	\$207,376
Connecticut	\$295,772	\$33,463	\$63,575	\$125,199	\$123,725	\$125,557
Delaware	\$89,393	\$12,456	\$25,471	\$52,797	\$55,194	\$57,651
District of Columbia	\$129,235	\$15,482	\$28,839	\$54,554	\$51,091	\$49,293
Florida	\$1,745,727	\$218,437	\$429,932	\$866,876	\$952,123	\$1,061,140
Georgia	\$1,374,242	\$182,296	\$369,550	\$740,873	\$758,248	\$788,626
Hawaii	\$156,974	\$15,257	\$28,694	\$56,319	\$57,152	\$58,154
Idaho	\$146,098	\$18,717	\$36,142	\$72,388	\$78,193	\$89,469
Illinois	\$1,707,839	\$222,601	\$451,032	\$903,845	\$880,090	\$841,412
Indiana	\$842,071	\$105,369	\$210,832	\$428,370	\$424,621	\$413,933
Iowa	\$267,284	\$37,372	\$78,673	\$161,607	\$164,238	\$159,012
Kansas	\$267,406	\$33,284	\$66,668	\$129,351	\$126,667	\$127,037
Kentucky	\$786,785	\$95,225	\$189,951	\$378,317	\$378,518	\$358,944
Louisiana	\$1,199,691	\$136,018	\$253,023	\$473,137	\$456,580	\$431,581
Maine	\$166,113	\$21,753	\$45,343	\$93,486	\$93,570	\$92,810
Maryland	\$432,768	\$54,689	\$110,960	\$226,106	\$238,840	\$250,797
Massachusetts	\$547,303	\$70,359	\$140,657	\$292,688	\$303,622	\$308,401
Michigan	\$1,512,784	\$189,646	\$391,136	\$787,884	\$765,946	\$735,599
Minnesota	\$405,513	\$48,726	\$100,326	\$205,106	\$204,446	\$205,320
Mississippi	\$665,160	\$80,052	\$158,018	\$317,802	\$311,008	\$299,040
Missouri	\$978,380	\$142,385	\$313,046	\$649,675	\$584,918	\$507,572
Montana	\$119,161	\$14,405	\$27,450	\$52,996	\$51,208	\$50,436
Nebraska	\$179,526	\$23,409	\$45,864	\$90,017	\$86,822	\$84,910
Nevada	\$199,971	\$23,360	\$45,508	\$93,279	\$105,562	\$120,105

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State	FY2006	FY2008	FY2009	FY2010	FY2011	FY2012
New Hampshire	\$77,609	\$9,388	\$18,543	\$37,885	\$39,249	\$42,049
New Jersey	\$601,557	\$75,577	\$151,637	\$303,901	\$294,864	\$300,189
New Mexico	\$375,608	\$49,389	\$96,992	\$187,968	\$185,438	\$184,882
New York	\$2,307,345	\$281,120	\$566,657	\$1,119,705	\$1,119,944	\$1,158,982
North Carolina	\$1,194,760	\$160,950	\$325,715	\$661,379	\$674,399	\$664,216
North Dakota	\$68,385	\$7,615	\$15,347	\$31,163	\$30,743	\$29,518
Ohio	\$1,474,225	\$189,676	\$376,453	\$759,063	\$768,537	\$763,233
Oklahoma	\$641,887	\$77,447	\$155,739	\$301,751	\$286,725	\$279,298
Oregon	\$626,990	\$72,322	\$140,527	\$277,171	\$280,022	\$281,098
Pennsylvania	\$1,399,207	\$183,376	\$366,009	\$733,297	\$719,059	\$701,330
Rhode Island	\$142,498	\$14,701	\$27,734	\$55,037	\$55,553	\$57,004
South Carolina	\$809,185	\$98,405	\$193,853	\$390,558	\$394,729	\$386,749
South Dakota	\$95,326	\$11,449	\$22,459	\$44,841	\$45,166	\$46,296
Tennessee	\$1,137,165	\$147,293	\$295,464	\$582,901	\$576,014	\$561,760
Texas	\$3,987,472	\$532,717	\$1,067,996	\$2,121,342	\$2,094,943	\$2,080,850
Utah	\$210,202	\$27,367	\$52,596	\$102,744	\$108,544	\$123,052
Vermont	\$58,092	\$6,934	\$14,273	\$29,484	\$31,447	\$32,069
Virginia	\$688,603	\$90,492	\$181,418	\$365,505	\$365,424	\$365,796
Washington	\$629,604	\$84,442	\$171,715	\$349,144	\$372,769	\$400,426
West Virginia	\$364,134	\$42,366	\$81,472	\$160,647	\$156,532	\$147,453
Wisconsin	\$596,290	\$71,426	\$146,234	\$301,408	\$315,812	\$328,305
Wyoming	\$46,135	\$5,142	\$9,121	\$16,931	\$16,195	\$16,653
50 States + DC	\$38,858,966	\$4,894,115	\$9,790,884	\$19,588,375	\$19,599,986	\$19,617,970
American Samoa	\$86,317	\$2,224	\$4,473	\$8,920	\$8,828	\$8,836
Guam	\$105,698	\$4,865	\$9,785	\$19,514	\$19,313	\$19,332
Northern Marianas	\$81,960	\$1,630	\$3,278	\$6,538	\$6,471	\$6,477
Puerto Rico	\$774,972	\$94,156	\$185,526	\$364,579	\$353,453	\$335,424
Virgin Islands	\$92,087	\$3,010	\$6,054	\$12,074	\$11,949	\$11,961
Territories	\$1,141,034	\$105,885	\$209,116	\$411,625	\$400,014	\$382,030
TOTAL	\$40,000,000	\$5,000,000	\$10,000,000	\$20,000,000	\$20,000,000	\$20,000,000

Source: Table prepared by the Congressional Research Service (CRS), based on data received from HHS, ACF, OLAB (various times) for FY2006-FY2010 and as included in HHS, ACF, ACYF-CB-11-06 for FY2011 and HHS ACF, ACYF-CB-12-05 for FY2012.

Note: HHS, ACF, OLAB indicated that the allotment amounts shown for Connecticut for FY2008 and FY2009 were not ultimately issued to the state. It was not able to indicate why, or whether this was also true for other years and for other states.

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