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Child Welfare: An Overview of Federal Programs and Their Current Funding

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Summary

Child welfare services are intended to prevent the abuse or neglect of children; ensure that children have safe, permanent homes; and promote the well-being of children and their families. As the U.S. Constitution has been interpreted, states bear the primary authority for ensuring the welfare of children and their families. The federal government has shown long-standing interest in helping states improve their services to children and families and, through the provision of federal support, requires states to meet certain child welfare requirements. For FY2017, an estimated $8.9 billion in federal support was made available for child welfare purposes. FY2018 began on October 1, 2017, but final funding levels for that year have not yet been determined. In the meantime, funding to continue child welfare programs in this new fiscal year has been provided via short-term funding measures, including P.L. 115-56 (through December 8, 2017), P.L. 115-90 (through December 22, 2017), and P.L. 115-96 (through January 19, 2018).

Federal support for child welfare activities is provided via multiple programs. The largest share of this federal child welfare funding is provided for support of children in foster care, and for ongoing assistance to children who leave foster care for new permanent families (via adoption or legal kinship guardianship). Federal support for these child welfare purposes is authorized in Title IV-E of the Social Security Act. It is annually appropriated at the level needed to support a specified share of the cost incurred by states in providing foster care, adoption assistance, or kinship guardianship assistance to eligible children. The federal share of that cost was estimated at $7.5 billion in FY2016 and, as of the July 2017 mid-session budget review, was expected to be $7.8 billion in FY2017.

Federal funding for all other child welfare activities remained at $1.1 billion in FY2017, which was the same level provided in FY2016. This funding is primarily authorized via Title IV-B of the Social Security Act (for child welfare related services to children and their families), as well as some separate authorizations of funding in Title IV-E of the Social Security Act (related to services for older youth in care and those who "age out" of care and for Adoption and Legal Guardianship Incentive Payments), and in multiple program authorizations included in the Child Abuse Prevention and Treatment Act (CAPTA), Adoption Opportunities, and the Victims of Child Abuse Act. Federal support provided annually for these various child welfare acts and activities is a fixed sum that is determined, for each program, during the yearly discretionary appropriations process or is based on a mandatory dollar amount specified in the program authorizing law.

Legislation concerning welfare programs authorized under Title IV-E and Title IV-B is handled in the House Ways and Means and Senate Finance committees; legislation concerning grants and activities authorized by CAPTA and Adoption Opportunities is handled in the House Education and the Workforce and Senate Health, Education, Labor, and Pensions (HELP) committees; legislation concerning the grant programs in the Victims of Child Abuse Act is handled in the House and Senate Judiciary committees.

At the federal level, these child welfare programs are primarily administered by the Children's Bureau, which is an agency within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS). Nearly all federal child welfare dollars (97%) were provided to state, tribal, or territorial child welfare agencies (via formula grants or as federal reimbursement for a part of all eligible program costs). The remaining federal child welfare dollars (3%) are provided to a variety of eligible public or private entities, primarily on a competitive basis. This money supports research, evaluation, technical assistance, and demonstration projects to expand knowledge of, and improve, child welfare practice and policy.

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Introduction

Child welfare services are intended to prevent the abuse or neglect of children; ensure that children have safe, permanent homes; and promote the well-being of children and their families.

As the U.S. Constitution has been interpreted, states have the primary authority to ensure the welfare of children and their families. At the state level, the child welfare "system" consists of public and private child protection and child welfare workers, public and private social services workers, state and local judges, prosecutors, and law enforcement personnel. These agents of various state and local entities assume interrelated roles while carrying out child welfare activities, including

- promoting child and family well-being through community-based activities;
- investigating, or otherwise responding to, allegations of child abuse and neglect;
- providing services to families to ensure children's safety in the home;
- removing children from their homes when that is necessary for children's safety;
- supervising and administering payments for children placed in foster care;
- ensuring regular case review and permanency planning for children in foster care;
- helping children leave foster care to permanent families via reunification with parents or, when that is not possible, via adoption or legal guardianship;
- offering post-permanency services and supports to maintain families; and
- helping older children in foster care, and youth who leave care without placement in a permanent family, to become successful adults.

Federal involvement in child welfare is primarily tied to the financial assistance it provides to states and most federal dollars dedicated to child welfare purposes are provided to state child welfare agencies for the provision of foster care. As a condition of receiving these foster care and certain other child welfare program funds, states must typically provide nonfederal resources of between 20% and 50% of the program costs, and they are required to abide by a series of federal child welfare policies. Those policies are designed to ensure the safety and well-being of all children and families served. However, the most specific and extensive federal requirements concern the protection of children in foster care, especially to ensure them a safe and permanent home.[1]

Federal child welfare funding is primarily provided as part of the annual appropriations bill for the Departments of Labor, Health and Human Services (HHS), and Education and is included in the HHS, Administration for Children and Families (ACF) account. These funds are provided on both a mandatory and a discretionary basis and are administered by the federal Children's Bureau, which is a part of the Administration on Children, Youth, and Families (ACYF) within the ACF. Separately, discretionary funding for several child welfare programs authorized by the Victims of Child Abuse Act is provided in the annual appropriations bill for the Departments of Commerce and Justice. Those program funds are administered at the federal level in the Department of Justice (DOJ), Office of Justice Programs (OJP).

Table 1 summarizes child welfare funding provided in recent years.

[1] See CRS Report R42794, *Child Welfare: State Plan Requirements under the Title IV-E Foster Care, Adoption Assistance, and Kinship Guardianship Assistance Program*.

Table 1. Final Funding Estimates for Child Welfare Programs

(nominal dollars in millions; parts may not sum to total due to rounding)

Child Welfare Programs	FY2013	FY2014	FY2015	FY2016	FY2017[a]
TOTAL—All Programs	**$7,578**	**$8,390**	**$8,279**	**$8,603**	**$8,898**
Title IV-B—all programs	$688	$689	$664	$668	$668
Title IV—all programs	$6,710	$7,510	$7,424	$7,746	$8,041
Other—all other programs	$180	$192	$190	$188	$189

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

Notes: Title IV-B and Title IV-E are parts of the Social Security Act. A child welfare program or activity was included in the "Title IV-B" or "Title IV-E" category if its authorization of funding was included in that part of the law. Remaining child welfare programs were grouped in the category "Other." For a list of programs by these categories, see **Appendix A**. Final funding amounts reflect any effects of sequestration.

Title IV-E mandatory funding amounts included in this table are based (for FY2017) on estimated budget authority determined as of the July 2017 Mid-Session Budget Review, and (for all earlier fiscal years) the most current data on federal obligations made/expected as shown in the relevant U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF) *Justifications for the Appropriations Committee.* The Title IV-E amounts shown in this table may vary from earlier versions of this report because obligation or budget authority levels reported may change and/or because versions of this table included in earlier versions of this report showed Title IV-E funding as the amount of "definite budget authority" provided.

a. The FY2017 total is different than the FY2017 "final funding" number shown in CRS Report R44863, *Child Welfare Funding in Brief: FY2017 Final Funding and the President's FY2018 Request*. This difference is solely related to the estimated level of Title IV-E funding for foster care, adoption assistance, and guardianship assistance. CRS Report R44863, *Child Welfare Funding in Brief: FY2017 Final Funding and the President's FY2018 Request* shows the FY2017 estimates that HHS used to make the FY2018 request. However, those estimates are revised based on actual obligations and so may change. Accordingly, the Title IV-E numbers used in this report are based on the a more recent HHS re-estimate of necessary Title IV-E budget authority as prepared for the Mid-Session Budget Review (released July 2017).

Apart from the child welfare-specific (dedicated) federal funding shown in **Table 1** and provided for programs described in this report, state child welfare agencies tap significant program resources—as much as $5.0 billion—from other federal funding streams.[2] Often these include the Temporary Assistance for Needy Families (TANF) block grant, the Social Services Block Grant (SSBG), and Medicaid.[3] These federal funding streams have federal statutory goals, or support activities, that overlap with child welfare purposes. However, they are not solely dedicated to child welfare purposes, and states are not necessarily required to use them for those specific purposes. Neither do states need to meet federal requirements specific to the conduct of their child welfare programs as a condition of receiving this "non-dedicated" funding.[4]

This report begins with an overview of FY2018 appropriations activities for child welfare programs through mid-January 2018, followed by a discussion of final appropriations actions for FY2017. It then includes a discussion of how annual funding levels are determined for child

[2] See CRS In Focus IF10590, *Child Welfare: Purposes, Federal Programs, and Funding*.

[3] Kristina Rosinsky and Dana Connelly *Child Welfare Spending in SFY 2014: A Survey of Federal, State, and Local Expenditures*, Child Trends, Annie E. Casey Foundation, and Casey Family Programs, October 2016. Medicaid spending counted in this survey *excludes* spending on basic health care for children (which is typically a state *Medicaid agency* expenditure). Instead it includes only the spending on Medicaid services or activities for which the state child welfare agency was responsible for providing the nonfederal share of the program costs (e.g., targeted case management, rehabilitative services, Medicaid-funded therapeutic foster care, and associated administrative costs).

[4] For more information on TANF, see CRS Report R40946, *The Temporary Assistance for Needy Families Block Grant: An Overview*; for more information on SSBG, see CRS Report 94-953, *Social Services Block Grant: Background and Funding*; and for more information on Medicaid, see CRS Report R43357, *Medicaid: An Overview*.

welfare programs and briefly discusses the effect of sequestration on that child welfare funding. The remainder, and largest part, of the report provides descriptions of each federal child welfare program, including its purpose and recent (FY2013-FY2017) funding levels.

Status of FY2018 Appropriations

FY2018 began on October 1, 2017, but final appropriations levels for that year have not yet been determined. In the meantime, to allow continuation of most federal activities, including for child welfare purposes, three short-term continuing resolutions (CRs) have been enacted. The first (Division D of P.L. 115-56) provided funding through December 8, 2017. The second (Division A of P.L. 115-90) extended funding for FY2018 through December 22, 2017. The current CR (Division A of P.L. 115-96) extends federal funding through January 19, 2018.

The FY2018 CRs continue support for each of the child welfare programs that received funding in the previous year (FY2017). (For several of these programs, funding authority otherwise would have expired.) Until a final FY2018 appropriations bill is enacted, the total child welfare funding that will be provided remains uncertain and may be less (or more) than the annualized levels provided in the CR. Accordingly, the CR stipulates that in continuing projects and activities, only the most limited funding actions may be taken.[5]

Under the current CR, for each child welfare program that receives discretionary funding, the funding level provided is based on the program's FY2017 appropriation level, reduced by an "across-the-board" amount of 0.6791%.[6] Child welfare funding provided on a discretionary basis for FY2017 totaled close to $597 million. On an annualized basis, a 0.6791% reduction of that overall sum would provide total child welfare discretionary funding of around $593 million (or about 99.3% of the FY2017 total).

For those child welfare programs receiving annual appropriated mandatory funding, the CR provides that funding is available to maintain current law program needs under the authority and conditions provided for those programs in FY2017.[7] Principally, those child welfare programs that are partially or entirely funded by appropriated mandatory dollars are the federal Title IV-E foster care, adoption assistance, and kinship guardianship assistance program; the Promoting Safe and Stable Families (PSSF) program; and the Chafee Foster Care Independence Program basic grants.

FY2017 Appropriations

The Consolidated Appropriations Act, 2017 (P.L. 115-31), provides some $8.9 billion for child welfare programs, including an estimated $7.8 billion for foster care, adoption assistance, and kinship guardianship assistance, and $1.1 billion for all other child welfare activities, services, and research. Compared to FY2016 funding levels, HHS estimated support for foster care, adoption assistance, and kinship guardianship would increase for FY2017. Funding provided for all remaining child welfare activities remained generally unchanged from FY2016.

Although FY2017 began on October 1, 2016, full-year FY2017 appropriations levels for most federal programs and operations were not enacted until May 5, 2017. To allow for continuation of these activities in the interim, Congress approved three short-term continuing resolutions. The

[5] Sections 109 and 110 of Div. D of P.L. 115-56, as continued by Div. A of P.L. 115-90 and Div. A of P.L. 115-96.

[6] See Section 101(a) and (b) of Div. D in P.L. 115-56, as extended by Div. A of P.L. 115-90 and Div. A of P.L. 115-96.

[7] See Section 111 of Div. D in P.L. 115-56, as extended by Div. A of P.L. 115-90 and Div. A of P.L. 115-96.

first (Division C of P.L. 114-223) provided funding through December 9, 2016. The second continuing resolution (Division A of P.L. 114-254) extended funding through April 28, 2017, and the third continuing resolution (P.L. 115-30) extended funding until enactment of the Consolidated Appropriations Act, 2017, on May 5, 2017 (P.L. 115-31).

How Is the Level of Federal Child Welfare Funding Determined Each Year?

Nearly all child welfare funds are provided (appropriated) in annual appropriations acts. The amount of funding provided for a given program is controlled through the appropriations process, or in the case of programs receiving mandatory funding, via the authorizing legislation.

The largest share of federal support for child welfare is provided to maintain children in foster care and for ongoing assistance to children who leave foster care for adoption or kinship guardianship. Funding for these purposes is authorized under Title IV-E of the Social Security Act on a "mandatory" and "open-ended" basis. Under this kind of funding authorization, the federal government is committed to paying a part of the cost of all eligible program expenditures made on behalf of children meeting federal eligibility criteria. Accordingly, the annual appropriation level specified by Congress for IV-E foster care, adoption assistance, and kinship guardianship assistance typically matches the amount of funding the Administration estimates (in its budget request) as necessary for the federal government to meet its commitment under the current program authorizing law. In the event this amount is underestimated, there is typically included in the appropriations act language that authorizes HHS to draw additional funds from the federal Treasury to meet federal program obligations for the year. Alternatively, if the Administration overestimates funding needed this amount will lapse (no longer be available for expenditure from the federal Treasury).[8]

Funding for all other child welfare programs is authorized on either a "discretionary" or a "capped mandatory" basis. A capped mandatory funding authorization includes a specific dollar amount written into the authorizing law. The primary child welfare programs with this type of funding authorization are the Chafee Foster Care Independence Program (general program) and the Promoting Safe and Stable Families (PSSF) program. Most child welfare programs have discretionary funding authorizations. For these programs, the level of funding is decided as part of the annual appropriations process. The Stephanie Tubbs Jones Child Welfare Services (CWS) program, Adoption Opportunities, Adoption and Legal Guardianship Incentive Payments, and various grants authorized under the Child Abuse Prevention and Treatment Act (CAPTA) are examples of child welfare programs with funding authorized on a discretionary basis.[9] (For a complete list of programs by type of funding authority, see **Appendix B**.)

Sequestration and Child Welfare Funding

Sequestration generally means application of an across-the-board spending cut. For nonexempt mandatory programs, it is currently scheduled to apply in every year through FY2025. For

[8] For trends in federal Title IV-E spending provided under the open-ended authorization see Figure 11-7 in the U.S. House Ways and Means, *2016 Green Book* at http://greenbook.waysandmeans.house.gov/2016-green-book/chapter-11-child-welfare.

[9] For trends in federal Title IV-B funding, which represents the largest share of capped or discretionary funding provided for child welfare purposes, see Figure 11-9 in the U.S. House Ways and Means, *2016 Green Book*; http://greenbook.waysandmeans.house.gov/2016-green-book/chapter-11-child-welfare.

nonexempt programs with discretionary funding, it *may* be required in any year through FY2021 (but only if one or both of the discretionary spending caps specified in the statute is exceeded).[10]

Mandatory child welfare funding provided under Title IV-E of the Social Security Act is specified in statute as *exempt* from sequestration and is, for the most part, not subject to a required automatic reduction of appropriations.[11] This exempt Title IV-E funding represents by far the largest share of all federal child welfare funding and includes the mandatory Title IV-E funding for foster care, adoption assistance, guardianship assistance, and the Chafee Foster Care Independence Program.

Mandatory funding provided under Title IV-B of the Social Security Act as part of the Promoting Safe and Stable Families (PSSF) program is classified as *nonexempt.* This means that, beginning with FY2013, mandatory funding provided for the PSSF program has been subject to annual reductions (or sequestration), ranging from a low of 5.1% to a high of 7.2%. For FY2018, the funding cut is 6.6%,[12] a slightly smaller reduction than the 6.9% applied for FY2017 that reduced FY2017 PSSF mandatory dollars by roughly $24 million (applied proportionately across all the activities funded by mandatory PSSF dollars, such as child and family services, Regional Partnership Grants, and Court Improvement).[13] The dollar effect of the FY2018 sequestration on mandatory PSSF funding cannot be determined until the final PSSF mandatory funding level has been given.

All child welfare programs with discretionary funding are nonexempt, and each was subject to sequestration in FY2013 (resulting in a 5.0% reduction in appropriated funding). In each subsequent fiscal year through FY2017, however, the Office of Management and Budget (OMB) determined that discretionary funds appropriated did not exceed the caps established by the Budget Control Act (as amended) and thus no sequestration was applicable.[14] A determination about any needed discretionary sequestration for FY2018 cannot be made until after final appropriations have been enacted. For a description of sequestration by year and a table showing child welfare programs by their type of funding authority and status as "exempt" or "nonexempt," see **Appendix B**.

Federal Child Welfare Programs

Federal child welfare programs are described below. Each description includes program purposes, the final funding level in each of FY2013-FY2017, and the type and status of the program's

[10] See Appendix, "Budget Enforcement Actions," in CRS Report R44478, *Status of FY2017 Labor-HHS-Education Appropriations*.

[11] Mandatory funding in "exempt" accounts remains subject to sequestration if it is used for federal administration purposes. For FY2017, $27 million in Title IV-E funding was used for federal administration purposes and was subject to sequestration (6.9% reduction); this reduced FY2017 spending under the Title IV-E program by about $2 million.

[12] See *OMB Report to the Congress on the Joint Committee Reductions for Fiscal Year 2018*, May 23 2017, Appendix, https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/sequestration_reports/2018_jc_sequestration_report_may2017_potus.pdf.

[13] See *OMB Report to the Congress on the Joint Committee Reductions for Fiscal Year 2017*, February 9, 2016, https://obamawhitehouse.archives.gov/sites/default/files/omb/assets/legislative_reports/sequestration/jc_sequestration_report_2017_house.pdf.

[14] The Office of Management and Budget (OMB) determined in a May 16, 2017 report that the FY2017 funding provided by Congress met the discretionary funding caps established for that year (via P.L. 112-25, as amended by P.L. 114-74) or was within a technical scoring range (as permitted by P.L. 115-31). See *OMB Seven Day After Report*, May 16, 2017, https://www.whitehouse.gov/omb/public-releases/7dayafterreport.

funding authority.[15] Unless otherwise specified, the term *states* refers to the 50 states and the District of Columbia, and the term *territories* refers to Puerto Rico, Guam, American Samoa, Northern Mariana Islands, and the U.S. Virgin Islands.

Title IV-B of the Social Security Act

Title IV-B of the Social Security Act principally authorizes support for child welfare activities that is provided to states, territories, and tribes under two formula grant programs. Separately it authorizes funding for related research, training, and other projects; this funding is competitively awarded to eligible entities.[16] Legislation authorizing these Title IV-B programs and activities is handled by the House Committee on Ways and Means and the Senate Committee on Finance.

Stephanie Tubbs Jones Child Welfare Services

Known as "Child Welfare Services," this program authorizes formula grant funding to states, territories, and tribes to support services and activities intended to

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

There are no federal eligibility criteria for recipients. Instead, states may elect to fund services and activities to meet these goals on behalf of any child or family that they determine to be in need of them. To receive these funds, states must meet federal requirements, many of which are designed to ensure *all* children in foster care receive certain permanency planning and other protections.[17]

Planned Use of Funds

While state spending patterns vary, for FY2017 states collectively planned to spend the largest part of their federal Child Welfare Services funding (44%) on child protective services. These services may include investigations of child abuse and neglect, caseworker activities on behalf of

[15] Funding amounts for each of FY2013-FY2017 shown in this report are generally based first on the relevant final appropriations laws for each fiscal year (P.L. 112-74, P.L. 113-6, P.L. 113-76, P.L. 113-235, P.L. 114-113, P.L. 115-31), including any official accompanying explanatory text or tables. However, the reported appropriation level reflects any sequestration applied to those accounts. Additionally, funding for Title IV-E foster care, adoption assistance, and kinship guardianship assistance are based on most recent estimate of obligations, or budget authority, available for a given year. Specifically for FY2013-FY2016, funding amounts shown in this report are based on federal obligations made for the year (as included in the most recent HHS ACF budget justifications with information for the year) and for FY2017 are based on estimates used by HHS ACF to prepare the July 2017 mid-session review of the budget.

[16] Title IV-B also contains funding authority for the Mentoring Children of Prisoners program (Section 439). The program was established by the Promoting Safe and Stable Families Amendments of 2001 (P.L. 107-133), received initial funding for FY2003 ($10 million), and received its most recent appropriation ($49 million) for FY2010. It is not discussed in this report.

[17] For a more comprehensive discussion of this program, including funding by state, see CRS Report R41860, *Child Welfare: Funding for Child and Family Services Authorized Under Title IV-B of the Social Security Act*,.

children and their families (both those in foster care and those at home), counseling, emergency assistance, and arranging alternative living arrangements. Additionally, states planned to spend a combined 30% of this funding on three categories of services: family support, family preservation, and time-limited family reunification services. These services are intended to strengthen families to promote family and child well-being, as well as to enable children to remain safely at home, or if they have entered foster care, to be returned safely home.

Collectively states expected to spend remaining federal FY2017 CWS funds as follows: 10% for foster care maintenance payments (to pay the room and board cost of a child's stay in foster care); 6% for program administration; 5% for services to promote and support adoption and for adoption and guardianship subsidies; and 5% for other activities, services, or planning, including training and foster and adoptive parent recruitment.[18]

Distribution

All states receive a base allotment of $70,000 in CWS funding. The remaining program appropriations are distributed to states based on their relative share of the population of children (individuals under age 21), with a higher per child federal funding level provided to states with lower per capita income. Generally, to receive its full federal allotment of CWS funding, each state must provide nonfederal resources equaling no less than 25% of all funds spent under this program.[19] Tribal allotments are reserved by HHS out of a state's Child Welfare Services allotment based in large part on a tribe's share of the state's child (under age 21) population.

Funding

Funding for Child Welfare Services was first authorized in 1935 as part of the original Social Security Act and is currently included at Title IV-B, Subpart 1 of that act. Most recently, annual discretionary funding of $325 million was authorized for the program through FY2016 (i.e., through September 30, 2016).[20] Congress, however, may choose to extend CWS funding without explicit funding authorization, and with P.L. 115-31 it continued federal support for the program through FY2017 at just below $269 million; this is the same nominal dollar level provided for CWS in FY2016. **Table 2** shows final funding for the program in each of FY2013-FY2017.

Table 2. Final Funding for Stephanie Tubbs Jones Child Welfare Services Program

(nominal dollars in millions)

Child Welfare Services	FY2013	FY2014	FY2015	FY2016	FY2017
Formula grants to states, territories, and tribes	$262.6	$268.7	$268.7	$268.7	$268.7

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

[18] HHS, ACF, ACYF, Children's Bureau, *Report to Congress on State Child Welfare Expenditures,* 2017 (October 2017).

[19] States are required to provide a greater share of program costs to receive this funding if they complete less than 95% of the expected monthly caseworker visits, and/or less than 50% of the visits occur where the child lives. For more information, see "Grants to Improve Monthly Caseworker Visits" in CRS Report R41860, *Child Welfare: Funding for Child and Family Services Authorized Under Title IV-B of the Social Security Act*.

[20] The $325 million annual funding authorization level was added to the law as of FY1990; nominal dollar funding for the program has never exceeded the $295 million provided for CWS in FY1993.

Notes: The FY2013 funding shown reflects the final operating level after application of sequestration. For recent CWS funding by state, see Table 11-9A in House Ways and Means Committee, *2016 Green Book,* Chapter 11, *Child Welfare.*

Promoting Safe and Stable Families Program

The Promoting Safe and Stable Families (PSSF) program authorizes formula grant funding to states, tribes, and territories for services to

- strengthen at-risk families and prevent maltreatment;
- preserve families and ensure children's safety and well-being by providing services that allow children to safely remain with (or return) to their families;
- address problems of families whose children have been placed in foster care (to enable timely reunification); and
- support adoptive families by providing supportive services necessary for them to make a lifetime commitment to their children.

To receive these funds, states must meet certain federal requirements, which are primarily related to state planning for comprehensive services to children in families.[21]

The statute also provides that before PSSF funds are distributed to states for support of these services, a part of the program's funding must be reserved for other grants and activities, including grants under the Court Improvement Program and Regional Partnership Grants. (These, and other reservations of PSSF funds, are described further below.)

Planned Use of Funds

States receiving PSSF funds are required to spend a "significant" portion of this federal funding (generally interpreted in guidance as at least 20% of the federal dollars) on each of four defined service categories: family support, family preservation, time-limited family reunification, and adoption promotion and support. For FY2017, states collectively planned to spend their federal PSSF funding as follows: 26% for family support services, 23% for family preservation services, 22% for adoption promotion and support services, and 22% for time-limited family reunification services (i.e., services intended to enable children who have been in foster care for no more than 15-17 months to return safely to their homes). Remaining funds were to be spent for program administration (7%) or other program costs, including planning (2%).[22]

Funding

The PSSF program was added to the Social Security Act (Title IV-B, Subpart 2) in 1993 (P.L. 103-66). Most recently combined mandatory and discretionary funding for the program was authorized (through FY2016) at $545 million/year. Congress has never funded the program at its full authorized level. Final funding made available for PSSF (including all related activities) has for many years been less than the total authorized level. This is because (1) Congress has never provided the full level of

[21] For a more comprehensive discussion of this program, see CRS Report R41860, *Child Welfare: Funding for Child and Family Services Authorized Under Title IV-B of the Social Security Act*.

[22] HHS, ACF, ACYF, Children's Bureau, *Report to Congress on State Child Welfare Expenditures*, 2017 (October 2017), p. 5. Percentages total more than 100 due to rounding. Collectively, states report spending more than 20% in each of the four service categories, but there is variation across states. According to HHS, states that spend less than 20% on a given category report doing so because other resources are available to support the services.

discretionary funding authorized beginning in FY2002, and (2) in more recent years, some or all of the funding provided has been subject to sequestration. Across FY2013-FY2017, sequestration has reduced final PSSF funding by a combined $118 million (or, on average, a little less than $24 million in each of those five years).[23]

For FY2017, despite the expired funding authorizations, Congress provided PSSF (and related activities) funding totaling $381 million. This amount is comparable to the FY2016 funding level for the same program activities. Final FY2017 PSSF funding was provided in three (instead of two) parts: $325 million for mandatory PSSF purposes, $60 million for discretionary PSSF purposes, and $20 million in mandatory funds for two of the three Court Improvement Program (CIP) grants.[24] After sequestration of 6.9% of mandatory funds, the total available for PSSF (including all CIP funding) summed to just under $381 million. **Table 3** shows actual program funding (i.e., the amount made available after sequestration) for each of FY2013-FY2017.

Table 3. Final Funding for Promoting Safe and Stable Families (PSSF) Program

(nominal dollars in millions; parts may not sum to total due to rounding)

PSSF Funding	FY2013	FY2014	FY2015	FY2016	FY2017
TOTAL (mandatory and discretionary)	**$387.1**	**$379.9**	**$379.6**	**$381.3**	**$381.0**
Mandatory funding	$327.4	$320.2	$319.8	$321.5	$321.2[a]
Discretionary funding	$59.7	$59.8	$59.8	$59.8	$59.8

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

Note: The funding levels shown reflect any required sequestration, which in FY2013 applied to both the mandatory and discretionary funding, and for FY2014-FY2017 applied to the mandatory funds only. For recent PSSF funding by state, see Table 11-9A in House Ways and Means Committee, *2016 Green Book,* Chapter 11.

a. This amount includes $325 million in mandatory PSSF funds (Division H of P.L. 115-31) and a separate mandatory appropriation of $20 million (Division M of P.L. 115-31). After application of sequestration, the combined funding totaled $321.2 million. The separate $20 million appropriation was made to ensure funding for two grants authorized under the Court Improvement Program (CIP). In each of FY2013-FY2016, these grants were supported with funds set aside from mandatory PSSF dollars, which also support a third CIP grant. The Congressional Budget Office (CBO) does not consider funding for two of the three CIP grants to be a part of the PSSF mandatory baseline. The effect of the separate appropriations, and accompanying legislative language in Divisions H and M of P.L. 115-31, is to fund PSSF, including all three CIP grants, at the FY2016 level without lowering the PSSF mandatory baseline from its FY2017 level of $325 million. (The slight difference shown in the table between FY2016 and FY2017 mandatory dollars is solely due to sequestration; the overall appropriation amounts were identical.)

Distribution of PSSF Child and Family Services Funding

PSSF funds for child and family services are distributed to states based on their relative share of the national population of children receiving Supplemental Nutrition Assistance Program (SNAP) benefits (most recent three-year average). To receive its full federal allotment, each state must provide nonfederal resources equaling no less than 25% of funds spent under this program.

[23] The reduction total was calculated by summing the mandatory PSSF funds sequestered in each of the five years, and, with the discretionary PSSF funds sequestered in FY2013. See **Appendix B** for more information.

[24] This approach to PSSF funding for FY2017 was done in the absence of reauthorization of the PSSF mandatory funding at the $345 million level for FY2017. It allowed level funding for the PSSF program (and all related activities, including the CIP) between FY2016 and FY2017 while at the same time ensuring that the mandatory PSSF baseline, as it is understood by the Congressional Budget Office (CBO), would not be decreased. See also **Table 3**, note "a".

Reservation and Distribution of PSSF Funds for Other Grants and Activities

Apart from funding child and family services, the statute requires specified amounts of PSSF funding to be reserved each year for related programs and activities. These include the Court Improvement Program, Regional Partnership Grants (to improve outcomes for children affected by parental substance abuse), Monthly Caseworker Grants, and program-related evaluation and research. Therefore, before PSSF funds are distributed to states and territories for provision of child and family services, the law provides specific dollar or percentage amounts that HHS must set aside for each of these programs or activities.[25]

Table 4 shows all PSSF funding (mandatory and discretionary) divided by purpose or activity for each of FY2013-FY2017. For FY2017, the funding shown includes the separate appropriation provided for the Court Improvement Program, as noted above. In all fiscal years, the amount shown as funding for "services to children and families" is what remains after the required reservations of funds for specific purposes or activities.

Table 4. Final Discretionary and Mandatory PSSF Funding, by Program/Activity

(nominal dollars in millions; parts may not sum to total due to rounding)

PSSF Program or Activity	FY2013	FY2014	FY2015	FY2016	FY2017
TOTAL (mandatory and discretionary)	**$387.1**	**$379.9**	**$379.6**	**$381.3**	**$381.0**
Services to children and families— Formula grants to states and territories	$300.5	$295.2	$294.9	$296.0	$295.6
Tribal services to children and families— Formula grants to tribes	$10.5	$10.3	$10.3	$10.5	$10.5
State Court Improvement Program— Formula grants to state highest courts	$29.5	$28.9	$28.9	$29.0	$29.0
Tribal Court Improvement Program— Competitive grants for tribal courts[a]	$1.0	$1.0	$1.0	$1.0	$1.0
Monthly Caseworker Visits— Formula grants to states and territories	$19.0	$18.6	$18.5	$18.6	$18.6
Regional Partnership Grants— Competitive grants to regional partnerships to improve outcomes for children affected by parental substance abuse	$19.0	$18.6	$18.5	$18.6	$18.6
Evaluation, research, training, and technical assistance— Competitive grants, contracts, or agreements	$7.7	$7.5	$7.5	$7.6	$7.6

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

Notes: For FY2013, both mandatory and discretionary PSSF funding was affected by sequestration. For FY2014 through FY2017, only the program's mandatory funding was subject to sequestration. Sequestration applied to each program sub-purpose, which means that the effect of sequestration (i.e., the percentage reduction) was spread across each of the PSSF programs and activities.

a. Like other PSSF set-asides funded with mandatory dollars, the annual tribal Court Improvement set-aside amount ($1 million) was subject to sequestration in each of FY2013-FY2017. However, the effect of the sequestration (which produced funding levels ranging from a low of $927,000 to a high of $949,000 during those years) is not seen in this table because of rounding.

[25] For a description of the Court Improvement Program, Regional Partnership Grants, and Monthly Caseworker Visit Grants, see the sections corresponding to those program names in CRS Report R41860, *Child Welfare: Funding for Child and Family Services Authorized Under Title IV-B of the Social Security Act*.

Family Connection Grants

Section 427 of the Social Security Act authorizes Family Connection Grants. Congress last provided funding for these grants in FY2014. Family Connection Grants were used to support and evaluate four kinds of services, each intended to enable children in foster care, or at risk of entering care, to stay connected with their families,[26] including

- *kinship navigator programs*, which assist kin caregivers in finding and using services to meet their own needs and the needs of the children they are serving;
- *family finding*, which uses intensive search methods to locate biological family members who may serve as a child's permanent family;
- *family group decisionmaking*, which involves holding meetings to enable family members to develop a plan for the care and protection of children who have come to the attention of the child welfare agency; and
- *residential family treatment*, which enables parents to address substance abuse and mental health issues in a comprehensive treatment program while continuing to live with their children.

Across the life of this program, Family Connection grants were awarded to 49 grantees, including 11 public child welfare agencies (state, local, and tribal) and 38 private nonprofit agencies located in 23 states.[27] Projects supported with Family Connection Grant dollars were typically funded for three years, and grantees were required to provide nonfederal matching funds (between 25% and 50%, depending on the year of the grant) and to participate in coordinated evaluation activities. HHS also awarded a separate evaluation contract related to these grants.[28]

These grants were established as part of the Fostering Connections to Success and Improving Adoptions Act of 2008 (P.L. 110-351) and were never funded via annual appropriations acts. Instead, P.L. 110-351 appropriated $15 million annually to support their initial five years of operation (FY2009-FY2013), and the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) appropriated $15 million in FY2014 funding for these grants.[29] (See **Table 5**.)

Table 5. Final Funding for Family Connection Grants

(nominal dollars in millions)

Family Connection Grants	FY2013	FY2014	FY2015	FY2016	FY2017
Competitive grants to eligible entities and to support evaluation	$14.2	$15.0[a]	$0	$0	$0

[26] Section 427(g) of the Social Security Act requires HHS to reserve 3% of program funds ($450,000) annually for evaluation and permits it to reserve an additional 2% ($300,000) annually for technical assistance.

[27] Some grantees receive more than one grant. For more information on the FY2009-FY2014 grantees, see project descriptions and reports at http://www.nrcpfc.org/grantees.html. Regarding the remaining funds awarded in FY2015 awards; see http://www.acf.hhs.gov/programs/cb/resource/discretionary-grant-awards-2015.

[28] For cross-site evaluation findings and recommendations from the initial (2009-2011) grantees see the report at http://www.jbassoc.com/ReportsPublications/Fam Conn Summary and Recommendations 6-17-13 Stand-Alone Final.pdf. For evaluations of work regarding Family Group Decisionmaking, see http://www.acf.hhs.gov/sites/default/files/cb/family_connection_fgdm_2011_exesum.pdf and regarding residential family treatment programs see https://www.childwelfare.gov/pubPDFs/fam-conn-grantee-2012-rft-final-report.pdf.

[29] The funding provided in September 2014 was appropriated for FY2014 and was immediately used to provide a third year of project funding for 17 previous grantees (each of which received initial support with FY2012 dollars, awarded on September 30, 2012). Additionally, in FY2015 HHS used a small amount of FY2014 funding that remained unexpended to award three new Family Connection grants.

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

Notes: Funding for the grants was first appropriated via P.L. 110-351 and has never been included in annual appropriations acts. FY2013 funding shown reflects the final operating level after application of sequestration.

a. FY2014 funding for this program was appropriated on September 29, 2014, by P.L. 113-183, which was *after* the overall mandatory sequestration level had been determined by the Administration. Accordingly, sequestration did not apply to the FY2014 funds provided for this program.

Child Welfare Research, Training, or Demonstration Projects

Section 426 of the Social Security Act, established in the early 1960s, authorizes HHS to make grants, or to enter into contracts or cooperative agreements, to support research or demonstration projects that have regional or national significance, advance the practice of child welfare, encourage the use of research-based experimental or special types of child welfare services, and advance training for child welfare workers (including through traineeships). Entities eligible to conduct this work include public or nonprofit institutions of higher education, public or nonprofit agencies that conduct research or child welfare-related activities, and state or local (public) child welfare agencies. HHS is granted broad authority to design and administer these grants, contracts, or cooperative agreements.

HHS describes the "critical" uses of the Section 426 funding as follows:[30]

- administration of awards to colleges and universities that provide stipends for education of child welfare professionals;
- delivery of a child welfare training curriculum on leadership and effective change management;
- development of a comprehensive workforce framework;
- convening and providing leadership academies for state agency directors and middle managers, deans and directors of schools of social work, and online training for front-line supervisors;
- facilitating a national peer network of child welfare leaders focused on professional development of their workforce and strategic dissemination of effective and promising workforce practices.[31]

Beginning with FY2015, Congress has in each year stipulated that funds in this Section 426 account are available to support the National Survey of Child and Adolescent Well-Being (NSCAW).[32] For more information about this survey, see the NSCAW discussion below.

Section 426 of the Social Security Act authorizes annual funding for research, demonstration, and training activities on a permanent (no year limit) basis at "such sums as Congress may determine necessary." Final funding provided under this authority in FY2013-FY2017 is shown in **Table 6** below.

[30] HHS, ACF, *Justifications of Estimates for the Appropriations Committees, FY2018*, May 2017, p. 117.

[31] For FY2010-FY2014, funding from this account was used to support six "Permanency Innovation" grantees, all of whom worked to demonstrate effective ways to reduce the number of children who stay in foster care for more than two years. Findings from the project continue to inform Section 426 activities, including the web-based training and technical assistance platform. See http://www.acf.hhs.gov/programs/cb/resource/pii-project-resources.

[32] For FY2015, see explanatory statement at *Congressional Record*, Book II, December 11, 2014, p. H9838. For FY2016, see explanatory statement at *Congressional Record*, Book III, December 18, 2015, p. H10289. For FY2017, see explanatory statement at *Congressional Record*, Book III, May 3, 2017, p. H. 3954.

Table 6. Final Funding for Child Welfare Research, Training, or Demonstration

(nominal dollars in millions)

Child Welfare Research, Training and Demonstration	FY2013	FY2014	FY2015	FY2016	FY2017
Competitive grants, contracts, and other arrangements to support child welfare workforce training and to advance practice of child welfare via research or demonstration	$24.4	$25.0	$16.0	$18.0	$18.0

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

Note: The FY2013 funding shown reflects the final operating level after application of sequestration.

National Survey of Child and Adolescent Well-Being (NSCAW)

Section 429 of the Social Security Act requires HHS to conduct (directly or by contract) a nationally representative study of children who are at risk of child abuse or neglect, or are determined by the state to have been abused or neglected. In response to this 1996 legislative directive, NSCAW was launched. Two surveys have been conducted (in 1999 and again in 2008), gathering initial ("baseline") information on a national sample of approximately 6,000 children living in families investigated for child abuse and neglect along with follow-up information on these children and their families collected at intervals (up to five years) following the initial surveys.[33] HHS has begun work for a third NSCAW survey, which, following recruitment of participating agencies, is expected to begin initial data collection in late summer 2017. (This third survey, unlike the first two, is being supported with funds from the Child Welfare Research, Training, and Demonstration account, described in the preceding section.[34])

The survey data collected via NSCAW are unique from other child welfare administrative data reported by state child welfare agencies to HHS.[35] NSCAW looks at a nationally representative sample of children in families investigated for child abuse and neglect—and without regard to whether child abuse or neglect was determined by a child protective services investigator to have occurred or whether a child entered foster care. Thus the survey provides a more complete portrait of the full spectrum of children and families served by child welfare agencies. Further, NSCAW gathers information from children, parents, and other caregivers, as well as teachers and caseworkers, to examine the socio-behavioral, education, health status, and other conditions of children and families served by child welfare agencies, and it uses a range of standardized questions ("instruments") to do this. Multiple reports, research briefs, and info-graphics have

[33] The initial NSCAW survey involved about 5,500 children (ages 0-15) in families investigated for child abuse and neglect between October 1999 and December 2000, as well as more than 700 children who had been in foster care for 12 months as of that timeframe. Subsequent data were collected on these same children (and their caregivers) at various intervals for five years following the first (baseline) data collection. The second NSCAW (referred to as NSCAW II) looked at a sample of close to 5,900 children (ages 0-17) in families investigated for child abuse and neglect between February 2008 and April 2009. Additional data were collected on these children and their families at two subsequent intervals for three years following the baseline data collected. Specific funding for NSCAW ended with FY2011; consequently, no further data were collected in the NSCAW II.

[34] Congress provided $6 million in each of FY1997-FY2011 for NSCAW but from FY2012 through FY2017, it has not provided specific NSCAW funding. To permit completion of some of the work begun with NSCAW II, HHS redirected funds from other research accounts in each of FY2012-FY2014, although the lack of funding meant fewer waves of data were collected or analyzed in the second iteration of the survey. Beginning with FY2015, Congress has directed HHS to use Section 426 research funds to support NSCAW, but it did not increase funding for that account.

[35] This includes annual data reported to HHS by states via the Adoption and Foster Care Analysis Reporting System (AFCARS) and, separately, the National Child Abuse and Neglect Data System, NCANDS.

been produced for HHS from these survey data,[36] and many researchers have accessed the data for additional published analyses.[37]

Title IV-E of the Social Security Act

Title IV-E of the Social Security Act principally entitles states, tribes, and territories with an approved Title IV-E plan[38] to reimbursement of part of their costs of providing foster care, adoption assistance, or kinship guardianship assistance on behalf of eligible children. Each of the 50 states and the District of Columbia has an approved IV-E plan. Puerto Rico has long been the only territory with such a plan; however, effective with FY2017, the U.S. Virgin Islands also has received approval of a Title IV-E plan.[39] Additionally (as of November 2017), 10 tribal entities have an approved Title IV-E plan (see **Appendix C**).[40]

Title IV-E also authorizes capped mandatory funding for support of services to children who are expected to leave foster care because they "age out" of care rather than because they are returned home or placed in a new permanent family, youth who have aged out of care, and youth who leave care at age 16 or older for adoption or legal guardianship. Authorized under the Chafee Foster Care Independence Program, any state, tribe, or territory with an approved Title IV-E plan is entitled to a part of this capped mandatory funding.[41]

Additionally, Title IV-E provides annual capped mandatory funding for technical assistance related to providing child welfare services to tribal children, and this includes competitive grants to tribes to support development of a Title IV-E plan.

Finally, provisions included in Title IV-E also authorize discretionary funding for incentive payments to states and territories (with an approved Title IV-E plan) that increase adoptions and/or legal guardianships of children from foster care.

Legislation authorizing these Title IV-E programs and activities is handled by the House Committee on Ways and Means and the Senate Committee on Finance.

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[36] These resources are available from the HHS, ACF, Office of Planning Research and Evaluation (OPRE) website at http://www.acf.hhs.gov/programs/opre/research/project/national-survey-of-child-and-adolescent-well-being-nscaw.

[37] Several books derived from NSCAW data have been published, including Ron Haskins, Fred Wulczyn, and Mary Bruce Webb, eds., *Child Protection: Using Research to Improve Policy and Practice*, Brookings Institution Press, 2007, and Mary Bruce Webb, Kathryn Dowd, Brenda Jones Harden, John Landsverk, and Mark F. Testa, eds., *Child Welfare & Child Well-Being: New Perspectives from the National Survey of Child and Adolescent Well-Being*, Oxford University Press, 2010.

[38] For information on Title IV-E plan requirements, see CRS Report R42792, *Child Welfare: A Detailed Overview of Program Eligibility and Funding for Foster Care, Adoption Assistance and Kinship Guardianship Assistance under Title IV-E of the Social Security Act*.

[39] The Northern Mariana Islands does not appear to be eligible to participate in Title IV-E. The other four territories (American Samoa, Guam, Puerto Rico, and the U.S. Virgin Islands) are eligible to participate in Title IV-E, provided they have an approved plan. Puerto Rico has had an approved Title IV-E plan since FY1998. The U.S. Virgin Islands received approval of its Title IV-E plan, effective with FY2017.

[40] Tribes first became eligible for *direct* Title IV-E program participation in FY2010. As was true before FY2010, however, numerous tribes receive *indirect* Title IV-E funds, which are passed through by states under tribal-state Title IV-E agreements. For additional information, see Jack Trope and Shannon Keller O'Loughlin, "A Survey and Analysis of Selected Tribal-State Title IV-E Agreements," March 2014, http://icwa.narf.org/wordpress/wp-content/uploads/2014/03/20140320_title_iv-e_report.pdf.

[41] Tribes without a IV-E plan may also receive direct federal funding for services to youth aging out of foster care (Chafee program), if they have a Title IV-E agreement with a state.

Foster Care

When a child is found to be abused, neglected, or otherwise unsafe in his or her own home, the state may act to remove the child from that home and to place him or her in foster care. Foster care is a temporary living arrangement intended to ensure a child's safety and well-being until a permanent home can be reestablished or newly established for the child. Under the Title IV-E program, the public child welfare agency must work to ensure that each child who enters foster care is safely returned to his/her parents, or—if this is determined not possible or appropriate (by a court)—to find a new permanent home for the child via adoption, legal guardianship, or placement with a fit and willing relative.

The number of children in foster care declined from a reported high of 567,000 on the last day of FY1999 to 397,000 on the last day of FY2012. However, that number has trended up since then, reaching close to 437,000 children as of the last day of FY2016.[42]

Funding Available for Costs of Providing Foster Care to Eligible Children

Each state, tribe, or territory with an approved Title IV-E plan is entitled to partial federal reimbursement for every *eligible* cost related to providing foster care to eligible children. Title IV-E eligible criteria are spelled out in law and regulation.[43]

Eligible Children

Nationally, there were more than 437,000 children in foster care on the last day of FY2016, and during that same fiscal year, more than 166,000 children received Title IV-E foster care maintenance payments in an average month.[44] These figures suggest that considerably less than half of all children in foster care met federal Title IV-E foster care eligibility criteria.[45] In general, those criteria

- stipulate that the child must be removed from a home with very low income (i.e., 50% or less of federal poverty level in about three-quarters of the states);[46]
- require that the removal must have been accomplished through a judicial finding that the home was "contrary to the welfare" of the child,[47] or through a voluntary

[42] U.S. Committee on Ways and Means, *2016 Green Book,* Chapter 11, "Child Welfare," Additional Tables and Figures, Table 11-3; and HHS, ACF, ACYF, Children's Bureau, *Trends in Foster Care and Adoption,* October 2017.

[43] Unlike funding to states, which is "open-ended," all Title IV-E funding to territories is subject to a funding cap for "social services" specified in Section 1108(a) and (c) of the Social Security Act. The dollar amounts for these caps are specific to each of these territories and have not been changed since 1996. Federal funding which must be under this cap includes TANF state grants, certain federal funding provided to the territory for the aged, blind or disabled and any funding provided under Title IV-E

[44] Based on state-submitted Title IV-E foster care expenditure claims for FY2016 as compiled by HHS, ACF, Office of Legislative Affairs and Budget (OLAB), May 2017.

[45] See data on national trends in Title IV-E federal foster care coverage and FY2015 estimated rates by states in Figure 11-5 and Table 11-5 of the "Child Welfare" chapter of the House Ways and Committee *2016 Green Book*.

[46] CRS calculation based on a comparison of the FY2017 federal poverty guideline (for a family of three) to an annualized version of the applicable 1996 monthly "need standard" (or countable income) for a family of that same size in each state. Fifty percent of the FY2017 federal poverty guideline (for a family of three) equals $10,210 (in 48 contiguous states and DC); see https://aspe.hhs.gov/poverty-guidelines.

[47] The judge must also find that the state made reasonable efforts to prevent need to remove the child from the home (provided preservation/reunification efforts are considered necessary/appropriate by the court).

placement agreement entered into by the child's parent/guardian and the state child welfare agency;

- provide that a child must be living in a licensed foster family home or a "child care institution;" and
- require the child to be under the age of 18 or, if the state, tribe, or territory has included assistance to older youth in its IV-E plan, under the age of 19, 20, or 21 (as elected by the state).[48]

As of April 2017, 29 jurisdictions (including 23 states, the District of Columbia, and 5 tribes) have approval to provide Title IV-E assistance for youth beyond their 18th birthday. (See **Appendix D** for a list.)

Eligible Costs

Eligible Title IV-E costs include

- spending on foster care maintenance payments (for the eligible child's "room and board");
- caseworker time to perform required activities on behalf of eligible children in foster care or children at imminent risk of entering foster care (e.g., finding a foster care placement for a child and planning services needed to ensure a child does not need to enter care, is reunited with his or her parents, has a new permanent home, or is otherwise prepared to leave foster care);
- program-related data system development and operation;
- program eligibility determinations;
- training and recruitment of foster care providers for eligible children and training for child welfare workers and certain professional partners working with eligible children;
- implementing procedures related to identifying child-welfare-involved children and youth who are victims of (or at risk of) sex trafficking, documenting this, determining any services needed, and reporting information regarding victims of sex trafficking to law enforcement agencies;[49] and
- other program administration costs (related to eligible children in foster care).

Federal support for these Title IV-E program costs is 75% of a state's IV-E program training costs, 50% of all other eligible program administration costs, and ranges between 50% and 83% of eligible foster care maintenance payment costs (the percentage is redetermined annually and varies by state, with higher federal support going to states with lower per capita income).[50]

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[48] See also, Child Welfare: A Detailed Overview of Program Eligibility and Funding for Foster Care, Adoption Assistance and Kinship Guardianship Assistance under Title IV-E of the Social Security Act.

[49] Title IV-E support for this purpose was authorized by the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) and was available as of FY2015. For more information, See HHS, ACF, ACYF, Children's Bureau, PI-15-09, December 2, 2015 and *Child Welfare Policy Manual,* Section 8.1., Q&A 7.

[50] Tribes have a uniquely determined reimbursement rate for Title IV-E maintenance payments, which may not be less than the rate for any state the tribe is located in, and may not be more than 83%. States are reimbursed for maintenance payments at their Federal Medical Assistance Percentage (FMAP), which is used in the Medicaid program. See CRS Report R43847, *Medicaid's Federal Medical Assistance Percentage (FMAP)*.

Waivers

Currently 28 jurisdictions (26 states, the District of Columbia, and the Port Gamble S'Klallam Tribe) have approved child welfare demonstration projects (i.e., "IV-E waivers"). Under the terms and conditions of their specific waiver agreements, each of these jurisdictions is permitted to use Title IV-E foster care funds to provide services or assistance to children (and their families)—even if those children or those services or assistance would not normally be considered eligible. Under current law, HHS is not authorized to grant any new child welfare waivers, and no state may operate a waiver project after September 30, 2019.[51] (**Appendix E** shows jurisdictions with current Title IV-E waiver projects, including implementation and current end dates.)

First authorized by Congress in 1994, the goal of permitting waivers of specific Title IV-E requirements is to allow states to demonstrate alternative and innovative practices that achieve federal child welfare policy goals in a manner that is cost neutral to the federal Treasury. Each project has a specific approval period (usually five years), must be determined to cost the federal government no more in Title IV-E support than it would without the waiver project, and must be independently evaluated.

Title IV-E waiver projects vary significantly in geographic and program scope. Some operate (or plan to) on a statewide basis, others are limited to specific regions or counties in the state. The interventions may focus on different age groups (e.g., children age 0-5 years; children ages 12-17) and different service needs or circumstances (e.g., children entering care for the first time; children at risk of entering care; children transitioning from group care to home; children with substance-abusing parents).[52] At the same time, most of the approved waiver projects seek to use Title IV-E funds to demonstrate services or support that achieve one or more of the following:

- prevent child abuse or neglect or the recurrence of child abuse or neglect;
- prevent the need for children to enter (or reenter) foster care; and/or
- increase the speed and frequency with which children who are in foster care find permanency (through reuniting with family or placement in a new permanent adoptive or guardianship home).

Additional focus, in a smaller number of projects, addresses other issues, such as preventing or reducing the use of group ("congregate") care for children in foster care; addressing behavioral health needs of children; addressing needs of caregivers with substance use disorders; and reducing placement instability for children in foster care.[53]

Before approving a Title IV-E waiver project, HHS, together with the OMB, must determine a method to ensure that the state will not receive more funding under the approved waiver than it would have received in the absence of the waiver. For most current waiver projects, this "cost neutrality" determination is based on a prenegotiated capped allocation of a specific part of their federal Title IV-E foster care funding. In some of those states, the cap applied to funding across the entire state and for nearly all foster care costs; in others the cap applied only to one or more counties/cities or for specific kinds of costs (e.g., cost of congregate care). In places without a

[51] Section1130(a)(2) and (d)(2) of the Social Security Act.

[52] *Summary of Child Welfare Waiver Demonstration by Jurisdictions,* March 2017. Available on the Children's Bureau website at http://www.acf.hhs.gov/sites/default/files/cb/waiver_summary_table_active.pdf.

[53] *Summary of the Title IV-E Child Welfare Waiver Demonstrations,* prepared for Children's Bureau, ACYF, ACF, HHS by James Bell Associates, Inc., August 2016 at http://www.acf.hhs.gov/sites/default/files/cb/cw_waiver_summary2016.pdf.

cap, cost neutrality might rely on providing the same average per child cost for "usual care" as is provided for "treatment" care.

While states are able to use waiver funds for more activities and to serve different populations than would be allowed generally under the Title IV-E program, they also must continue—out of this same funding—to provide any needed foster care services and to meet all applicable federal child protections for those children (e.g., case planning and review).[54] Additionally, to receive funding under the waiver, each jurisdiction must continue to provide the nonfederal (state) share of program funding, which varies by type of program cost and may also vary by state (based on the amount of maintenance payment spending included in the cap). The state's share is always 50% for program administrative costs that are included in the capped funding (e.g., spending on case planning and management) and may not be more than 50% nor less than 17% for maintenance payments costs that are included in the cap.

A survey of state child welfare spending in state FY2014 found that among 18 states that reported spending under the waiver project of more than $1 billion, most of this funding continued to be used to provide foster care to children who were eligible for Title IV-E foster care (58%, $614 million) or was spent on those same foster care costs for children in foster care who did not meet Title IV-E eligibility (32%, $339 million). The remainder was spent primarily on other services and activities, whether for Title IV-E eligible or ineligible children (9%, $75 million) and for program development or evaluation (1%, $26 million).[55]

Foster Care Funding Authorized

Title IV-E entitlement (or mandatory) funding for foster care is authorized on a permanent basis (no year limit) and is provided in annual appropriations acts. Congress typically provides the amount of Title IV-E foster care funding (or "budget authority") that the Administration estimates will be necessary for it to provide state or other Title IV-E agencies with the promised level of federal reimbursement for all of their eligible Title IV-E foster care costs under current law. As of the mid-session review (released July 2017), HHS estimates Title IV-E foster care funding needed for FY2017 to be $5.091 billion. For federal Title IV-E funds obligated by HHS in FY2013-FY2016 and estimated budget authority needed for FY2017, see **Table 7**.

Adoption Assistance

Under Title IV-E of the Social Security Act, states, territories, or tribes with an approved Title IV-E plan are required to enter into an adoption assistance agreement with the adoptive parents of any child who is determined by the Title IV-E agency to have "special needs." An adoption assistance agreement must specify the nature and amount of any payments, services, and assistance to be provided.

To determine that a child has "special needs," that public agency must find that

- the child cannot or should not be returned to his/her parents;
- reasonable but unsuccessful efforts to place the child for adoption without assistance have been made (unless those efforts would not be in the child's best interest); and

[54] Section 1130(b) prohibits HHS from waiving these federal child protections for children in foster care.

[55] Kristina Rosinsky and Dana Connelly *Child Welfare Spending in SFY 2014: A Survey of Federal, State, and Local Expenditures*, Child Trends, Annie E. Casey Foundation, and Casey Family Programs, October 2016, pp. 17-18.

- the child has a specific condition or factor making it unlikely that he/she would be adopted without provision of adoption assistance or medical assistance.

Each state, territory, or tribe may establish its own "special needs" condition or factors and, as suggested in federal law, they frequently reference the child's age; membership in a sibling group; physical, mental, or emotional disability/disorder; and/or membership in a racial/ethnic minority. Nearly all special needs adoptees were previously in foster care.[56] Nationally, states reported that some 82% of children adopted from foster care in FY2015 were determined by the state to have special needs, and the primary special needs identified were membership in a sibling group (32%); medical condition or physical, mental, or emotional disability (21%); "other—Title IV-E agency defined factor" (21%); age (16%); or race/ethnicity (9%).[57]

Eligibility for Title IV-E Adoption Assistance for Special Needs Adoptees

For any child with special needs, federal reimbursement is available to states for a part of the cost of paying the adoptive parent's *nonrecurring* adoption expenses (i.e., one-time costs related to legally finalizing the adoptions).[58] Federal reimbursement is also available for a part of the cost of providing *ongoing* (monthly) subsidies to adoptive parents on behalf of children with special needs. Under current law, some children with special needs are required to meet additional income and other criteria to be eligible for this ongoing assistance, but those additional rules are being phased out, primarily based on age of the special needs child in the fiscal year the adoption assistance agreement is finalized.[59] During FY2016, ongoing monthly Title IV-E adoption assistance payments were paid on behalf of close to 456,700 children on an average monthly basis.[60]

States, territories, or tribes with a Title IV-E plan approved by HHS may seek federal reimbursement for a part of the cost of making payments agreed to under Title IV-E adoption assistance agreements and for related program administration costs, including training. As with Title IV-E foster care funding, Title IV-E adoption assistance funding is authorized on a permanent (no year limit) basis, and Congress typically provides the amount of annual funding for this open-ended entitlement that HHS estimates will be necessary to reimburse states for all eligible program costs. As of the mid-session review (released July 2017), HHS estimated it would need $2.658 billion in federal Title IV-E adoption assistance budget authority for FY2017. For federal Title IV-E adoption assistance funds obligated in FY2013-FY2016 and estimated budget authority need for FY2017, see **Table 7**.

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[56] For additional information see discussion of "Title IV-E Adoption Assistance," in CRS Report R42792, *Child Welfare: A Detailed Overview of Program Eligibility and Funding for Foster Care, Adoption Assistance and Kinship Guardianship Assistance under Title IV-E of the Social Security Act*.

[57] FY2015 AFCARS data provided to CRS by HHS, ACF, ACYF, Children's Bureau, A very small number of these adoptions may be of children who were not previously in foster care.

[58] Federal support for this assistance is limited to 50% of total costs not exceeding $2,000 (i.e., maximum $1,000 federal reimbursement for nonrecurring costs of adoptive placement) (45 C.F.R. §1356.41(f)).

[59] For children on whose behalf an adoption assistance agreement is entered into at any time during FY2017, the additional Title IV-E income and related must be used in instances when the special needs adoptee will not reach his or her second birthday by the end of that fiscal year (i.e., as of September 30, 2017). Children with special needs who are siblings of those meeting the age or length of time in care (60 continuous months) criteria must also be determined eligible for Title IV-E adoption assistance *without* use of any income or related requirements, (provided those siblings are placed in the same adoptive family with the sibling). As of the first day of FY2018 (October 1, 2017), the additional income and related requirements will no longer be a part of Title IV-E adoption assistance eligibility criteria for any child determined by a state to have "special needs." See Sections 473(a)(2(A)(ii) and 473(e) of the Social Security Act.

[60] Based on state submitted Title IV-E adoption assistance expenditure claims for FY2016 as compiled by HHS, ACF, Office of Legislative Affairs and Budget (OLAB), May 2017.

Kinship Guardianship Assistance

Beginning in FY2009, states or territories (and, as of FY2010, tribes) with an approved Title IV-E plan were permitted (but not required) to include provision of kinship guardianship assistance in those Title IV-E plans. As of June 2017, 44 jurisdictions, including 35 of the 50 states, the District of Columbia, and 8 tribes, had incorporated this kind of assistance in their Title IV-E plans. (For a list of these jurisdictions, see **Appendix F**.) Accordingly, these states and tribes may seek federal reimbursement for a part of the cost of providing ongoing kinship guardianship assistance payments on behalf of every eligible child.

To be eligible for Title IV-E kinship guardianship, a child must have previously been in foster care and must have been eligible to receive Title IV-E foster care maintenance payments (while living in the home of the prospective legal relative guardian).[61] During FY2016, ongoing monthly Title IV-E kinship guardianship assistance payments were paid on behalf of some 25,500 children on an average monthly basis.[62]

As with other Title IV-E program components, funding is authorized on a permanent basis (no year limit). Jurisdictions with an approved Title IV-E plan that includes the kinship guardianship assistance option are entitled to reimbursement for a part of the program costs, including guardianship assistance payments paid to legal relative guardians on behalf of eligible children, and for related program administration, including training.[63] As of the mid-session review (released July 2017), HHS estimates that FY2017 federal budget authority needed for Title IV-E kinship guardianship assistance will be $136 million. For federal Title IV-E kinship guardianship funds obligated in FY2013-FY2016 and estimated budget authority needed for FY2017, see **Table 7**.

Obligations of Funds by Title IV-E Program Component

Title IV-E funding is described as an "open-ended entitlement" because the law (Section 474 of the Social Security Act) provides that a state is entitled to reimbursement for a particular share (or percentage) of every eligible program cost incurred by a state or tribe operating a Title IV-E program.[64] To meet this commitment in each annual appropriations act, Congress provides "definite budget authority" (a certain amount of funds) that enables HHS to reimburse states, territories, and tribes for their eligible Title IV-E costs.

The amount needed for this purpose is estimated in the annual budget request of the President, and this is typically the amount of definite budget authority provided by Congress. In any year

[61] For additional eligibility criteria, see "Kinship Guardianship Assistance," in CRS Report R42792, *Child Welfare: A Detailed Overview of Program Eligibility and Funding for Foster Care, Adoption Assistance and Kinship Guardianship Assistance under Title IV-E of the Social Security Act*.

[62] Based on state-submitted Title IV-E kinship guardianship assistance expenditure claims for FY2016, as compiled by HHS, ACF, OLAB, May 2017. The total number of children assisted on an average monthly basis includes more than 850 who were eligible for this assistance because they were receiving it under an approved child welfare demonstration (waiver) project, as of December 30, 2008. See Section 474(g) of the Social Security Act.

[63] Additionally, states may seek Title IV-E kinship guardianship assistance support for children who were in a subsidized guardianship under an approved Title IV-E waiver (demonstration project) as of December 30, 2008.

[64] Unlike states and tribes, any spending under Title IV-E by a territory is subject to a ceiling on federal social services funding. The ceiling is a fixed sum of money that represents the maximum federal support a territory may receive under specified funding streams, including TANF state grant funds, Title IV-E funding, and funding provided for assistance to aged, blind, and disabled individuals. Puerto Rico is the only territory with an approved Title IV-E plan. Its social services ceiling is fixed at $107,255,000 (§§1108(a) and 1108(c) of the Social Security Act).

that Congress authorizes more funding than needed to make these reimbursements, the extra funding authority will eventually lapse (no longer be available from the federal Treasury). Alternatively, if the definite budget authority provided is not enough to provide the federal share (reimbursement) of the eligible Title IV-E program costs submitted by states, territories, or tribes, the annual appropriations acts typically also include an "indefinite budget authority." This authority allows HHS to access additional funds (within a specific time frame) to meet the statutory commitment to reimburse a part of every eligible program cost.[65]

Table 7 shows the amount of funding (actual or estimated) obligated by HHS in each of FY2013-FY2017 for Title IV-E foster care, adoption assistance, and kinship guardianship assistance.

Table 7. Funding Under the Title IV-E Program for Foster Care and Permanency

(nominal dollars in millions; amounts shown are obligations)

Title IV-E Program	FY2013	FY2014	FY2015	FY2016	FY2017
TOTAL[a]	**$6,487**	**$7,286**	**$7,200**	**$7,522**	**$7,817**
Foster Care	$4,132	$4,746	$4,581	$4,815	$5,091
Adoption Assistance	$2,278	$2,450	$2,510	$2,587	$2,590
Kinship Guardianship Assistance	$77	$90	$109	$121	$136

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

Notes: The mandatory funding provided in this program is exempt from sequestration. However, any funding in the account for *federal* "administrative expenses" is subject to sequestration. For FY2016 and FY2017, this resulted in sequestration of between $1 and $2 million in Title IV-E foster care funds.

The funding shown in this table for FY2017 is based on budget obligations estimated as part of the mid-session budget review (finalized in July 2017) and therefore differs from numbers shown in CRS Report R44863, *Child Welfare Funding in Brief: FY2017 Final Funding and the President's FY2018 Request*. (See **Table 1**, table note "a" for more explanation.) For FY2013-FY2016, the numbers are based on the program "obligations" or budget authority estimates included in the most recent President's annual budget request with the relevant fiscal year data). Previous versions of this table showed definite budget authority for each Title IV-E program component as included in annual appropriations acts, and those amounts varied from the obligation amounts shown here.

a. This total is for the open-ended funding components of the Title IV-E program only. From a formal budget account (and statutory) perspective, additional components are the mandatory portion of the John H. Chafee Foster Care Independence Program (CFCIP; i.e., the general program) and the funding for Tribal Title IV-E plan Development and Technical Assistance. Each is discussed in succeeding sections.

Tribal Title IV-E Plan Development and Technical Assistance

Section 476(c) of the Social Security Act authorizes HHS to make grants to tribes, valued at up to $300,000, to assist them with the cost of preparing a Title IV-E plan for HHS approval. Among other things, this may include costs related to the development of a tribal data collection system, a cost allocation methodology (which is needed to seek federal reimbursement for any Title IV-E cost that is not an assistance payment), and agency and tribal court procedures necessary to meet the case review system requirements under the Title IV-E program. The grants are to be provided only to tribes that intend to submit a Title IV-E plan for HHS approval within 24 months. HHS awards these grants annually, on a competitive basis. Through the last day of FY2017 (September

[65] The additional "indefinite budget authority" is usually limited to the latter part of the fiscal year and has been included in the annual Title IV-E program appropriations beginning with appropriations of FY2003.

30, 2017), 34 tribes (or tribal consortia) had received a plan development grant,[66] and, as of November 2017, 10 tribes (or consortia) had approved Title IV-E plans (see **Appendix C**).

Additionally, Section 476(c) requires HHS to provide "information, advice, educational materials, and technical assistance" to tribes regarding providing services and assistance to tribal children under the child welfare programs authorized in Title IV-B and Title IV-E of the Social Security Act. This technical assistance must also be available for states regarding working with tribes to develop cooperative agreements (under which some IV-E funding received by the state is provided to the tribe) as well as consulting with tribes on the state's plan to comply with the Indian Child Welfare Act (ICWA). As part of responding to this requirement, HHS is currently funding the National Child Welfare Capacity Building Center for Tribes.[67]

The authorization for tribal technical assistance and IV-E plan development grants was added to the Social Security Act by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351). The law provides a permanent (no year limit) annual appropriation of $3 million.

Table 8. Final Funding for Tribal Title IV-E Plan Development and Technical Assistance (TA)

(nominal dollar amounts in millions)

Tribal IV-E Plan Development and TA	FY2013	FY2014	FY2015	FY2016	FY2017
Competitive grant funding for tribal IV-E plan development and technical assistance	$2.98	$2.96	$2.96	$2.96	$2.96

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

Note: For purposes of sequestration, this funding is included in the "exempt" Title IV-E account. However, funding in each of FY2013-FY2017 is a little less than the previously appropriated $3 million due to the effect of sequestration on *the part* of this funding used for federal administrative purposes.

Chafee Foster Care Independence Program

The John H. Chafee Foster Care Independence Program (CFCIP) (§477 of the Social Security Act) authorizes funding for states, territories, and tribes to provide services to help youth make a successful transition from foster care to adulthood.[68] Under the program, states are expected to identify children or youth likely to remain in foster care until their 18th birthday to ensure that they have regular and ongoing opportunities to engage in age- or developmentally appropriate activities and to help prepare them for self-sufficiency. States are also expected to provide financial, housing, counseling, education, employment, and other appropriate supports to former foster youth 18, 19, or 20 years of age and to promote and support mentoring or other connections with dedicated adults. CFCIP may also support services to youth who, after reaching 16 years of age, leave foster care for adoption or legal guardianship. States must ensure that youth served under CFCIP are actively involved in decisions about the services they receive.

[66] There is a standing announcement of the availability of these grants. None appear to have been awarded in FY2017. For FY2009-FY2016 grantees, see Tribal Title IV-E Plan Development grants awarded at http://www.acf.hhs.gov/programs/cb/resource/cb-discretionary-grant-awards.

[67] Funding for this center (expected to be between $2.5 million and $3.4 million annually for five years) was awarded to the Colorado Seminary in September 2014. Colorado Seminary owns and operates the University of Denver. See HHS-2014-ACF-ACYF-CZ-0815 at http://www.acf.hhs.gov/programs/cb/resource/cb-discretionary-grant-awards.

[68] For more information on this program see CRS Report RL34499, *Youth Transitioning from Foster Care: Background and Federal Programs*.

Beginning with FY2011, the 50 states, the District of Columbia, and Puerto Rico report to HHS on "independent living services" that were paid for by the agency that administers the CFCIP program. During FY2013, close to 100,000 youth (ages 14-26 years) received at least one such service, and many of those youth (58%) received three or more services. The most common services were academic support, career preparation, and education about housing and home management.[69]

Funding for the Chafee program is authorized on a permanent basis (no year limit) as a capped entitlement to states and territories, provided they have an approved Title IV-E plan. Tribes may also receive direct federal support under this program, with or without an approved Title IV-E plan.[70] The authorized amount of funds, $140 million, is provided in annual appropriations bills. (Beginning with FY2020, this annual amount is slated to rise to $143 million.)[71] The mandatory CFCIP funds are considered a part of the Title IV-E program and, apart from a small portion used for federal program administration, are not subject to sequestration. (See **Table 9**.)

Chafee Educational and Training Vouchers (ETVs)

An additional purpose of the CFCIP is to provide Educational and Training Vouchers (ETVs) (§477(i) of the Social Security Act) to defray the cost of postsecondary education or training for any youth who is eligible for CFCIP general services. ETVs may be valued at up to $5,000 a year and may be used for the "cost of attendance" (including tuition, fees, books, room and board, supplies, and other items) at an "institution of higher education" (including public or private, nonprofit two- and four-year colleges and universities, as well as proprietary or for-profit schools offering technical training programs, among others).[72] Discretionary funding for ETVs is authorized on a permanent (no year limit) basis, and program appropriations are distributed based on a state's relative share of children in foster care. Final funding provided for CFCIP, including Educational and Training Vouchers for each of FY2013-FY2017, is shown in **Table 9**.

Funding and Distribution for the CFCIP Program, Including ETVs

HHS is required to reserve 1.5% of the funding appropriated for CFCIP, including ETV funding, to support evaluations, technical assistance, performance measurement, and data collection related to the program. The remaining general program funds are distributed to states and territories with an approved Title IV-E plan based on their relative share of the national population of children in foster care. However, no state or territory may receive an allotment of less than $500,000 or the amount it received under CFCIP's predecessor program (in FY1998)—whichever is greater. Chafee ETV funds are distributed based solely on the state's relative share of the national population of children in foster care. Additionally, to receive any CFCIP or ETV funding, states must give certain assurances to HHS related to their operation of the program. Finally, a state must provide nonfederal resources of no less than 20% of total spending under the program to receive its full CFCIP and ETV allotments.

[69] For more information see CRS Report R43752, *Child Welfare: Profiles of Current and Former Older Foster Youth Based on the National Youth in Transition Database (NYTD)*. See also HHS, ACF, ACYF, Children's Bureau, NYTD Briefs at https://www.acf.hhs.gov/cb/resource/data-briefs.

[70] Tribes may be eligible to receive direct federal CFCIP funding, provided they have an approved Title IV-E plan or have an agreement with a state to provide Title IV-E foster care to tribal children in foster care.

[71] Section 111(c) of the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183).

[72] For purposes of the ETV program, the terms *cost of attendance* and *institution of higher education* are defined in Section 472 and Section 102, respectively, of the Higher Education Act.

Table 9. Final Funding for the Chafee Foster Care Independence Program (CFCIP)

(nominal dollars in millions; parts do not sum to total because of rounding)

Chafee Foster Care Independence Program	FY2013	FY2014	FY2015	FY2016	FY2017
TOTAL	**$182.3**	**$183.2**	**$183.2**	**$183.2**	**$183.2**
General Program *(mandatory)*	$140.0	$140.0	$140.0	$140.0	$140.0
Educational and Training Vouchers (ETV) *(discretionary)*	$42.3	$43.3	$43.3	$43.3	$43.3

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

Notes: CFCIP general program (mandatory) funding is considered a part of the Title IV-E program account and so is largely exempt from sequestration. However, a small amount of program funds is used for federal program administration and accordingly, sequestration reduced mandatory general CFCIP funding by $1,000 in FY2013 and between $37,000 and $40,000 in each of FY2014-FY2017. Chafee ETV funding under the program is discretionary and nonexempt; as such it was subject to sequestration in FY2013 and funding shown for the ETV program in that year reflects the final operating level after application of sequestration.

Adoption and Legal Guardianship Incentive Payments

Adoption Incentive Payments were established in 1997, as part of a package of policy changes included in the Adoption and Safe Families Act, (ASFA, P.L. 105-89) that were intended to ensure children's safe and expeditious exit from foster care to permanent homes, including through adoption. Since ASFA's enactment in 1997, the annual number of children leaving foster care for adoption has risen from roughly 30,000 to more than 50,000, and the average length of time it took states to complete the adoption of a child from foster care declined by close to one year (from about four years to less than three).[73] In FY2016, state child welfare agencies helped to complete more than 57,000 adoptions.

The most recent reauthorization of the incentives, enacted in 2014 (P.L. 113-183), added recognition of state success at finding permanent families for children through legal guardianship and renamed the program as Adoption and Legal Guardianship Incentive Payments. Close to 24,000 children left foster care for guardianship during FY2016.

States do not earn an incentive payment for every adoption or guardianship completed. Instead, they earn incentives only when they increase the rate (or percentage) of children in their state who leave foster care for new and permanent families. Specifically, under the incentive structure established with the 2014 reauthorization, they may earn the following amounts:

- $5,000 for each adoption of a foster child (any age) that results from the increased rate;
- $4,000 for legal guardianship established for a foster child (any age) that results from the increased rate;
- $7,500 for each adoption or guardianship for foster children ages 9 to 13 that results from the increased rate; and
- $10,000 for each adoption or guardianship for foster children age 14 or older, that results from the increased rate.[74]

[73] CRS Report R43025, *Child Welfare: The Adoption Incentive Program and Its Reauthorization*, Tables C-1 and C-3.

[74] For FY2014, states earned payments based on a combination of the prior incentive structure and the incentive structure from P.L. 113-183. Beginning with FY2015, all incentives were earned under that newer incentive structure.

A state is found to have an increased rate if during the fiscal year the percentage of children leaving foster care in one or more of these categories exceeds the comparable percentage for either the most recent previous year or the average percentage for the three most recent previous years.[75]

States may spend adoption incentive payments earned toward any services authorized under the child welfare programs in Title IV-B or Title IV-E of the Social Security Act and, as of FY2014, they have a full 36 months from the month the award payment is made.[76]

In recent years, the amount of incentive payments earned by states in a single year (between $40 million and $55 million) has consistently outpaced the annual funding appropriated to pay those incentives ($38 million). Accordingly, to ensure states received the full incentives earned, HHS has awarded the payments across two years—using a part of the appropriations from both years. However, unless the final FY2018 funding provided for these payments is appropriated at a level higher than the $38 million appropriated in each recent year, even this two-year approach will not enable HHS to pay states the full $55 million in incentive payments they earned in FY2016.

In September 2017, when it announced the FY2016 awards, HHS had just $5 million of the FY2017 appropriation incentive payments available to make these awards (because in June 2017 it used $23 million of the FY2017 appropriation to make states whole for their FY2015 incentive awards). Accordingly, and as it had done in past years, HHS made initial, prorated incentive payments with those funds—meaning each state received roughly 10% of the incentive payment amount it earned for FY2016. However, that leaves the outstanding balance to be paid out of the FY2018 appropriation at $50 million, *or* $12 million more than the $38 million that has been provided annually for the incentive payments in recent years. (See **Appendix G** for incentive awards earned by category and state for FY2016.)

Although the discretionary funding authorization for Adoption and Legal Guardianship Incentive payments ($43 million/year) expired on September 30, 2016, Congress chose to continue the incentive program and provided FY2017 funding for them as part of P.L. 115-31. See **Table 10** for final funding in each of FY2013-FY2017.

Table 10. Final Funding for Adoption and Legal Guardianship Incentive Payments

(nominal dollars in millions)

Incentive Payments	FY2013	FY2014	FY2015	FY2016	FY2017
Funds to make incentive payments	$37.2	$37.9	$37.9	$37.9	$37.9

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

Notes: The FY2013 funding shown reflects the final operating level after application of sequestration. The name of this program was changed to include "legal guardianship" effective October 1, 2014.

Child Abuse Prevention and Treatment Act (CAPTA)

CAPTA was enacted in 1974 (P.L. 93-247) at a time of growing awareness and concern about abuse of children in their own homes. It has been reauthorized many times since then, most

[75] For more information, see HHS, ACF, ACYF, Children's Bureau, Program Instruction (PI-15-08), July 8, 2015, http://www.acf.hhs.gov/cb/resource/pi1508.

[76] Section 473A(e) and (f) of the Social Security Act.

recently by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). CAPTA authorizes formula grant funding to states to improve their child protective services (state grants); competitively awarded funds to support research, technical assistance, and demonstration projects related to prevention, assessment, and treatment of child abuse and neglect (discretionary activities); and funding to all states for support of community-based activities to prevent child abuse and neglect (community-based grants).[77] Further, it incorporates program authority for what are commonly referred to as "Children's Justice Act grants." Legislation authorizing these programs and activities in CAPTA is handled by the House Education and the Workforce Committee and the Senate Health, Education, Labor and Pensions (HELP) Committee.

CAPTA State Grants

The focus of CAPTA is on providing a primarily social service (rather than a criminal justice) response to abuse or neglect of children carried out by their *parents or other caretakers*. The Justice for Victims of Trafficking Act of 2015 (P.L. 114-22) amended CAPTA to require (as of May 29, 2017) that children identified as victims of sex trafficking (regardless of whether the trafficker is considered their parent or "caretaker") must also be counted as victims of child abuse and provided access to social services.[78] In FY2015, state and local child protective services (CPS) agencies received 4.0 million calls or other referrals alleging abuse or neglect involving an estimated 7.2 million children. After screening those referrals they determined CPS response (investigation or assessment) was warranted for 2.2 million of the referrals, involving an estimated 3.4 million children.[79]

Under CAPTA State Grants (Section106 of CAPTA), each state and territory receives funds to *make improvements* to its CPS system. In recent years, funding provided via these state grants has offered less than $12 for each CPS investigation or assessment of child abuse or neglect carried out by states (on a national basis).[80] Therefore, the bulk of the cost to receive and respond to child abuse or neglect allegations is assumed to be borne by states and localities out of their own treasuries or using other federal funding (e.g., Social Services Block Grant).

The CAPTA statute lists 14 potential areas for CPS program improvement (or uses of funds). A little more than two-thirds of the states (67%) reported their intention to use their CAPTA state grant funds to improve the intake, assessment, screening, and investigation of reports of child abuse or neglect. Considerably more than half (58%) intended to use the funds to develop, improve, and implement risk and safety assessment tools and protocols, including use of differential response, and a similar share (56%) intended to use the funds to improve case management, ongoing case monitoring, and delivery of services and treatment provided to families.[81]

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[77] To see CAPTA with amendments through the CAPTA Reauthorization of 2010, see the HHS, ACF, ACYF, Children's Bureau website, http://www.acf.hhs.gov/sites/default/files/cb/capta2010.pdf.

[78] Section 802, P.L. 114-22, effective as of May 29, 2017. For purposes of the P.L. 114-22 amendments to CAPTA, states may define *child* as an individual who is not yet 24 years of age.

[79] HHS, ACF, ACYF, Children's Bureau, *Child Maltreatment 2015*, January 2017.

[80] CRS calculation based on total CAPTA state grant funding for FY2017 ($25.3 million) divided by the number of CPS responses in FY2017 (2.2 million) = $11.50 per CPS response.

[81] Based on state plans for FY2014. For the remaining 11 CAPTA program improvement areas, between 12% and 46% of states reported plans to focus efforts on those areas. See HHS, ACF, ACYF, Children's Bureau, *Report to Congress on the Effectiveness of CAPTA State Programs and Technical Assistance* (second biennial report, submitted March 2015).

To receive CAPTA state grant funds each state, including the District of Columbia and Puerto Rico, must assure HHS that it has

- a statewide system in place to receive and screen reports of child abuse or neglect and to provide appropriate responses that ensure children's safety, including developing a plan of safe care for infants brought to the attention of CPS (by health care providers) as substance-exposed;
- state laws that mandate specific individuals to make reports of known or suspected child abuse or neglect and provide immunity from prosecution for individuals who make these reports in good faith;
- a technology system that allows the state to track reports of child abuse and neglect (from intake to final disposition); and
- statewide procedures that, among other things, maintain the confidentiality of child abuse and neglect records; offer training to CPS workers; provide an appropriately trained guardian *ad litem* or advocate for each child abuse or neglect victim involved in judicial proceedings; and provide for cooperation between state law enforcement agencies, appropriate state human services agencies, and courts in the investigation, assessment, prosecution, and treatment of child abuse and neglect.

In addition, states, including the District of Columbia and Puerto Rico, must establish and support Citizen Review Panels to evaluate the effectiveness of their CPS policies and practices and they must, "to the maximum extent practicable," submit annual data to HHS regarding child abuse and neglect in their state.[82]

Selected Amendments in the 2010 CAPTA Reauthorization and Other Subsequent Changes

The most recent reauthorization of funding for CAPTA state grants occurred in late 2010. That law (P.L. 111-320) also made some amendments to the CAPTA state grant programs. More recently, the Justice for Victims of Trafficking Act of 2015 (P.L. 114-22) and the Comprehensive Addiction and Recovery Act of 2016 (CARA, P.L. 114-198) also amended the program.

CAPTA Reauthorization Act of 2010

The CAPTA Reauthorization Act of 2010 (P.L. 111-320), which extended CAPTA funding authorization through FY2015, also made other changes to the law. Among these, it required every state to

- have a law regarding who is mandated to report known or suspected child abuse and neglect;[83]

[82] HHS provides an annual report based on these data, which are reported via the National Child Abuse and Neglect Data System (NCANDS). To view the FY2013 report (released in January 2015), or earlier reports, go to http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment.

[83] This requirement was originally made via CAPTA's implementing regulations. However, the 1996 reauthorization of CAPTA (P.L. 104-235) was interpreted as reducing the authority of HHS to regulate CAPTA and this, combined with subsequent statutory changes to CAPTA, led HHS to see the regulations as largely without force and increasingly moot. Ultimately it announced it was withdrawing all CAPTA regulations effective June 29, 2015. See *Federal Register*, March 30, 2015, pp. 16577-16579, https://www.gpo.gov/fdsys/pkg/FR-2015-03-30/pdf/2015-07238.pdf.

- describe how it uses "differential response," to vary how it interacts with families for whom a report of child abuse or neglect has been made;
- assure that it has a "technology system" capable of tracking child abuse and neglect cases;
- ensure it does not require a child to be reunited with a parent who has subjected the child to sexual abuse and/or who is required to register as a sex offender; and
- report information to HHS (to the maximum extent practicable) regarding the demographics and education/training of its CPS workforce and the states own established policies regarding education/training CPS workers as well as caseload standards for CPS workers and their supervisors.

The 2010 law also called for collaboration between CPS agencies and agencies providing services to families including victims of both adult domestic violence and child abuse, and made other changes to the act.[84]

Justice for Victims of Trafficking Act of 2015

Effective May 29, 2017, the Justice for Victims of Trafficking Act (P.L. 114-22) requires a state to assure (as part of its CAPTA state plan) that it has the following in place:

- procedures for the identification and assessment of all reports involving known or suspected child victims of sex trafficking; and
- provisions relating to training CPS workers to do this work and to provide services to victims of sex trafficking, including through coordination with other social service agencies.[85]

According to HHS, 43 states, the District of Columbia, and Puerto Rico had submitted signed assurances that they were in compliance with these trafficking-related provisions as of mid-June 2017. Assurances from three additional states (California, Hawaii, and Washington), were pending and expected to be submitted shortly. For the remaining four states (Arizona, Nevada, South Carolina, and West Virginia), the Children's Bureau was continuing to determine the status of implementation. It planned to require development of a "program improvement plan," if this was determined necessary for a state to reach compliance.[86] The 2015 law also requires states, to the maximum extent practicable, to report to HHS the number of children determined to be victims of sex trafficking. HHS plans to begin collecting these data from states beginning in FY2018.[87]

Comprehensive Addiction and Recovery Act of 2016 (CARA)

For more than a decade, each state receiving CAPTA basic grant funding has been required to have statewide policies mandating that health care providers notify CPS when an infant shows

[84] For a more complete list of changes see HHS, ACF, ACYF, Children's Bureau, IM-11-02, "CAPTA Reauthorization Act of 2010, February 15, 2011 https://www.acf.hhs.gov/sites/default/files/cb/im1102.pdf.

[85] Section 802 of P.L. 114-22. For HHS/ACF guidance see ACYF-CB-IM-15-05, issued July 16, 2015, http://www.acf.hhs.gov/sites/default/files/cb/im1505.pdf.

[86] Information received by CRS from HHS on June 20, 2017 regarding implementation status of child welfare program requirements related to sex trafficking.

[87] HHS, ACF, ACYF, Children's Bureau, *Child Maltreatment 2015,* p. 94. See also NCANDS Technical Bulletin No. 9, "Reporting Sex trafficking and Substance-Exposed Infants Data to NCANDS," May 2017.

signs of prenatal exposure to, or withdrawal symptoms from, illegal drugs. Additionally, they have been required to develop a safe plan of care for any such infant.[88] CARA (P.L. 114-198) built on this prior policy to require this notice be made without regard to whether the drug was illegal *or legal* and describes a required plan of safe care as one addressing both the health and well-being needs of the child and the substance abuse treatment needs of the child's parent/caregiver. Additionally, it requires states to report to HHS (to the extent possible) on the numbers of children identified under these provisions, those for whom a plan of safe care was developed, and those for whom referrals to services were made. (HHS plans to begin collecting these data from states beginning in FY2018.)

CARA also calls on states to monitor their own compliance with the CARA provisions and provides for heightened federal monitoring of state compliance with this requirement.[89] Each state was required to detail its efforts to comply with these CARA provisions in a report that was submitted to HHS ACF regional offices by June 30, 2017.[90] States unable to ensure compliance with the new requirements were able to enter into a "program improvement plan" (PIP) designed to allow them to meet the requirements. As of December 2017, 23 states had entered into a PIP for this purpose.[91]

Funding and Distribution

The CAPTA Reauthorization Act of 2010 (P.L. 111-320) extended annual discretionary funding for these grants through FY2015 (i.e., until September 30, 2015). Nonetheless, Congress chose to provide discretionary funding for these grants in FY2016 and again in FY2017. Each state and territory receives a base allotment of $50,000, and the remaining funds are distributed among the states and territories based on their relative share of the child (under age 18) population. For FY2015, the median CAPTA state grant award was $346,000, and among the 50 states, the grants ranged from a low of $87,000 (VT) to a high of $2.8 million (CA).

To address low CAPTA grant amounts in states with small child populations, the 2010 reauthorization act added "minimum allotment" provisions. Under these provisions, no state is to receive an annual CAPTA grant of less than $100,000, provided overall funding appropriated for the grants was at least $27,535,000. This funding level trigger, which was designated at $1 million above the level Congress provided for the grants in FY2009, has not been reached. Funding has instead decreased for the grants, and therefore no change in the distribution of CAPTA state grant funding has been made.[92] Final funding for CAPTA state grants in each of FY2013-FY2017 is shown in **Table 11**.

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[88] This requirement was added to the law in 2003 (P.L. 108-36). Enacted in December 2010, P.L. 111-320 required health care providers to also notify CPS if a child was born and identified as affected by Fetal Alcohol Spectrum Disorder.

[89] Section 503 of P.L. 114-198. For HHS/ACF description of the CARA provisions amending CAPTA, see ACYF-CB-IM-16-05, issued August 26, 2016, http://www.acf.hhs.gov/sites/default/files/cb/im1605.pdf.

[90] For HHS/ACF program instructions on implementing the CARA amendments to CAPTA, see ACYF-CB-PI-17-02, issued January 17, 2017, https://www.acf.hhs.gov/sites/default/files/cb/pi1702.pdf.

[91] Information received by CRS from HHS, ACF, OLAB as of December 19, 2017. As of that date the 23 states with a PIP related to the CARA requirements in CAPTA are as follows: Alabama, Arkansas, Connecticut, Delaware, Idaho, Kentucky, Maryland, Massachusetts, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Vermont, and West Virginia.

[92] P.L. 111-320 provides that in any year that total annual funding for CAPTA state grants exceeds the FY2009 appropriation level ($26,535,000) by at least $1 million, a minimum allotment (for each of the 50 states, the District of Columbia and Puerto Rico) must take effect. Specifically, if funding is greater than the FY2009 appropriation by at least $1 million but less than $2 million, then that minimum allotment equals $100,000; if it exceeds that appropriation

CAPTA Discretionary Activities

With the enactment of CAPTA, Congress sought to create a federal focal point for efforts to prevent, identify, and treat child abuse and neglect. Funding for CAPTA discretionary activities is used to support research and demonstration projects, and to collect and disseminate data and information. These activities are intended to improve understanding and practice with regard to preventing, identifying and treating child abuse and neglect.

Under current law, HHS is required to maintain a national clearinghouse concerning child abuse and neglect that gathers and disseminates information on best practices and effective programs that prevent and/or respond to child abuse; provides technical assistance to state and local public and private agencies related to preventing and responding to child abuse and neglect; and collects and annually publishes data on child maltreatment. HHS is further required to fund field-initiated and interdisciplinary research related to protecting children from abuse and neglect and improving their well-being and to support the study of the national incidence of child abuse and neglect. Current law also permits HHS to fund demonstration projects or grants on a range of suggested topics (many related to training CPS staff and other relevant individuals). Additionally, HHS is permitted to establish an office on child abuse and neglect for the purpose of carrying out CAPTA and to ensure inter- and intra-departmental coordination of activities related to child abuse and neglect.[93] The Office of Child Abuse and Neglect (OCAN), within the Children's Bureau at HHS, carries out CAPTA and works to coordinate child abuse prevention and treatment activities within HHS and across federal agencies, including through its leadership of the Federal Interagency Work Group on Child Abuse and Neglect.[94] The OCAN uses CAPTA discretionary funds to support inclusion of child abuse and neglect-related information on the online portal, Child Welfare Information Gateway (http://www.childwelfare.gov), collection of state data via the National Child Abuse and Neglect Data System (NCANDS), and publication of annual reports (*Child Maltreatment*) based on those data.[95]

Funding provided for CAPTA Discretionary Activities also currently supports efforts to build the capacity of public child welfare agency workers (and the public or private agencies they work with) to carry out and continuously improve their work; planning grants for developing a model intervention for youth with child welfare involvement who are at-risk of homelessness; and partnerships to demonstrate the effectiveness of supportive housing for families in the child welfare system. The Design Options for Understanding Child Maltreatment project is now under way and intends to identify new methods to obtain accurate and ongoing information on the incidence of child abuse and neglect, as well as key research priorities for the field.[96] Finally,

by at least $2 million, but less than $3 million, then the minimum allotment equals $125,000; if it exceeds that appropriation by $3 million or more, then the minimum allotment equals $150,000.

[93] The law also authorizes HHS to create an advisory board on child abuse and neglect. The last such board created under CAPTA authority issued its final report in 1995.

[94] See HHS, ACF, ACYF, Children's Bureau, *Report on Efforts to Coordinate Programs and Activities Related to Child Abuse and Neglect*, January 31, 2014. In addition, for more on the Federal Interagency Workgroup on Child Abuse and Neglect, see http://www.acf.hhs.gov/programs/cb/resource/fediawg.

[95] The most recent *Child Maltreatment* report (including data for FY2015) and reports from earlier years are available online at http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment.

[96] The Design Options Project (http://www.acf.hhs.gov/opre/research/project/design-options-for-understanding-child-maltreatment-incidence-2015-2017) is expected to propose a replacement for the National Incidence Survey (NIS), which was first developed in the 1970s and has been fielded on four occasions (http://www.acf.hhs.gov/opre/research/project/national-incidence-study-of-child-abuse-and-neglect-nis-4-2004-2009).

funds from this account have been used to help establish the National Advisory Committee on Sex Trafficking of Children and Youth in the United States.[97]

HHS awards CAPTA Discretionary Activities funds to eligible public and private entities (on a competitive basis) to carry out the required and/or authorized CAPTA activities. In some years, Congress has also indicated more specific uses for these funds as part of the appropriations process. For example, in each of FY2014-FY2017, report language or explanatory statements accompanying final appropriations bills have called for a part of this CAPTA funding to be used for "implementation of research-based court team models that include the court system, child welfare agency, and community organizations in order to better meet the needs of infants and toddlers in foster care."[98] HHS has responded by funding the Quality Improvement Center (QIC) for Research-Based Infant-Toddler Court Teams.

The CAPTA Reauthorization Act of 2010 (P.L. 111-320) extended annual discretionary funding for CAPTA's discretionary activities through FY2015. Congress continued to provide funding for this account in FY2016 and FY2017. For final CAPTA discretionary activities funding for FY2013-FY2017, see **Table 11**.

Community-Based Grants to Prevent Child Abuse and Neglect

Title II of CAPTA supports the efforts of community-based organizations to prevent child abuse and neglect. These prevention grants—referred to by HHS as Community-Based Child Abuse Prevention grants (CBCAP)—are distributed by formula to a lead entity in each state and territory. The lead entity is required to distribute the funds to community-based organizations in the state that work to prevent child abuse and neglect, including through support of parent education, mutual support, and self-help activities; provision of community and social service referrals, outreach services, voluntary home visiting, and respite care; and support for public information campaigns to prevent child abuse or neglect. The lead entity is often the state child welfare agency but may also be another statewide (public or private) entity (e.g., a state Children's Trust Fund).

Out of funds provided for these grants, the law provides that 1% of funds must be set aside for tribal and migrant programs. In addition, it permits HHS to allocate whatever sums are necessary to support the work of state lead entities by creating, operating, and maintaining a peer review process, information clearinghouse, and computerized communication system between state lead entities and to fund a yearly symposium and biannual conference related to implementing the grants. As part of carrying out this requirement, HHS supports the National Resource Center for Community Based Child Abuse Prevention (also known as FRIENDS) to provide training and technical assistance for state lead entities.

The CAPTA Reauthorization Act of 2010 (P.L. 111-320) extended annual discretionary funding for CBCAP through FY2015 (i.e., until September 30, 2015). Congress chose to continue to provide funding for these grants in FY2016 and in FY2017. Final funding for CBCAP grants, for each of FY2013-FY2017, is shown in **Table 11**.

[97] Section 114A of the Social Security Act (42 U.S.C. §1314b), added by the Preventing Sex Trafficking and Increasing Adoptions Act of 2014, directed HHS to establish this committee but did not provide funding for that purpose.

[98] Explanatory statement accompanying the final funding for FY2014 (P.L. 113-76), included in *Congressional Record*, January 15, 2014, H1041.

To receive its allotment under the program, a state lead agency must assure that it will provide no less than 20% in nonfederal matching funds.[99] Further, each state's allocation of CBCAP funds is based in part on the amount of nonfederal money leveraged by the state for child abuse prevention activities. Specifically, 70% of the grant funding is distributed to each state and territory based on its relative share of children (individuals under age 18) in the nation (except that by statute no state may receive less than $175,000).[100] The remaining 30% of the grant funding is distributed to each state (including Puerto Rico) based on the relative share of all nonfederal (private, state, local) funds that was directed through the state's lead entity to fund community-based child abuse prevention services and activities.

Table 11. Final Funding for Child Abuse Prevention and Treatment Act (CAPTA)

(nominal dollars in millions; parts may not sum to total due to rounding)

CAPTA	FY2013	FY2014	FY2015	FY2016	FY2017
TOTAL appropriation	**$87.9**	**$93.8**	**$93.8**	**$98.1**	**$98.1**
CAPTA State Grants—Formula grants to states and territories	$24.7	$25.3	$25.3	$25.3	$25.3
CAPTA Discretionary Activities—Competitive grants, contracts, or agreements to eligible entities	$24.1	$28.7[a]	$28.7[a]	$33.0[a]	$33.0[a]
Community-Based Grants to Prevent Child Abuse and Neglect—Formula grants to states and territories, includes support for technical assistance and 1% set aside for tribal/migrant programs	$38.9	$39.8	$39.8	$39.8	$39.8

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

Notes: The FY2013 funding shown reflects the final operating level after application of sequestration (which was applicable to each of these CAPTA accounts). Section 107 of CAPTA includes program authority for Children's Justice Act grants (42 U.S.C. §5106c). However, no funding is authorized to be provided for those grants under CAPTA. Instead, those funds, as discussed in a succeeding section of this report, are provided annually out of the Crime Victims Fund (42 U.S.C. §10603a).

a. The explanatory statement accompanying the final funding for FY2014 (P.L. 113-76) provided that $3 million of CAPTA discretionary activities funding was to be used to support "implementation of research-based court team models that include the court system, child welfare agency, and community organizations in order to better meet the needs of infants and toddlers in foster care." HHS/ACF responded by funding the Quality Improvement Center (QIC) for Research-Based Infant-Toddler Court Teams. Comparable statements (or report language) accompanying FY2015 (P.L. 113-235), FY2016 (P.L. 114-113) and FY2017 (P.L. 115-31) final funding measures have indicated that support for this purpose should be continued. For example, the explanatory statement accompanying the bill that became P.L. 115-31 notes that the CAPTA discretionary activities account includes funds to "preserve, disseminate, and amplify the work of the Quality Improvement Center for Research-based Infant-Toddler Court Teams by providing training and technical assistance in support of such court teams' efforts across the country."

Children's Justice Act Grants

Children's Justice Act grants (Section 107 of CAPTA) administered by HHS are provided to help states and territories improve the assessment, investigation, and/or prosecution of child abuse and neglect cases—particularly cases involving suspected sexual abuse and exploitation of children,

[99] Section 204(4) of CAPTA.

[100] The statute provides that no state may receive less than $175,000. Beginning with FY2005 (after an increase in appropriations provided for the program) HHS has ensured that each state receives a minimum allotment of $200,000.

child fatalities suspected to be caused by abuse or neglect, and those involving children who are disabled and children with serious health disorders. Among other things, the improvements must aim to limit additional trauma to a child and/or child's family.[101]

To be eligible to receive these funds, a state or territory must meet the requirements necessary to receive CAPTA state grants, and it must establish and maintain a multidisciplinary taskforce to review how the state handles civil and criminal child abuse and neglect cases, including cases involving more than one jurisdiction (e.g., state and tribe, or more than one state). The taskforce must make recommendations for ways to improve handling of these cases through reform of state law, regulations, and procedures; training; and/or testing of innovative or experimental programs. States are further required to receive recommendations from the taskforce every three years and must implement the recommendations (or an alternative plan).

While the program authority for Children's Justice Act grants is contained in Section 107 of CAPTA, that law does not authorize funding for them. Instead, the grants are funded out of the Crime Victims Fund (CVF). The CVF consists primarily of criminal fines and fees that are paid to the federal government. It is administered by the Office for Victims of Crime within the Department of Justice (DOJ).[102] Section 1404A of the Victims of Crime Act (42 U.S.C. §10601, et seq.) requires DOJ to annually set aside up to $20 million for Children's Justice Act purposes, of which 85% is directed to HHS (for distribution to 50 states, the District of Columbia, and Puerto Rico),[103] and the remaining 3% is retained by DOJ for competitive grants to tribal entities. FY2013-FY2017 funding for this program is shown in **Table 12**.

Table 12. Final Funding for Children's Justice Act Grants

(nominal dollars in millions; funding for these grants is not appropriated but is provided annually out of the Crime Victims Fund, or CVF)

Children's Justice Act Grants	FY2013	FY2014	FY2015	FY2016	FY2017
TOTAL (set-aside out of CVF)	**$20.0**	**$20.0**	**$20.0**	**$20.0**	**$20.0**
Formula grants to states and territories (administered by HHS)	$17.0	$17.0	$17.0	$17.0	$17.0
Competitive grants to tribes (administered by DOJ)	$3.0	$3.0	$3.0	$3.0	$3.0

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

Note: For FY2013, certain funding provided from the Crime Victims Fund was subject to sequestration. However, this did not affect the level of funding set aside for Children's Justice Act grants. This table assumes the same treatment of this funding for each of FY2014-FY2017.

[101] Children's Justice Act funding is made available, separately, to tribes for related purposes. This funding is administered by DOJ. See http://www.justice.gov/jmd/file/822366/download#page=65.

[102] For more information about this fund, see CRS Report R42672, *The Crime Victims Fund: Federal Support for Victims of Crime*.

[103] There is not a formula for distribution in the statute. HHS provides each state and Puerto Rico a base allotment of $50,000 and distributes the remaining funds based on a jurisdiction's relative share of the national population of children (individuals under 18 years of age).

Victims of Child Abuse Act

Title II of the Crime Control Act of 1990 (P.L. 101-647) created the Victims of Child Abuse Act (VCAA). That act authorizes several child welfare programs that are administered by the Office of Juvenile Justice and Delinquency Programs (OJJDP), an agency within the Office of Justice Programs (OJP) at DOJ.[104] Apart from these three programs, the VCAA includes provisions requiring specified professionals to report suspected child abuse or neglect that they learn about while carrying out their profession on *federal land or in federally operated facilities*, and provides criminal penalties for those failing to make such reports. Additionally, it requires federal agencies and agencies operated or contracted to operate by the federal government to ensure criminal background checks are conducted for any individual hired by the agency or facility to provide a wide range of care or services to children. The legislation establishing the VCAA was handled by the Senate and House judiciary committees.

Improving Investigation and Prosecution of Child Abuse Cases

Subtitle A (Sections 211-214B) of the Victims of Child Abuse Act[105] supports the expansion and improvement of Children's Advocacy Centers (CACs). These centers are intended to coordinate a multidisciplinary response to child abuse (e.g., law enforcement, child protection/social service, medical, mental health) in a manner that ensures child abuse victims (and any nonoffending family members) receive the support services they need and do not experience the investigation of child abuse as an added trauma. CACs are widespread. The VCAA authorizes funds to directly support establishment and operation of local and regional children's advocacy centers, as well as training and technical assistance related to improving the investigation and prosecution of child abuse and neglect.

Nationally there are close to 800 CACs located in all 50 states and the District of Columbia. Coverage varies significantly by state, and the National Children's Alliance reports that some 13.5 million children in the nation (about 1 in 5) live in areas without access to a CAC.[106] Close to 325,000 children were served at CACs in 2016, including nearly 222,000 who received an onsite forensic interview (68.1%). Many children received more than one service, which might include counseling or referrals to counseling, medical exam or treatment, and in some instances offsite forensic interviews. Children served were most often female (62.8%) and 12 years of age or younger (72.2%). More than half (53.1%) were white, about 1 in 5 (20.5%) were black, and about 14.5% were Hispanic or Latino.[107]

Sexual abuse was the most commonly reported abuse, involving about two-thirds (66.4%) of the children served at CACs in 2016. Children served may have experienced more than one type of abuse. Other abuses reported among children served were physical abuse (19.6%), neglect (7.4%), witnesses to violence (6.9%), child drug endangerment (3.3%), or "other" (5.7%). More

[104] The provisions requiring specified related to reporting are at 42 U.S.C. §13031 and 18 U.S.C. §2258; those concerning background checks are at 42 U.S.C. §13041; there is no funding associated with these provisions, and they are not discussed further in this report.

[105] 42 U.S.C. §§13001, 13001a, 13001b, 13002, and 13003.

[106] National Children's Alliance, *Healing Justice and Trust: Measuring Children's Outcomes,* two-page brief available at http://www.nationalchildrensalliance.org/sites/default/files/downloads/OMS-Measuring-Outcomes-Brief-2015.pdf. For coverage by specific state, see the CAC maps at http://www.nationalchildrensalliance.org/cac-coverage-maps.

[107] National Children's Alliance, "NCA National Statistic- Statistical Report, 2015," February 19, 2017, http://www.nationalchildrensalliance.org/sites/default/files/2016NationalAnnual.pdf.

than 6 in 10 of the alleged abusers (60.3%) were related to the children served (i.e., parent, step-parent, or other relative). Among all alleged offenders, about 8% were 12 years of age or younger and a little more than 10% were 13 through 17 years of age.[108]

For purposes of the CACs' work (and related technical training and assistance), "child abuse" is defined to mean "physical or sexual abuse or neglect of a child." As provided in the Justice for Victims of Trafficking Act of 2015 (P.L. 114-22), this includes "human trafficking and the production of child pornography." That law also authorized grants to develop and implement specialized programs to identify and provide direct services to victims of child pornography.[109] Further, it established a Domestic Trafficking Victims Fund—to consist of financial penalties collected for certain human trafficking-related violations and other specified funds—and directed that a part of those dollars must be used (in each of FY2016-FY2019) to support those grants or enhance the programming related to responding to child pornography.[110]

Annually, DOJ awards the bulk of the CAC funding to the National Children's Alliance, which makes sub grants to support the work of local children's advocacy centers, establishes standards and provides accreditation to local and state chapter CACs, and offers other training and technical assistance.[111] Federal law also requires the establishment and support of four regional children's advocacy centers to increase the number of communities with CACs, help improve their practice, and support development of state chapter organizations for CACs, including by serving as resource and training centers for those local CACs and state chapters.[112] Currently the four regional centers are located in Huntsville, AL; Philadelphia, PA; St. Paul, MN; and Colorado Springs, CO.[113] In addition, the law seeks to improve the prosecution of child abuse cases by authorizing additional funds specifically for training and technical assistance to attorneys and others involved in criminal prosecution of child abuse. Funding to support this purpose has frequently been awarded to the National Center for the Prosecution of Child Abuse.[114]

Annual discretionary funding authority to support regional and local CACs ($15 million) and training and technical assistance to improve criminal prosecution of child abuse ($5 million) was extended for each of five years (FY2014-FY2018) by P.L. 113-163.[115]

For FY2017, Congress provided $21 million, $1 million more than was provided for this account in FY2016. Senate Appropriations Committee report language (made applicable to the funding by the explanatory statement accompanying the final FY2017 appropriations act) stipulates that not less than 90% of the funds are provided "for the purposes of developing and maintaining child

[108] Ibid.

[109] Section 104 of P.L. 114-22. See also CRS Report R44315, *Justice for Victims of Trafficking Act of 2015: Changes to Domestic Human Trafficking Policies*.

[110] Section 101 of P.L. 114-22. The act requires no less than $2 million annually to be devoted to grants related to victims of child pornography, provided this amount is available from certain dollars that are to be transferred to the fund.

[111] For more information on the National Children's Alliance support for local and state CACs, see http://www.nationalchildrensalliance.org/funding-cacs-chapters.

[112] Support for community-based "multidisciplinary" responses to child abuse and neglect cases was included in the original 1990 Victims of Child Abuse Act. However, the term "children's advocacy centers" and the requirement for regional children's advocacy centers were not added to the act until 1992 (as part of legislation primarily designed to reauthorize the Juvenile Justice and Delinquency Prevention Act and enacted as P.L. 102-586).

[113] For links to regional CAC websites, see http://www.mrcac.org/about-mrcac/our-partners/.

[114] For more information about NCPCA, see http://www.ndaa.org/ncpca.html.

[115] P.L. 113-163 was titled the Victims of Child Abuse Act Reauthorization Act; however, it reauthorized only Subtitle A of that act.

advocacy centers, including training and accreditation" and that $5 million must be used to support Regional Children's Advocacy Centers. The additional $1 million, it notes, is provided to "support a pilot project to identify, develop, and operationalize best practices," whereby the CAC model and expertise can be used to help address child abuse on military installations.[116] See **Table 13** for FY2013-FY2017 final funding.

Court-Appointed Special Advocates

Subtitle B (Sections 215-219) of the Victims of Child Abuse Act[117] provides funding to support access to advocates for victims of child abuse or neglect. Court Appointed Special Advocates (CASAs)—sometimes called guardians *ad litem*—are volunteers who are appointed by judges and who work to ensure that a child's best interest is presented to the judge in court proceedings related to child abuse and neglect.

The first CASA pilot program began in Seattle in the late 1970s, and the National Court Appointed Special Advocate Association (National CASA Association) was founded in 1982 to help replicate and support CASA programs across the nation. In 1984, when the association incorporated, there were 107 state and local CASA programs in 26 states.[118] As of 2015, close to 950 state, local, and tribal CASA programs located in 49 states and the District of Columbia were a part of the National CASA Association.[119]

As early as 1974, when Congress enacted CAPTA, it sought to ensure that every child who was a part of court proceedings because of child abuse and neglect had a guardian *ad litem* to represent their best interest.[120] However, 16 years later, when it authorized funds specifically for CASA (as part of the 1990 Victims of Child Abuse Act), Congress found that only a small fraction of children in child abuse and neglect proceedings received CASA representation. It stated then that the purpose of the funding dedicated to CASA was to ensure that each of these children would have a CASA made available to them.[121] In 2015, more than 250,000 children—most of who were in foster care—were served by nearly 77,000 CASA volunteers. However, the National CASA estimated that as many as 452,000 children in need of a CASA volunteer during 2015 did not have one.[122]

Each year funds appropriated for CASA authorization have been awarded to the National CASA Association, which awards sub grants (on a competitive basis) to be used for new local program development or expansion of existing programs and state CASA organizations. The National

[116] S.Rept. 114-239, pp. 92-93. This report accompanied the FY2017 appropriations language for DOJ approved by the Senate in the 114th Congress; according to the Explanatory Statement accompany the bill that became final FY2017 appropriations act (enacted as P.L. 115-31) the agency is to be guided by such report language (to extent differing instructions are not included in the final legislation or explanatory statement).

[117] 42 U.S.C. §§13011, 13012, 13013, 13013a, and 13014.

[118] Department of Justice, Office of the Inspector General, *National Court-Appointed Special Advocate Program*, Audit Report 07-04, December 2006, Executive Summary, http://www.justice.gov/oig/reports/OJP/a0704/exec.htm/.

[119] Ibid. According to the 2006 DOJ, OIG report, North Dakota uses paid advocates and is the only state that does not have a member CASA organization. See also information at http://www.casaforchildren.org/.

[120] Section 4(b)(2) of CAPTA (P.L. 93-247, 1974) required states receiving certain funds under the act to provide a guardian ad litem in every case involving a victim of child abuse or neglect that resulted in judicial proceedings. Current law requires states to assure they have a statewide program for appointment of an appropriately trained CASA or guardian ad litem in each such case. (Section106(b)(2)(B)(xiii) of CAPTA (42 U.S.C. §5106a(b)(2)(B)(xiii)).

[121] See Findings as included in Subchapter B, Victims of Child Abuse Act of 1990 (Title II of P.L. 101-647).

[122] See NCASAA, *2015 National CASA Annual Report*, http://nc.casaforchildren.org/apps/annualreport2015/index.html.

CASA Association also uses this federal funding to provide training and technical assistance to local CASA programs, child welfare professionals, attorneys, judges, social workers, and volunteer advocates.

As part of the reauthorization of the Violence Against Women Act (P.L. 113-4), Congress extended annual discretionary funding authority for the CASA program at $12 million for each of FY2014-FY2018. Final federal funding appropriated for the CASA program in each of FY2013-FY2017 (shown in **Table 13**) has been less than this authorized level.

Child Abuse Training for Judicial Personnel and Practitioners

Sections 221-224 of the Victims of Child Abuse Act of 1990[123] required OJJDP to make grants to improve the judicial system's handling of child abuse and neglect cases. The statute authorizes grants to be made to national organizations to develop model technical assistance and training programs.[124] Beginning with FY1992, funding appropriated under this authority has been awarded to the National Council of Juvenile and Family Court Judges (NCJFCJ). Drawing on the experience and reform initiatives it has funded in 36 "model courts" across the nation, NCJFCJ has developed resource guidelines and provides technical assistance and training aimed at improving how courts handle child abuse and neglect cases.[125]

Since the early 1990s, Congress has provided annual funding dedicated to this training program (with or without current funding authority), and in early 2013, as part of reauthorization of the Violence Against Women Act (P.L. 113-4), it extended annual discretionary funding authority for the program at $2.3 million for each of FY2014-FY2018. Final federal funding appropriated for Child Abuse Training for Judicial Personnel and Practitioners in each of FY2013-FY2017 is shown in **Table 13**.

Table 13. Final Funding for Programs Under the Victims of Child Abuse Act (VCAA)

(nominal dollars in millions)

VCAA Funding	FY2013	FY2014	FY2015	FY2016	FY2017
Children's Advocacy Centers (and related training and technical assistance)	$17.7	$19.0	$19.0	$20.0	$21.0
Court Appointed Special Advocates	$5.6	$6.0	$6.0	$9.0	$9.0
Child Abuse Training for Judicial Personnel and Practitioners	$1.4	$1.5	$1.5	$2.0	$2.0

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

Note: The FY2013 funding shown reflects the final operating level after application of sequestration.

[123] 42 U.S.C. §§13021, 13022, 13023, and 13024.

[124] The act also authorizes grants to be made to state courts for training and technical assistance of judges and attorneys in juvenile and family courts. No funds have been appropriated for this purpose under this authority. However, in 1993 (P.L. 103-66) Congress established the Court Improvement Program (CIP), which is administered by HHS and provides mandatory grants to the highest court in each state to improve its handling of child welfare, including child abuse and neglect, proceedings. The statutory authority for CIP is included at Section 438 of the Social Security Act.

[125] Most model court initiatives operate in a single court, but at least two operate on a statewide level. For more information, see http://www.ncjfcj.org/our-work/model-courts.

Other Programs

Additional child welfare programs are included in separate acts as described below. Legislation authorizing these programs and activities is handled by the House Education and the Workforce Committee and the Senate HELP Committee.

Adoption Opportunities

First enacted in 1978,[126] the Adoption Opportunities program[127] requires HHS to have an administrative structure that allows for centralized planning across all departmental programs and activities affecting foster care and adoption. It requires HHS to support adoption recruitment activities, including through a "national adoption information exchange" and to support a national resource center on special needs adoptions. Additionally, it authorizes federal funds to support projects or other activities that encourage and facilitate adoption of older children, children who are members of minority groups, and others with "special needs;" aim to eliminate barriers to cross-jurisdictional (including interstate) placement of children in need of adoption; and provide postadoption supports. Postadoption supports are described by the law as including individual, group, and family counseling; respite care; day treatment; case management; assistance to support groups for adoptive parents, adopted children, and siblings of adopted children; assistance to adoptive parent organizations; and training of public and private child welfare personnel, mental health professionals, and others to provide postadoption services.

Adoption Opportunities funds are used by HHS to achieve program purposes, either directly or by competitive award of contracts, grants, or other agreements. Depending on the activity authorized, eligible entities include states, local government entities, public or private child welfare or adoption agencies, other public or private agencies or organizations, adoptive family groups, and adoption exchanges.[128] Some of the Adoption Opportunities "major" program activities have included[129]

- developing and implementing a national adoption information exchange system (which includes an online web portal known as AdoptUSKids featuring a national photo listing of children available for adoption as well as information about prospective foster or adoptive parents);
- developing and implementing an adoption training and technical assistance program (current projects include the Quality Improvement Center on Adoption/Guardianship Support and Preservation and support for adoption-related information on the Child Welfare Information Gateway);

[126] Title II of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (P.L. 95-266). Title I of the 1978 law reauthorized funding for CAPTA, and funding for Adoption Opportunities is traditionally extended as part of legislation that also extends funding authority for CAPTA.

[127] 42 U.S.C. §§5111, 5113, 5114, and 5115.

[128] Beginning with 2011, funding that had been provided for "Adoption Awareness" (Sections 330F and 330G of the Public Health Service Act, as added by the Children's Health Act of 2000) was combined with Adoption Opportunities funding. The Obama Administration sought this consolidation of funding, noting that where the Adoption Awareness program was "more narrowly targeted," the Adoption Opportunities program granted "broad authority" to support adoption projects, including projects similar to those supported by Adoption Awareness. It further argued that "consolidating these funds will provide a more efficient mechanism for financing on-going projects." See HHS, ACF, *Justification of Estimates for Appropriations Committees,* FY2011 (2010), p. 150.

[129] HHS, ACF, *Justification of Estimates for Appropriations Committees,* FY2017 (February 2016), p. 162.

- conducting ongoing, extensive recruitment efforts on a national level to encourage the adoption of older children, minority children, and special needs children (current work includes support for the National Resource Center for Diligent Recruitment of Foster and Adoptive Parents and a series of Public Service Announcements intended to encourage adoption of children, especially older children and children who are part of sibling groups);
- increasing states' effective use of public and private agencies for the recruitment of adoptive and foster families and assistance in placement of children;
- promoting programs to increase the number of older children adopted from foster care;
- providing for programs aimed at increasing the number of minority children (in foster care and with the goal of adoption) who are placed in adoptive families, with a special emphasis on recruitment of minority families; and
- providing for postadoption services for families who have adopted children with special needs, and promoting programs that effectively meet the mental health needs of children in foster care, including addressing the effects of trauma.

Reducing interstate barriers to placement of children has been a long-running concern of the program, and HHS has recently used Adoption Opportunities funding to extend support for the National Electronic Interstate Compact Enterprise (NEICE) project for three years. Six states initially participated in a NEICE pilot, which enabled electronic exchange of data needed to process interstate placement of children. Evaluation of the pilot found reduced placement time and other improved efficiencies. By funding a continuation of this project through May 2018 HHS hopes to extend use of the system to all states. As of June 2017, 15 of the 50 states and the District of Columbia were participating.[130]

Annual discretionary funding for the Adoption Opportunities program was authorized at $40 million for FY2010 and "such sums as necessary" for each of FY2011 through FY2015. Congress chose to continue appropriations for the program in FY2016, and again in FY2017. (See **Table 14** for final Adoption Opportunities funding in FY2013-FY2017.)

Report language intended to guide agency use of FY2017 Adoption Opportunities funding encourages HHS/ACF to "fund activities to improve hospital-based adoption support services for pregnant and expectant mothers, including training for hospital staff and doctors. Such activities would help ensure that mothers who wish to make an adoption have access to trained staff and comprehensive supports throughout the adoption process."[131]

[130] Ibid. "Supporting Permanent Placements of Children in Foster Care Through Electronic Data Exchange" for the American Public Human Services Association (APHSA) by Walter R McDonald & Associates (WRMA). See also the NEICE project website at http://www.aphsa.org/content/AAICPC/en/actions/NEICE.html, including national implementation map.

[131] S.Rept. 114-274, p. 141. See also Explanatory Statement included in Cong. Record, May 3, 2017, H3949, which notes that this report language (where not superseded by language in the Explanatory Statement) is to guide agency action, and is to be treated with same emphasis as language included in the Explanatory Statement.

Table 14. Final Funding for Adoption Opportunities

(nominal dollars in millions)

Adoption Opportunities	FY2013	FY2014	FY2015	FY2016	FY2017
Competitively awarded funds for national initiatives, state or local projects, and other activities to reduce barriers to special needs adoptions	$36.7	$40.6[a]	$39.1	$39.1	$39.1

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

Note: The FY2013 funding shown reflects the final operating level after application of sequestration.

a. Out of this funding, the explanatory statement accompanying the bill that became the Consolidated Appropriations Act, 2014 (P.L. 113-76), states that $4 million must be for "discretionary grants to test intensive and exhaustive child-focused adoptive parent recruitment strategies for children in foster care." The Senate Appropriations Committee report, incorporated in that statement, also noted continued concern "about the availability of post-adoption services for children and their adoptive families" and "strongly" encouraged increased use of the program funding for purposes related to such services. HHS responded by awarding eight 17-month grants to public and private agencies related to child-focused recruitment of adoptive parents, announcing a National Adoption Competency Mental Health Training Initiative to improve the ability of child welfare staff and mental health practitioners to meet needs of children with a permanency goal of adoption/guardianship or those who have already been placed for adoption or guardianship; and awarding support for a National Quality Improvement Center for Adoption/Guardianship Support to develop evidence-based service models to improve behavioral health of children and youth in adoptive/guardianship families, among other things.

Abandoned Infants Assistance

The Abandoned Infants Assistance Act of 1988 (P.L. 100-505) responded to congressional concerns about the number of infants who remained in hospital care beyond their medical need to do so and who, often because of parental drug use, were born with exposure to drugs, human immunodeficiency virus (HIV), or both.[132] The act authorized funding for local demonstration projects to prevent and respond to the abandonment of infants and young children. Congress last provided funding for this program ($11 million) in FY2015.

For purposes of this program, the terms *abandoned* and *abandonment* of infants or young children refer to infants or young children who are "medically cleared for discharge from acute-care hospital settings, but remain hospitalized because of a lack of appropriate out-of-hospital placement alternatives." To address the needs of these infants and young children it authorizes local demonstration projects to

- provide services to biological family members for any condition that increases the probability of the abandonment of infants and young children;
- identify and address the needs of abandoned infants and children;
- assist abandoned infants and young children so they can live with biological family members, or, if appropriate, in a foster family home—or, if neither of those is possible, by carrying out residential (group) care programs for them;
- recruit, train, and retain foster parents for abandoned infants and young children;
- provide respite care services to families and foster families of abandoned infants and young children who are infected with HIV, had perinatal exposure to HIV and/or a "dangerous drug," or who have a life-threatening illness or other special medical need;

[132] 42 U.S.C. §5117aa, §5117a-11, §5117aa-12, §5117aa-21, §5117aa-22.

- provide model programs offering health, educational, and social services for abandoned infants and young children at a single site; and
- recruit and train health and social services personnel to work with families, foster care providers, and residential care programs serving abandoned infants and young children.

HHS awarded funds to public and private nonprofits seeking to carry out these local projects. Grantees were required to agree to give priority for services to abandoned infants or young children who are infected with HIV, had perinatal exposure to HIV or a controlled substance, or who have a life-threatening illness or other special medical need. From FY1991 through FY2015, HHS funded the National Abandoned Infants Assistance Resource Center, which disseminated findings from evaluations of the project (as required by the act) and offered training and technical assistance to local project grantees. The center is now closed.[133]

Survey data from the mid-2000s suggest that the number of infants who remain in hospital care beyond their date of medical discharge, as well as the number of infants in hospitals who are not yet medically cleared to leave the hospital but who are considered unlikely to do so with their biological parent(s), has declined. In 2006, the combined national estimate of such infants was a little less than 12,900. This was substantially fewer than the estimates of more than 30,600 such infants in 1998, and 21,600 in 1991.[134] However, the 2006 survey found that while these infants used to be concentrated in urban area hospitals, they were now more widely dispersed across the nation, appearing in hospitals serving suburban and rural counties as well as those in urban areas. The 2006 survey concluded that positive trends it identified, including a decline in the number of infants "boarded" in the hospital and reduced lengths of stay for those who did stay beyond their medical need to do so, might be attributable to hospitals and child welfare agencies becoming more responsive to needs of these infants, including through better interagency coordination.

Several legislative efforts were cited as possible contributors. These included an increased focus on timely permanency planning (a major focus of the Adoption and Safe Families Act [ASFA] of 1997), required communication between health care providers and child protection agencies for children born with substance exposure (added to CAPTA as part of its 2003 reauthorization, P.L. 108-36),[135] and more than 20 years of federal support, provided under the Abandoned Infants Assistance Act (P.L. 100-505, as amended), for local projects to serve abandoned infants and children, and their families in communities across the nation.

Beginning with its extension in 1996, funding for Abandoned Infants Assistance has been a part of legislation that reauthorizes CAPTA. Most recently the CAPTA Reauthorization Act of 2010 (P.L. 111-320) extended discretionary funding authority for the program at $45 million for FY2010 and "such sums as may be necessary" for each of FY2011 through FY2015. Congress has not provided funding for this program since FY2015. (See **Table 15**.)

[133] The center's former website, http://aia.berkeley.edu, directs readers to its YouTube channel, which remains online.

[134] HHS, Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF), Children's Bureau, *Report to Congress: 2006 National Estimates of the Number of Boarder Babies, Abandoned Infants, Discarded Infants, and Infant Homicides,* James Bell Associates, transmitted to Congress May 31, 2011.

[135] For information about early implementation efforts, see National AIA Resource Center, *Substance Exposed Infants: Noteworthy Policy and Practices,* Issue Brief 3, September 2006.

Table 15. Final Funding for Abandoned Infants Assistance

(nominal dollars in millions)

Abandoned Infants Assistance	FY2013	FY2014	FY2015	FY2016	FY2017
Competitive grants, contracts, or agreements to eligible entities for services, technical assistance, and training	$10.8	$11.1	$11.1	$0	$0

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

Note: The FY2013 funding shown reflects the final operating level after application of sequestration.

While noting the program's success, the Obama Administration in its FY2016 budget sought authority to use these program funds on behalf of a broader range of at-risk infants and toddlers.[136] Congress, instead, chose not to provide funding for this program for FY2016. The Senate Appropriations Committee in its report on Labor-HHS-Education appropriations for FY2016[137] stated the following:

> The Committee recommendation does not include funding for this program. The budget request proposes significantly changing the focus of this program as part of a reauthorization proposal. The Abandoned Infants Assistance program was created in 1988 as a response to an acute child welfare crisis associated with the crack cocaine and HIV/AIDS epidemics of the 1980s. Specifically, the program funded demonstration projects to prevent the abandonment of infants and young children impacted by substance abuse and HIV. As the budget request discusses, over the last several decades, in part because of these demonstration projects, States have implemented more effective community responses to infants and families in these circumstances, the goal of these demonstration projects.

[136] HHS, ACF, *Justification of Estimates for the Appropriations Committees, FY2016* (2015), p. 165. As part of this request, the Administration sought to rename the program "Protecting Abandoned and At Risk Infants and Toddlers."

[137] S.Rept. 114-74, to accompany S. 1695, which was incorporated into the explanatory statement accompanying the legislation (H.R. 2029) that became the final FY2016 appropriations act (P.L. 114-113).

Appendix A. Recent Funding by Program

Table A-1 shows the funding amounts appropriated (or obligated) based on the part of the Social Security Act in which they are authorized (Title IV-B or Title IV-E) or their location outside of the Social Security Act (other programs). This mirrors the broad categories included in **Table 1**.

For more detail on funding for programs for which the amount shown below is a total of multiple activities or program components, see **Table 3** and **Table 4** (Promoting Safe and Stable Families program); **Table 7** (Title IV-E foster care, adoption assistance, and kinship guardianship assistance); **Table 9** (Chafee Foster Care Independence Program, including Education and Training Vouchers); **Table 11** (Child Abuse Prevention and Treatment Act, or CAPTA, including state grants, discretionary activities, and community-based grants); and **Table 13** (Victims of Child Abuse Act, or VCAA, including Children's Advocacy Centers, Court-Appointed Special Advocates, and Child Abuse Training for Judicial Personnel).

Table A-1. Child Welfare Program Funding by Fiscal Year

(nominal dollars in millions; parts may not sum to total due to rounding)

Program	FY2013	FY2014	FY2015	FY2016	FY2017
TOTAL	***$7,578***	***$8,390***	***$8,279***	***$8,603***	***$8,898***
TITLE IV-B OF THE SOCIAL SECURITY ACT	**$688**	**$689**	**$664**	**$668**	**$668**
Stephanie Tubbs Jones Child Welfare Services (CWS)	$262	$269	$269	$269	$269
Promoting Safe and Stable Families (PSSF) *(Total: mandatory and discretionary funds, all activities)*	$387	$380	$380	$381	$381
Child Welfare Research, Training, and Demonstration	$24	$25	$16	$18	$18
Family Connection Grants	$14	$15	$0	$0	$0
TITLE IV-E OF THE SOCIAL SECURITY ACT	**$6,710**	**$7,510**	**$7,424**	**$7,746**	**$8,041**
Title IV-E Foster Care, Adoption and Guardianship *(Total for all three components with open-ended funding)*	$6,487	$7,286	$7,200	$7,522	$7,817
Tribal IV-E Plan Development and Technical Assistance	$3	$3	$3	$3	$3
Chafee Foster Care Independence Program (CFCIP) *(Total: Basic program and Education and Training Vouchers)*	$182	$183	$183	$183	$183
Adoption and Legal Guardianship Incentive Payments	$37	$38	$38	$38	$38
OTHER PROGRAMS	**$180**	**$192**	**$190**	**$188**	**$189**
Child Abuse Prevention and Treatment Act (CAPTA) *(Total: State Grants, Discretionary Activities and Community-Based Grants to Prevent Child Abuse and Neglect)*	$88	$94	$94	$98	$98
Children's Justice Act Grants	$20	$20	$20	$20	$20
Adoption Opportunities	$37	$41	$39	$39	$39
Abandoned Infants Assistance	$11	$11	$11	$0	$0
Victims of Child Abuse Act (VCAA) *(Total for Children's Advocacy Centers, Court Appointed Special Advocates, and Child Abuse Training for Judicial Personnel)*	$25	$27	$27	$31	$32

Source: Table prepared by Congressional Research Service. For funding of program components or parts and for additional notes about these amounts, see individual program funding tables in the body of this report. Title IV-E funding shown may vary from previous versions of the table based on revised budget authority or obligations.

Appendix B. Child Welfare Programs by Type of Funding Authority and Sequestration Status

The Budget Control Act of 2011 (BCA, P.L. 112-25) included a combination of measures affecting discretionary and mandatory spending that are designed to reduce the federal deficit by a certain amount. With regard to *discretionary* spending, the BCA established certain spending caps for FY2012-FY2021. The caps provide limits on the total dollar amount of federal spending Congress may appropriate on a discretionary basis. If those caps are exceeded, automatic spending cuts called sequestration must be applied. The BCA has been amended several times. Most recently the Bipartisan Budget Act of 2015 (P.L. 114-74) increased the level of discretionary spending permitted for both FY2016 and FY2017.

The BCA of 2011 also included certain targets for reductions in mandatory spending and provided that if Congress did not achieve deficit reductions through other means, sequestration must be used to achieve those targets.[138] The Bipartisan Budget Act of 2015 (P.L. 114-74) extended the required sequestration of mandatory spending through FY2025.[139]

Sequestration Determinations by Fiscal Year

For FY2013 only, sequestration was applied to both discretionary and mandatory accounts. For that year, the sequestration percentage determined necessary to bring nonexempt, nondefense discretionary-funded program spending under the statutory spending cap was 5.0%. Separately, to achieve the deficit reduction targets set in the law, sequestration of nonexempt, nondefense mandatory-funded program accounts was 5.1%.

For each of FY2014 through FY2017, OMB determined that discretionary appropriations did not exceed the discretionary spending caps for nondefense program. Therefore, sequestration was not required for these discretionary programs. However, sequestration was required for mandatory-funded programs in each of those same years. The OMB issued sequestration orders, effective on the first day (October 1) of each of those fiscal years, which reduced spending for each nonexempt, nondefense mandatory program account by the following amounts: 7.2% for FY2014; 7.3% for FY2015; 6.8% for FY2016; and 6.9% for FY2017.

Sequestration Status by Child Welfare Program

Table B-1 lists each child welfare program described in this report by its type of funding authority (mandatory or discretionary) and notes whether program funds *may be* subject to sequestration. If the program is listed as one that may be subject to sequestration, it is referred to as "nonexempt" and is subject to automatic spending cuts *in any fiscal year for which OMB determines spending has exceeded the statutory limit.* If a program *may not be* subject to sequestration, it is referred to as "exempt," and automatic spending cuts do not apply to that program in *any* year.

[138] See CRS Report R42050, *Budget "Sequestration" and Selected Program Exemptions and Special Rules*.

[139] As enacted in 2011, the Budget Control Act (BCA, P.L. 112-25) required sequestration of mandatory funding in each of FY2013-FY2021 (absent congressional action to reduce this spending in some other ways). Prior to the December 2015 budget bill, the BCA was amended to extend that time period through FY2023 by the Bipartisan Budget Act of 2013 (Div. A., P.L. 113-67) and through FY2024 by the Temporary Debt Limit Extension (P.L. 113-83).

Table B-1. Funding Authority and Sequestration Status of Child Welfare Programs

Program	Type of Funding Authority	Program Subject to Sequestration If Determined Necessary?	Sequestration Determined Necessary for Nonexempt Programs (%)				
			FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Title IV-E Foster Care, Adoption Assistance and Kinship Guardianship Assistance; Tribal Technical Assistance and IV-E Plan Development Grants	Mandatory, open-ended	No (exempt)[a]	Not applicable				
Chafee Foster Care Independence Program (general program)	Mandatory, capped	No (exempt)[a]	Not applicable				
Chafee Educational and Training Vouchers	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No	No
Promoting Safe and Stable Families Program (includes funding for state, territorial, and tribal child and family services, the Court Improvement Program, research and evaluation, Regional Partnership Grants and Monthly Caseworker Visit Grants)	Mandatory, capped	Yes (nonexempt)	Yes (5.1%)	Yes (7.2%)	Yes (7.3%)	Yes (6.8%)	Yes (6.9%)
Promoting Safe and Stable Families Program (includes funding for state, territorial, and tribal child and family services, the Court Improvement Program, and research and evaluation)	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No	No
Stephanie Tubbs Jones Child Welfare Services Program	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No	No
Family Connection Grants	Mandatory, capped	Yes (nonexempt)	Yes (5.1%)	[b]	[b]	[b]	[b]
Child Welfare Research, Demonstrations, and Training	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No	No
Child Abuse Prevention and Treatment Act (CAPTA), including State Grants, Discretionary Activities, and Community-Based Grants to Prevent Child Abuse and Neglect	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No	No
Adoption and Legal Guardianship Incentives, **Adoption Opportunities**, **Abandoned Infants Assistance**	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No[c]	No[c]
Victims of Child Abuse Act Programs (Court Appointed Special Advocates, Children's Advocacy Centers, and Child Abuse Training for Judicial Personnel)	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No	No

			Sequestration Determined Necessary for Nonexempt Programs (%)				
Children's Justice Act Grants (funded as a set aside from the Crime Victims Fund)	Mandatory, capped	No[d]	No[d]	No[d]	No[d]	No[d]	No[d]

Source: Congressional Research Service (CRS). A program's sequestration status is based on *OMB Report to the Congress on the Joint Committee Reductions for Fiscal Year 2014* (May 2013).

a. Although the statute provides that mandatory Title IV-E funding is generally exempt (including all dollars authorized to be paid to states), a very small portion of this funding is considered as a cost of federal program administration and is subject to sequestration.

b. Family Connection Grants are not exempt and were subject to sequestration in FY2013. However, they were not a part of the authorized mandatory funding in FY2014 (used by OMB in early 2014 to determine whether the spending cap had been exceeded and by how much). Therefore, no sequestration applied to their FY2014 funding, which was provided, via P.L. 113-183, on September 29, 2014. Congress did not provide funding for these grants in any of FY2015 through FY2017.

c. Congress did not provide funding for Abandoned Infants Assistance in either of FY2016 or FY2017.

d. Funding provided by the Crime Victims Fund is subject to sequestration. However, for FY2013, the statutory set-aside from the fund that is used to support Children's Justice Act Grants was not subject to sequestration. This table assumes this same policy applied for FY2014, FY2015, FY2016, and FY2017.

Appendix C. Tribes with an Approved Title IV-E Plan

Beginning with FY2010, tribes with a Title IV-E plan approved by HHS may receive direct federal reimbursement for eligible costs related to providing foster care, adoption assistance, and, if they choose, kinship guardianship assistance. As of November 2017, the following 10 tribes/tribal entities had such an approved plan:[140]

- Port Gamble S'Klallam Tribe (Kingston, WA)
- Confederated Salish and Kootenai Tribes (Pablo, MT)
- South Puget Intertribal Planning Agency (Shelton, WA)
- Keweenaw Bay Indian Community (Baraga, MI)
- Navajo Nation (Window Rock, AZ)
- Chickasaw Nation (Ada, OK)
- Eastern Band of Cherokee Indians (Cherokee, NC)
- Pascua Yaqui Tribe (Tucson, AZ)
- Tolowa Dee-ni' Nation (near Smith River, CA)
- Salt River Pima-Maricopa Indian Community (Scottsdale, AZ)

[140] Tribes may seek approval of plans at any time, and readers may want to consult the "Tribes with Approved Title IV-E Plans" web page available on the Children's Bureau website for updates, http://www.acf.hhs.gov/cb/resource/tribes-with-approved-title-iv-e-plans.

Appendix D. States with Approval to Extend Title IV-E Assistance up to Age 21

Beginning with FY2011, states and any other jurisdiction operating a Title IV-E program were permitted to amend their Title IV-E plans to allow federal assistance (foster care, adoption assistance, or kinship guardianship assistance) to be provided to otherwise eligible youth up to their 19th, 20th, or 21st birthday. To be eligible for this extended Title IV-E assistance, a youth must be in foster care or must have left foster care for adoption or guardianship at age 16 or older.

As of April 2017, 29 jurisdictions, including 23 states, the District of Columbia, and 5 tribal entities had received approval to extend Title IV-E assistance to older youth.[141] Indiana extends Title IV-E assistance to a youth's 20th birthday. All other jurisdictions listed below currently extend Title IV-E assistance to a youth's 21st birthday.

Otherwise eligible youth may continue to receive Title IV-E assistance after their 18th birthday provided they meet additional eligibility requirements related to participation in education, work, or work preparation (or be documented as unable to participate due to a medical condition). Wisconsin only extends support beyond age 18 if the youth is in high school, and West Virginia, only does so if the youth is in high school or college. All other jurisdictions listed below extend support to older age if youth meets any one or more of the education, work, other participation, or disability criteria.

States that choose to extend Title IV-E foster care assistance beyond a youth's 18th birthday must also provide Title IV-E adoption assistance and Title IV-E kinship guardianship assistance (if the state offers that kind of Title IV-E assistance) to the same older age (and under same eligibility requirements) for any child who was aged 16 or older when he or she left foster care for adoption or guardianship.

Table D-1. Jurisdictions Extending Title IV-E Assistance Beyond Age 18

(As of April 2017)

Alabama	Arkansas	California
Connecticut	District of Columbia	Hawaii
Illinois	Indiana	Maine
Maryland	Massachusetts	Michigan
Minnesota	Nebraska	New York
North Dakota	Oregon	Pennsylvania
Tennessee	Texas	Virginia
Washington	West Virginia	Wisconsin
Eastern Band of Cherokee (NC)	Navajo Nation (AZ, NM, UT)	Keweenaw Bay Indian Community (MI)
Pascua Yaqui (AZ)	Tolowa Dee-ni' Nation (formerly known as Smith River Rancheria) (CA)	

[141] Information received by CRS from HHS/ACF/Children's Bureau, as of April 3, 2017. In addition to the listed jurisdictions, some states provide comparable assistance for older foster youth using their own or other (nonTitle IV-E) federal funds.

Appendix E. States with Child Welfare Demonstration (Waiver) Projects

Twenty-eight jurisdictions, including 26 states, the District of Columbia, and the Port Gamble S'Klallam Tribe, are currently approved to operate 28 child welfare demonstration projects. These demonstrations are often referred to Title IV-E waiver projects.

Five states (California, Florida, Illinois, Indiana, and Ohio) have been operating their waiver projects for roughly a decade or longer. The remaining jurisdictions received approval to operate a waiver project between September 2012 and September 2014, and as of April 2017 have been implementing them for anywhere from a few months to several years.[142]

Three states that were approved to implement a Title IV-E waiver project between FY2012 and FY2014 (Idaho, Montana, and Texas) subsequently opted not to implement the project, or ended implementation early. Although the exact reasons varied, competing priorities for the child welfare agency and cost concerns appear to have played a role in each state.

Table E-1 below lists each state with a Title IV-E waiver project operating as of April 2017 and lists the focus of the project as well as its start and (scheduled) end date. For additional information on current projects, see the following resources:

- ***Detailed Summary Table*** (updated March 2017) showing by jurisdiction each waiver project's **core interventions**, target population(s) (e.g., may be limited by age, service need, part of state), **key outcomes** to be followed, and **cost neutrality methodology**; https://www.acf.hhs.gov/sites/default/files/cb/waiver_summary_table_active.pdf.
- ***Short report*** (August 2016) summarizing and categorizing current waiver projects by proposed intervention and evaluation design; includes some discussion of findings from previous waiver projects along with preliminary findings from the current round of projects; http://www.acf.hhs.gov/sites/default/files/cb/cw_waiver_summary2016.pdf.

Additional resources, including findings from past projects, are also available from the Children's Bureau waiver site: http://www.acf.hhs.gov/cb/programs/child-welfare-waivers.

[142] Illinois is included in this group because a portion of its current waiver project predates FY2012. However, the project current authorized includes new components and its implementation date is in 2013. Oregon operated a waiver project prior to FY2012. However, it is not listed here because its current waiver project was initiated in whole, in 2015.

Table E-1. Jurisdictions Implementing Child Welfare Waiver Projects.

State/Other Jurisdiction	Demonstration Focus	**Start** (or most recent extension)-**Scheduled End**
Arizona	"Right-size" use of congregate care.	July 1, 2016-Sept. 30,2019
Arkansas	Assessment, family engagement, and differential response.	July 31, 2013-July 30, 2018
California	Flexible funding, develop and implement core practice model/safety-organized practice, wrap-around services for youth at risk of placement due to delinquency.	July 1, 2007 (extended Oct. 1, 2014)-Sept. 30, 2019
Colorado	Family engagement, assessment, kinship supports, and trauma-informed services.	July 31, 2013-July 30, 2018
District of Columbia	Intensive in-home prevention, family preservation, and postreunification services; expanded service array.	April 25, 2014-April 24, 2019
Florida	Improve array of community-based services, including early intervention and in-home services to prevent foster care placement or re-entry.	Oct. 1, 2006 (extended Oct. 1, 2013)-Sept. 30, 2018
Hawaii	Crisis response system, intensive home-based services, services to expedite permanency.	Jan. 1, 2015-Sept. 30, 2019
Illinois[a]	Services for caregivers with substance use disorders, parenting education services to improve healthy development and parent-child attachment for very young children, and "immersion sites" to provide stable home-like care for children in care and reduce length of stay.	July 1, 2013-June 30, 2018
Indiana	Flexible funding: increase array, intensity, and accessibility of services to prevent foster care placement.	Jan. 1, 1998 (extended July 1, 2012)-March 31, 2018
Kentucky	Services to preserve families with identified substance abuse and/or family violence risk factors.	Oct. 1, 2015-Sept. 30, 2019
Maine	Parental education and services for caregivers with substance use disorders.	April 1, 2016-Sept. 30, 2019
Maryland	Trauma-informed assessment, workforce development related to understanding trauma, and other evidence-based practices identified as needed by localities.	July 1, 2015-Sept. 30, 2019
Massachusetts	Improved residential care and community-based services for youth transitioning out of, or at-risk of, such care.	Jan. 1, 2014-Dec. 31, 2018
Michigan	Intensive early intervention case management and services.	Aug. 1, 2013-July 31, 2018
Nebraska	Alternative Response, including links to expanded parenting education; Results Based Accountability included in state's contract and performance management system.	July 1, 2014-June 30, 2019
Nevada	Safety management services model; enhanced service array.	July 1, 2015-Sept. 30, 2019
New York	Trauma-informed assessment and evidenced-based services for children in foster care, reduced caseloads.	Jan. 1, 2014-Dec. 31, 2018

State/Other Jurisdiction	Demonstration Focus	**Start** (or most recent extension)-**Scheduled End**
Ohio	Flexible funding: family team meetings and kinship supports, other services to prevent placement or promote permanency for children as chosen by county.	Oct. 1, 1997 (extended Oct. 1, 2016)-Sept. 30, 2019
Oklahoma	Short-term, intensive home-based services.	July 22, 2015-Sept. 30, 2019
Oregon[b]	Leveraging Intensive Family Engagement to reduce likelihood of long-term foster care stays (includes enhanced family finding, improved case planning, and parent mentor program).	July 1, 2015-Sept. 30, 2019
Pennsylvania	Family engagement (including family group decisionmaking and family team conferencing), assessments, and other services as determined by county.	July 1, 2013-June 30, 2018
Port Gamble S'Klallam Tribe	Parenting education and support and enhanced family engagement.	Jan. 21, 2016-Sept. 30, 2019
Rhode Island	Structured decisionmaking, director's approval and prior authorization process, expedited permanency meetings.	Oct. 31, 2016-Sept. 30, 2019
Tennessee	Assessment, supporting kinship and foster parents; and parenting education and supports.	Oct. 1, 2014-Sept. 30, 2019
Utah	Assessment, caseworker tools and training, and evidence-based in-home services.	Oct. 1, 2013-Sept. 30, 2018
Washington	Differential response.	Jan. 1, 2014-Dec. 31, 2018
West Virginia	Wraparound services.	Oct. 1, 2015-Sept. 30, 2019
Wisconsin	Postreunification case management services.	Oct. 1, 2013-Sept. 30, 2019

Source: Congressional Research Service (CRS), based primarily on "Summary Table of Active Title IV-E Waiver Demonstrations" as of August 2016 and incorporating updates received by CRS from HHS/ACF, Children's Bureau, April 2017.

a. As of January 1, 2017, Illinois is operating a single waiver project that incorporates both of its two prior projects (previously approved on a separate basis and referred to as AODA and IB3) and also includes a new project component, the "immersion site initiative."

b. Oregon had a prior waiver project; instead of seeking its extension, the state sought and received approval for this new project.

Appendix F. Jurisdictions with Approval to Provide Title IV-E Kinship Guardianship Assistance

As of June 2017, jurisdictions (including 35 of the 50 states, the District of Columbia, and 8 tribal entities) have received HHS approval to provide kinship guardianship assistance under their Title IV-E plans.

Table F-1. Jurisdictions Approved to Provide Title IV-E Kinship Guardianship Assistance

Alabama	Alaska	Arkansas
California	Colorado	Connecticut
District of Columbia	Hawaii	Idaho
Illinois	Indiana	Louisiana
Maine	Maryland	Massachusetts
Michigan	Minnesota	Missouri
Montana	Nebraska	Nevada
New Jersey	New Mexico	New York
North Carolina	Oklahoma	Oregon
Pennsylvania	Rhode Island	South Dakota
Tennessee	Texas	Vermont
Washington	West Virginia	Wisconsin
Confederated Salish and Kootenai Tribe (MT)	Eastern Band of the Cherokee Indians (NC)	Keweenaw Bay Indian Community (MI)
Navajo Nation (AZ, NM, UT)	Pascua Yaqui Tribe (AZ)	Port Gamble S'Klallam Tribe (WA)
South Puget Intertribal Planning Agency (WA)	Tolowa Dee-Ni Nation (formerly Smith River Rancheria) (CA)	

Source: HHS/ACF, Children's Bureau, as of June 27, 2017.

Appendix G. Adoption and Legal Guardianship Incentive Payments

In September 2017, HHS announced incentive payments earned by states for their performance in FY2016. As shown below, states earned more than $55.2 million in incentive payments, a record for the program. However, at the time of its announcement HHS had only about $5.3 million on hand to make these payments. This amount was distributed to states on a prorated basis (so that each state received roughly 10% of the amount it earned for its FY2016 performance). The $5.3 million awarded to states in September 2017 was the total of program funds that remained after HHS completed awarding states $41.1 million for their success at increasing the rate of adoptions and legal guardianships during FY2015. That amount was paid out in September 2016 (using $8.6 million in FY2016 program funding) and in June 2017 (using $32.5 million in FY2017 funding).

Table G-1 shows the amount of incentive funding earned in FY2016 by state for each incentive category. The next to the last column shows the total earned for all categories in FY2016 ($55.2 million), and the final column shows the amount of that total that was paid as of September 30, 2016 ($5.3 million). Assuming full-year FY2018 appropriations for Adoption and Legal Guardianship Incentive Payments are made later this year, HHS may provide more of the outstanding incentive payments earned by states for FY2016 performance. However, unless FY2018 funding for the payments exceeds the recent annual appropriations level of $37.9 million, HHS will not be able to pay the full $49.9 million in outstanding payments earned.

Table G-1. Incentive Payments Earned for Increases in Adoption and Legal Guardianships Completed in FY2016

State	Adoptions (any age)	Legal Guardianships (any age)	Preadolescent Adoptions or Legal Guardianship (ages 9 -13)	Older Adoptions or Legal Guardianships (age 14 or older)	TOTAL Incentive Payment Earned for FY2016	Amount of TOTAL Paid as of September 30, 2017
Alabama	$0	$88,000	$90,000	$0	$178,000	$17,208
Alaska	$0	$0	$0	$80,000	$80,000	$7,734
Arizona	$740,000	$0	$0	$340,000	$1,080,000	$104,411
Arkansas	$0	$0	$0	$0	$0	$0
California	$3,875,000	$2,540,000	$3,105,000	$2,100,000	$11,620,000	$1,123,384
Colorado	$420,000	$0	$105,000	$50,000	$575,000	$55,589
Connecticut	$435,000	$76,000	$15,000	$240,000	$766,000	$74,054
Delaware	$70,000	$108,000	$75,000	$70,000	$323,000	$31,227
District of	$55,000	$0	$30,000	$30,000	$115,000	$11,118
Florida	$0	$0	$0	$0	$0	$0
Georgia	$120,000	$0	$0	$0	$120,000	$11,601
Hawaii	$0	$40,000	$15,000	$0	$55,000	$5,317
Idaho	$0	$0	$7,500	$0	$7,500	$725
Illinois	$0	$572,000	$150,000	$360,000	$1,082,000	$104,604
Indiana	$1,000,000	$284,000	$352,500	$600,000	$2,236,500	$216,217
Iowa	$480,000	$116,000	$427,500	$180,000	$1,203,500	$116,350
Kansas	$240,000	$0	$105,000	$20,000	$365,000	$35,287

State	Adoptions (any age)	Legal Guardianships (any age)	Preadolescent Adoptions or Legal Guardianship (ages 9 -13)	Older Adoptions or Legal Guardianships (age 14 or older)	TOTAL Incentive Payment Earned for FY2016	Amount of TOTAL Paid as of September 30, 2017
Kentucky	$840,000	$0	$75,000	$130,000	$1,045,000	$101,027
Louisiana	$160,000	$0	$60,000	$200,000	$420,000	$40,604
Maine	$480,000	$0	$97,500	$140,000	$717,500	$69,366
Maryland	$350,000	$0	$120,000	$0	$470,000	$45,438
Massachusetts	$125,000	$0	$0	$0	$125,000	$12,085
Michigan	$2,510,000	$288,000	$337,500	$1,010,000	$4,145,500	$400,773
Minnesota	$215,000	$0	$135,000	$230,000	$580,000	$56,072
Mississippi	$290,000	$524,000	$285,000	$190,000	$1,289,000	$124,616
Missouri	$985,000	$860,000	$547,500	$920,000	$3,312,500	$320,242
Montana	$0	$228,000	$22,500	$110,000	$360,500	$34,852
Nebraska	$140,000	$172,000	$82,500	$400,000	$794,500	$76,810
Nevada	$350,000	$120,000	$0	$240,000	$710,000	$68,640
New Hampshire	$0	$0	$0	$0	$0	$0
New Jersey	$945,000	$0	$397,500	$130,000	$1,472,500	$142,356
New Mexico	$0	$0	$0	$90,000	$90,000	$8,701
New York	$860,000	$512,000	$270,000	$390,000	$2,032,000	$196,447
North Carolina	$530,000	$436,000	$307,500	$130,000	$1,403,500	$135,686
North Dakota	$50,000	$112,000	$127,500	$170,000	$459,500	$44,423
Ohio	$195,000	$8,000	$157,500	$0	$360,500	$34,852
Oklahoma	$3,505,000	$236,000	$1,290,000	$1,130,000	$6,161,000	$595,625
Oregon	$60,000	$0	$127,500	$280,000	$467,500	$45,196
Pennsylvania	$0	$48,000	$0	$590,000	$638,000	$61,680
Rhode Island	$400,000	$104,000	$165,000	$220,000	$889,000	$85,946
South Carolina	$0	$0	$217,500	$0	$217,500	$21,027
South Dakota	$0	$0	$0	$40,000	$40,000	$3,867
Tennessee	$500,000	$0	$225,000	$110,000	$835,000	$80,725
Texas	$1,660,000	$1,236,000	$952,500	$850,000	$4,698,500	$454,236
Utah	$165,000	$0	$75,000	$80,000	$320,000	$30,937
Vermont	$0	$0	$0	$110,000	$110,000	$10,634
Virginia	$235,000	$0	$15,000	$0	$250,000	$24,169
Washington	$0	$0	$0	$0	$0	$0
West Virginia	$0	$28,000	$37,500	$170,000	$235,500	$22,767
Wisconsin	$65,000	$172,000	$270,000	$0	$507,000	$49,015
Wyoming	$45,000	$80,000	$0	$140,000	$265,000	$25,619
Puerto Rico	$0	$0	$0	$0	$0	$0
TOTAL	**$23,095,000**	**$8,988,000**	**$10,875,000**	**$12,270,000**	**$55,228,000**	**$5,339,262**

Source: Payments based on information received by CRS from HHS, ACF, ACYF, Children's Bureau in November 2017. To see total annual incentive payments made under this program (beginning with adoptions completed in FY1998), see https://www.acf.hhs.gov/sites/default/files/cb/adoption_incentive_history.pdf.

Note: The incentive structure, including the baseline against which improvement is measured, categories for which incentive payments are made, and the amounts payable, have varied considerably across the life of the

program. See Appendix D in CRS Report R43025, *Child Welfare: The Adoption Incentive Program and Its Reauthorization*.

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