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Child Welfare: Enactment of the Child and Family Services Improvement Act of 2006 (P.L. 109-288)

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Summary

The Child and Family Services Improvement Act of 2006 was enacted on September 25, 2006 (P.L. 109-288). As enacted it extends the funding authorization of the **Promoting Safe and Stable Families** (PSSF) program for five years (FY2007-FY2011) and annually targets the use of $40 million in new funds for the program for two purposes: to support monthly caseworker visits and to improve outcomes for children affected by their parent/caretaker's abuse of methamphetamine or another substance. As under prior law, states must spend the majority of PSSF funds on four broad categories of child and family services: community-based family support, family preservation, time-limited reunification and adoption promotion and support. P.L. 109-288 requires states to report on their *actual*—as opposed to simply *planned*—use of PSSF (and Child Welfare Services) funds. It also increases the PSSF set-aside for tribal child and family services, and allows access to these funds for more tribes. (**Appendix A** of this report compares selected enacted provisions with prior law as well as provision in earlier versions of the reauthorization legislation.)

Separately, P.L. 109-288 amended the **Child Welfare Services** program (Title IV-B, Subpart 1 of the Social Security Act), re-organizing its provisions and limiting its funding authorization to FY2007-FY2011. Beginning with FY2008, the new law limits the use of Child Welfare Service funds for administrative purposes to no more than 10%, and prohibits their use for foster care maintenance payments, adoption assistance payments, and child care *above* a state's use of the program's funds for those purposes in FY2005. Further, it requires states to—1) develop procedures to respond to and maintain services in the wake of a disaster; 2) describe in their state plans how they consult with medical professionals to assess the health of and provide appropriate medical treatment to children in foster care; and 3) establish a standard of no less than monthly caseworker visits of children in foster care along with standards for the content of the visit. The new law provides that in any state where *less* than 90% of children in foster care are visited on a monthly basis—or where the U.S. Department of Health and Human Services (HHS) determines that the state is not making enough progress to meet that standard by October 1, 2011—the state will need to supply a greater amount of non-federal funds in order to access its full federal Child Welfare Services allotment. P.L. 109-288 also extends authorization for five years (FY2007-FY2011) of **Mentoring Children of Prisoners**, and includes authority for a project to demonstrate the effectiveness of vouchers as a method of delivering these services. Further, it extends for five years (FY2007-FY2011) certain grants under the **Court Improvement Program**.

This report tracked successful legislative efforts to reauthorize these programs in the 109th Congress. It describes provisions enacted by P.L. 109-288 and provides information on PSSF funding. Further it contains an appendix showing (in table form) selected provisions in prior law compared to those proposed and enacted, and additional appendices that provide a legislative history of the PSSF program, discuss selected program policy issues and offer an overview of federal programs providing funding for purposes related to the PSSF program. It will not be updated.

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This report discusses reauthorization of the Promoting Safe and Stable Families (PSSF) program (and amendments to related programs) in the 109th Congress, as enacted by P.L. 109-288. It also provides information on PSSF funding. It concludes with a number of appendices. The first of these shows (in table form) selected provisions in prior law compared with provisions in reauthorization legislation considered in the 109th Congress, as well as the final provisions enacted in P.L. 109-288. Other appendices provide a legislative history of the PSSF program, discuss certain policy issues related to the program, and offer an overview of federal programs providing funding for purposes related to those of the PSSF program.

Introduction

The Child and Family Services Improvement Act of 2006 (P.L. 109-288) extended funding authorization for the Promoting Safe and Stable Families (PSSF) program (Title IV-B, Subpart 2 of the Social Security Act) for five years (FY2007-FY2011). The program primarily provides formula grants to states, territories, and tribes for provision of four broad categories of services to children and families: community-based family support, family preservation, time-limited reunification, and adoption promotion and support. P.L. 109-288 increased the amount of funds that will be made available to tribes for these purposes and also provides that no less than $40 million of funds provided for the program annually (through FY2011) are to be set-aside for competitive grants to eligible regional partnerships to address child welfare issues raised by parent/caretaker abuse of methamphetamine (or other substances) and for formula grants to states to support monthly caseworker visits to children in foster care.

In addition, as under prior law, a part of the total funding provided for the PSSF program is reserved for certain grants under the Court Improvement Program (CIP, Section 438 of the Social Security Act). These CIP grants are distributed by formula to each eligible highest state court and are for those courts to assess and make improvements to their handling of child welfare cases. Finally, funds are also set aside for evaluation, research, and technical assistance related to the PSSF program. P.L. 109-288 provides that a portion of those set-aside funds must be used to provide evaluations, research and technical assistance related to monthly caseworker visits and grants to improve the outcomes of children affected by parent/caretaker abuse of methamphetamine or other substances.

The Promoting Safe and Stable Families program was initially created as a program of "Family Preservation and Support Services" by the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66). That program was reauthorized, expanded, and given its current name by the Adoption and Safe Families Act of 1997 (P.L. 105-89). Subsequently, Congress passed the Promoting Safe and Stable Families Amendments of 2001 (P.L. 107-133), which reauthorized the program through FY2006. More recently, the Deficit Reduction Act of 2005 (P.L. 109-171) increased the authorization for mandatory PSSF appropriations by $40 million for FY2006 and, separately, appropriated funding ($20 million for each of FY2006-FY2010) for two new kinds of grants under the Court Improvement Program. The Senate Finance and House Ways and Means committees have exercised jurisdiction over the program and both committees held hearings related to reauthorization of this program during 2006.

In addition to reauthorizing the Promoting Safe and Stable Families program and extending certain Court Improvement Program grants, P.L. 109-288 made significant amendments to the Child Welfare Services program (Title IV-B, Subpart 1 of the Social Security Act). That program provides formula grants to states for a wide range of services to children and families and was first authorized in 1935 by the original Social Security Act. Under prior law, that program had an "indefinite" or "no-year" funding authorization. P.L. 109-288 set the program's funding

authorization to expire with FY2011 (placing it on the same reauthorization calendar as the PSSF program) and made other changes related to the program's purposes, how funds may be used under the program and what states are required to do in order to receive these funds.

Finally, P.L. 109-288 extended funding authorization for the Mentoring Children of Prisoners program (Section 439 of the Social Security Act), which provides funds to eligible entities to support mentoring services for children of prisoners. In addition to extending the program's funding authorization for these site-based, competitive grants, P.L. 109-288 authorized a demonstration project to test the effectiveness of using vouchers to deliver these services more broadly.

Reauthorization Activity in the 109th Congress

On September 28, 2006, the President signed the Child and Family Services Improvement Act of 2006, which was enacted as P.L. 109-288. By unanimous consent, the Senate on September 20, 2006 amended (S. Amdt 5024 and S. Amdt 5025) and passed the Child and Family Services Improvement Act of 2006 (S. 3525). On September 26, 2006 the House passed identical legislation under suspension of the rules. The final legislation included significant portions of separate bills previously passed in the House and in the Senate.[1]

Senate action

On June 8, 2006, a unanimous Senate Finance Committee ordered favorably reported a bill to reauthorize the PSSF program and make other changes. On June 15, that bill, the Improving Outcomes for Children Affected by Meth Act of 2006 (S. 3525) was introduced by Senator Grassley and a written report from the Finance Committee was submitted on June 23 (S.Rept. 109-269). On July 13, 2006, the Senate passed the legislation by unanimous consent and then sent the bill to the House for further action.

Hearings

Before approving this legislation, the Senate Finance Committee held two related hearings. On April 25, 2006, witnesses, including child welfare program administrators, advocates, and researchers, as well as individuals in recovery from methamphetamine, testified at a hearing titled "The Social and Economic Effects of the Methamphetamine Epidemic on America's Child Welfare System." A number of witnesses emphasized that treatment for methamphetamine abuse, especially family-based, longer-term and comprehensive residential treatment, can be effective, and that increasing access to these services could improve the lives of children and their families affected by methamphetamine abuse. On May 10, 2006, in a hearing titled "Fostering Permanence: Progress Achieved and Challenges Ahead for America's Child Welfare Systems," the Senate Finance Committee heard testimony from child welfare advocates and policy experts, federal and tribal program administrators, and a former foster care youth. These witnesses stressed the need for continued federal support of child welfare programs; the tribal administrator emphasized the limited funds available to her tribe and the many challenges it faced, including methamphetamine abuse.[2]

[1] In lieu of a conference report, which was not filed because no conference was formally held, a staff-prepared section-by-section analysis of the final enacted legislation, including "reasons for change" was submitted for the record by Senator Grassley. See *Congressional Record*, September 27, 2006, p. S10279-S10281.

[2] Both hearings can be viewed on the Senate Finance Committee website at http://finance.senate.gov/sitepages/2006hearings.htm.

House action

On June 20, 2006, Representatives Wally Herger and Jim McDermott, introduced the Child and Family Services Improvement Act of 2006 (H.R. 5640). After amending the bill, the House Ways and Means Committee gave it unanimous approval on June 29, 2006 and the bill was reported to the House on July 12 (H.Rept. 109-555). Under suspension of the rules, the House passed this legislation (renumbered as S. 3525) on July 25, 2006.

Hearing

On May 23, 2006, the House Ways and Means Subcommittee on Human Resources held a hearing to review proposals to improve child protective services. The subcommittee heard from representatives of the court, social workers, state child welfare agencies, and the Government Accountability Office (GAO) and many advocates—representing a range of viewpoints—who spoke on behalf of children served in the child welfare system.[3]

Provisions of the Child and Family Services Improvement Act of 2006 (P.L. 109-288)

As enacted, the Child and Family Services Improvement Act of 2006 (S. 3525, P.L. 109-288) incorporates language approved in two earlier versions of S. 3525. The following discussion describes provisions of the enacted legislation. (For a table comparing selected provisions from each of the predecessor bills along with prior law and current law, see **Appendix A**.)

Funding Reauthorization and Other Changes to PSSF

Under prior law, the Promoting Safe and Stable Families (PSSF) program was authorized to receive mandatory appropriations of $345 million in FY2006 and discretionary appropriations of $200 million. P.L. 109-288 extended these same funding authorization levels to each of FY2007-FY2011.

Broader limitation on administrative spending

The costs of the PSSF program are shared by the federal government (75%) and the states (at least 25%). Under prior law, a state was not permitted to spend more than 10% of its *federal* PSSF funds for administrative purposes, but there was no limit on use of the state PSSF funds (often described as "matching" funds) that could be spent for administrative purposes. Beginning with FY2008, P.L. 109-288 extends the 10% limit on spending for administrative purposes to include *all funds* spent under the program, both federal and *non-federal* (or matching).

Reporting on use of funds

Federal law and policy emphasize *planning* the use of PSSF funds (along with the Child Welfare Services and other child welfare or related programs) to ensure that a comprehensive range of child and family services is developed in each state. (See **Appendix C** "Planning and Reporting.") In keeping with this emphasis, states are required to annually send information to HHS on their *planned* use of funds under the PSSF, Child Welfare Services, and other child

[3] A transcript of the hearing is available on the House Ways and Means Committee website at http://waysandmeans.house.gov/hearings.asp?formmode=detail&hearing=482.

welfare and related programs. Beginning on June 30, 2007, P.L. 109-288 requires states to annually submit *actual* (in addition to planned) expenditure data on their use of funds under the PSSF and Child Welfare Services programs. (States, at their own option, may also provide data on actual use of funds for child welfare purposes in other programs.) Data on the use of funds are to be submitted on standard forms (which were previously used to report planned expenditures only) and include, for each program, spending by service, activity, or assistance provided, and the number of people served, the populations targeted for services, and the geographic areas served. The new law also requires the U.S. Department of Health and Human Services (HHS) to compile the forms showing this planned and actual use of funds and to submit them to the Senate Finance and House Ways and Means committees by September 30 of each year.

Targeting the Use of New PSSF Funds

The FY2006 mandatory funding authorization for the PSSF was raised from $305 million to $345 million by the Deficit Reduction Act of 2005 (P.L. 109-171), but this additional $40 million was not appropriated in that law. P.L. 109-288 appropriated the newly authorized FY2006 funds and extended the $40 million annual increase in the mandatory funding authorization level through FY2011. Further, as shown in **Table 1**, the law targets the use of the new funding to support monthly caseworker visits of children in foster care and to provide grants to increase the well-being of children affected by a parent or caretaker's abuse of methamphetamine (or other substances).

Table 1. Distribution of Targeted PSSF Funds

($ in millions)

Purpose	FY2006[a]	FY2007	FY2008	FY2009	FY2010	FY2011	Total
Support for more frequent and improved monthly caseworker visits of children in foster care	40	0	5	10	20	20	**95**
Support for grants to improve outcomes of children affected by a parent or, caretaker's methamphetamine abuse or other substance abuse	0	40	35	30	20	20	**145**

Source: Table prepared by the Congressional Research Service, based on Section 4 of P.L. 109-288.

a. These funds are to remain available for states and territories to spend through FY2009.

Support for monthly caseworker visits

Between FY2006 and FY2011, P.L. 109-288 provides a total of $95 million in funds for support of monthly caseworker visits of children in foster care "with a primary emphasis on activities designed to improve caseworker retention, recruitment, training and ability to access the benefits of technology." This total figure includes all of the $40 million in new FY2006 PSSF funds (which were appropriated by the law and will remain available for states to spend through FY2009), as well as $5 million in FY2008; $10 million in FY2009; and $20 million in each of FY2010 and FY2011.

States are to receive these funds on essentially the same formula basis as is the case for the current PSSF program (distribution is based on a state's relative share of children receiving food stamps in the nation). States may not use these funds to supplant other federal foster care funds available (under Title IV-E of the Social Security Act) for the same purposes. Also, for FY2008-

FY2011, a state's access to the full allotment of funds reserved for support of monthly caseworker visits will be contingent upon its spending no less than $1 on support of caseworker visits for every $3 in federal funds it received for that purpose. (For additional provisions in P.L. 109-288 that are related to caseworker visits of children in foster care, see the discussion under "Monthly Caseworker Visit Standards," below.)

Grants to Increase the Well-Being of and Improve the Permanency for Children Affected by Methamphetamine or Other Substance Abuse

Between FY2007 and FY2011, P.L. 109-288 reserves $145 million in mandatory PSSF funds to support competitive grants to regional partnerships for services and activities designed to improve the safety, permanency, and well-being of children who are in an out-of-home placement or are at-risk of such placement because of a parent or caretaker's abuse of methamphetamine or another substance. (The annual set-aside amounts are $40 million for FY2007, $35 million for FY2008, $30 million for FY2009 and $20 million in each of FY2010 and FY2011.)

Use of grant funds

The services and activities that may be funded under such a grant include family-based comprehensive long-term substance abuse treatment and replication of successful models for such treatment; early intervention and preventative services; counseling for children and families; mental health services; and parenting skills training.

What is a regional partnership?

Regional partnerships must be established by a collaborative agreement between two or more entities (for example, providers of child welfare services, including the state child welfare agency; the state agency administering federal substance abuse prevention and treatment funding; local law enforcement agencies; juvenile justice officials, judges and school or court personnel; providers of community health and mental health services and tribes, including tribal child welfare agencies). The state child welfare agency doesn't need to be the lead agency in the partnership applying for these funds, but with one exception it must be a member of each partnership. (The agency does not need to be a part of the partnership if a tribe/tribal child welfare agency is a member of the partnership.)

Considerations in awarding grants

HHS must first give consideration to the level of need demonstrated in the grant application of a regional partnership. Once that initial consideration is made added weight must be given to those applications from regional partnerships showing the effect of methamphetamine abuse and addiction on the child welfare system in the partnership region.

Size and duration of grant awards and reports on activities

Grants must extend for a minimum of two years but can not be made for more than five years; the annual funding to the grantee must be at least $500,000 but may not be more than $1 million. Finally, grantees will be required to submit annual reports on their activities and to incorporate information related to their performance on certain indicators (to be developed by HHS in consultation with representatives of states and tribes receiving funds). Further, HHS must annually send information regarding the use of this grant funding to the Senate Finance and House Ways and Means committees.

Evaluation of targeted spending

Prior law required HHS to annually reserve $6 million in PSSF funds to support research, technical assistance, and training related to the program and for evaluation of the program (or other programs designed to achieve the same purposes). P.L. 109-288 further stipulates that HHS must annually spend no less than $1 million of those reserved funds for research, evaluation and technical assistance related to supporting monthly caseworker visits of children in foster care and, separately, no less than $1 million annually for research, evaluation, and technical assistance related to the competitive grants to increase the well-being and improve the permanency of children affected by methamphetamine or other substance abuse.

Tribal PSSF Program Funding and Access

Under prior law tribal PSSF programs were funded with a 1% set-aside of the program's *mandatory* funding, plus a 2% set-aside of any discretionary funds provided for the program and in recent years tribes have received annual PSSF funding of roughly $5 million. Beginning with FY2007, P.L. 109-288 raises the tribal set-aside to 3% of the program's mandatory funding plus 3% of any discretionary funding provided for PSSF. (However, it would apply the 3% set-aside of mandatory funds only *after* the $40 million in targeted funds are reserved for the purposes described above.) Thus, the maximum funding authorized to be made available to tribes out of the PSSF would be $15.2 million (and the minimum funding would be $9.2 million). Based on these set-aside rules and the expected funding provided in the Revised Continuing Appropriations Resolution, 2007 (P.L. 110-5), tribal PSSF funding in FY2007 is expected to be $11.8 million.

Tribal allotment of PSSF funds are based on a tribe's relative share of individuals under the age of 21 (among all eligible tribes) and no allotment may be less than $10,000. For FY2006, about 90 tribes received PSSF funds (or less than a third of the tribes that received funds under the Child Welfare Services program). P.L. 109-288 permits a group of tribes to form a consortium and to have their PSSF allotment determined based on their *combined* share of children under the age of 21. The effect of this provision should be to expand access to PSSF funds by permitting tribes with smaller populations to band together (or to band with a larger tribe) to ensure their allotment amount is equal to or greater than the $10,000 threshold.[4]

Finally, P.L. 109-288 limits the prior law authority of HHS to exempt tribes from any PSSF state plan requirement that the Department determines would be inappropriate for that tribe based on the tribe's size and resources. The law now provides that HHS may continue to exempt tribes from requirements that limit the use of the federal PSSF funds for administrative purposes to no more than 10% and the requirement that provides that "significant portions" of PSSF federal funds must be spent on each of the four service categories: community-based family support, family preservation, time-limited reunification, and adoption promotion and support. However, tribes are required to comply with all other plan requirements (including assurances that the funds received will not supplant other federal or non-federal funds available for those purposes as well as other planning and reporting requirements).

[4] In FY2005, $5.0 million in PSSF funding was set aside for tribes and about 90 tribes/tribal organizations received allotments. Those allotments ranged from a little above $10,000 to about $911,000. By contrast, tribal allotments under the Child Welfare Services program (Title IV-B, Subpart 1) are not provided by a set-aside but are taken out of the amount allotted by formula to the given state in which the tribal children live (and based on the tribal population under age 21) and there is no funding threshold. For FY2005, $5.7 million in Child Welfare Services funding was allotted to more than 350 tribes/tribal organizations and the allotment amounts ranged from less than $10 to just over $1 million.

Amendments to the Child Welfare Services Program

Under prior law, the Child Welfare Services program (Title IV-B, Subpart 1 of the Social Security Act) was authorized to receive funding of $325 million annually on an indefinite basis. P.L. 109-288 continues this same funding authorization level but limits it to five years (FY2007-FY2011)—thus placing this program on the same reauthorization calendar as the Promoting Safe and Stable Families program. For FY2006 the Child Welfare Services Program received an appropriation of $287 million; (under P.L. 110-5, FY2007 funding for the program was expected to again be $287 million).

Purposes

P.L. 109-288 deleted a lengthy prior law definition of "child welfare services" along with a brief program purpose statement. However, it largely incorporated the intent of those prior provisions in a new purpose section. The law now describes the purpose of the Child Welfare Services program as "to promote State flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families, by—(1) protecting and promoting the welfare of all children; (2) preventing the neglect, abuse, or exploitation of children; (3) supporting at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner; (4) promoting the safety, permanence, and well-being of children in foster care and adoptive families; and (5) providing training, professional development and support to ensure a well-qualified child welfare workforce." New aspects of this language include both the assertion that the program is intended to promote "state flexibility in the development and expansion of a coordinated child and family services program" and the inclusion of an explicit program purpose related to providing training development and support to ensure a well-qualified child welfare workforce.

Limitation on Administrative Spending

The total cost of the Child Welfare Services program is shared by the federal government (75%) and the state (25%). Prior law placed no limit on the amount of program funds states could spend for administrative purposes. Beginning with FY2008, P.L. 109-288 limits the use of program funds for those purposes to no more than 10%, (which applies to both federal and non-federal program funds). The law also defines administrative costs to include CWS program-related procurement, payroll management, personnel functions (except supervision of caseworker services), management, maintenance and operation of space and property, data processing and computer services, accounting, budgeting, auditing, and certain travel expenses. (Under this definition, spending on caseworker services *is not* considered an administrative cost.)

Revised Limitation on Use of Federal Funds

Under prior law the state could not spend more of its federal program funds on those foster care maintenance payments, adoption assistance payments, or to provide child day care (that was necessary solely for the employment or employment related training of a parent/relative of a child) than the amount of federal funds it had received under this program in FY1979. (In FY1979, funding for the program was $56.5 million or roughly 20% of the FY2006 funding level.) By contract, P.L. 109-288 provides that beginning with FY2008, no state may spend *any* federal CWS funds for foster care maintenance payments, adoption assistance payments, or child day care *unless* it can demonstrate to HHS that it used federal CWS funds for at least one of these purposes in FY2005. If a state can show this, then its new annual limit on spending of federal

CWS funds for these three purposes, combined, is the amount of the federal CWS funds it spent on them in FY2005.

Limit on use of non-federal (matching) funds

For purposes of providing their required 25% of the Child Welfare Services program cost (i.e. their matching dollars), states have been permitted to count their own spending for foster care maintenance payments without any limits. Beginning with FY2008, P.L. 109-288 prohibits states from using any foster care maintenance payment expenditures for the purpose of providing their non-federal matching dollars under the CWS program *unless* the state can show that it used foster care maintenance payment spending to meet the matching requirement for CWS funds in FY2005. If a state can show this, then the amount of the foster care maintenance payment spending that it counted under the program for matching purposes in FY2005 is the maximum amount of foster care maintenance payment spending it may count in the program in FY2008 and every following year.

State Plan Requirements

Under the Child Welfare Services program, states are required to develop a plan that assures the state will meet federal requirements. P.L. 109-288 adds several new requirements. It requires states to describe how they consult with and involve physicians or other appropriate medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for them. Further, no later than one year after the enactment of P.L. 109-288 (that is by late September 2007), states must have procedures in place to ensure continued availability of child and family services in the wake of a disaster. In addition, P.L. 109-288 requires states to describe (by the first day of FY2008), their standards for the content and frequency of caseworker visits to children in foster care, which at a minimum, must include a monthly visit by the caseworker that is "well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-being of the children."[5] (Related requirements are described below, under "Monthly Caseworker Visit Standards**.**")

P.L. 109-288 includes a separate requirement to clarify that for children in foster care who have a permanency goal of "another planned permanent living arrangement" such an arrangement may include placement in a residential education program. It also eliminated certain requirements that have little or no meaning today. These eliminated provisions required a state to assure that—the child care standards used in the Social Services Block Grant (SSBG) applied to any child day care services funded under CWS; it would train and use paraprofessional staff and volunteers to help with the program; and it had (as of June 1980) conducted an inventory of children in foster care. Finally, the law re-organizes much of the CWS program language and makes numerous, related conforming amendments and some technical amendments. (See **Appendix A** for more specific information.)

Monthly Caseworker Visit Standards

Beyond requiring specific caseworker visitation standards in state Child Welfare Services plans (described above), P.L. 109-288 requires each state—before it can receive any FY2008 CWS funding—to provide data to HHS that show (for FY2007) the percentage of children in its foster

[5] The Children's Bureau has indicated that it expects states to address these new requirements in its Annual Progress and Services Report that is to be submitted by June 30, 2007. See U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, ACYF-CB-IM-06-05, "New Legislation: The Child and Family Services Improvement Act of 2006, P.L. 109-288," December 7, 2006.

care caseload who were visited on a monthly basis (by their caseworkers) and the percentage of those visits that occurred in the place where the child lived. Based on these data, HHS, in consultation with the state, must outline (as of June 30, 2008) state-specific steps (including target percentages to be reached) to ensure that no later than October 1, 2011 (first day of FY2012), at least 90% of the children in foster care receive a monthly visit (and that most of these visits occur where the child lives).[6]

Further, P.L. 109-288 provides that, beginning with FY2009, if HHS determines that a state has not made the requisite progress toward meeting the monthly caseworker visitation standard, then the state must spend more of its own funds under the program in order to receive its full federal allotment. The minimum penalty is 1 percentage point (meaning the state would need to provide 26% of program funding to receive its full federal allotment) and the maximum penalty is 5 percentage points (meaning a state would need to provide 30% of the program funding to receive its full federal allotment). The amount of penalty for a state is to be determined by its degree of noncompliance with the state-specific monthly caseworker visit targets established in consultation with HHS (described above). P.L. 109-288 also requires HHS to prepare a progress report, including recommendations, on state caseworker visitation standards and to submit this report to the House Ways and Means and Senate Finance committees no later than March 31, 2010.

Publication of state visitation rate

Finally, P.L. 109-288 requires that beginning with the report for FY2007, the annual *Child Welfare Outcomes* report, which HHS is required to prepare (under Section 479A of the Social Security Act), must include state-by-state data on the percentage of children in foster care who received monthly caseworker visits and the percentage of the visits that occurred where the child lives.

Mentoring Children of Prisoners Reauthorization

Since it received its initial funding in FY2003, the Mentoring Children of Prisoners program (Section 439 of the Social Security Act) has provided grants to local public or private entities to establish, expand, or operate programs that provide mentoring services to children of prisoners.[7] P.L. 109-288 expands the purpose of the program by requiring HHS to enter into a cooperative agreement with a qualified entity to demonstrate the effectiveness of using vouchers to deliver mentoring services to children of prisoners nationwide. In addition, P.L. 109-288 extended program authority for the Mentoring Children of Prisoners program, which had been scheduled to expire with FY2006, through FY2007-FY2011. It also provides that funds may be appropriated for the program in each of those years at "such sums as may be necessary." For FY2006, the program received $49.5 million in funding. Under P.L. 110-5, the program is expected to receive this amount in FY2007 as well.

P.L. 109-288 stipulates that HHS must use a competitive process to select the entity that will conduct the voucher demonstration (under a cooperative agreement with the agency). And it requires that the entity selected must 1) identify children in need of mentoring services (with priority given to Indian children, and children in areas that are rural, are not now served by the program, or that have substantial numbers of children of prisoners); 2) provide families of these

[6] For more information about frequency of caseworker visits and child welfare outcomes, congressional clients may request a copy of CRS Congressional Distribution Memorandum CD061205, "Foster Children and Caseworker Visits," June 30, 2006 by Emilie Stoltzfus.

[7] For more information on the Mentoring Children of Prisoners program, see CRS Report RL34306, *Vulnerable Youth: Federal Mentoring Programs and Issues*, by Adrienne L. Fernandes.

identified children with vouchers (as well as a list of qualified mentoring programs in their area); 3) develop (with HHS) quality program standards for mentoring services, including criminal background checks of prospective mentors; and 4) monitor and oversee the delivery of the vouchers. Contingent on sufficient appropriated funding, the entity must agree to provide 3,000 vouchers in the first year of the cooperative agreement, 8,000 in the second year and 13,000 in the third year. The vouchers are to be valued at one-year of services and a qualified provider may receive periodic payments for a voucher by providing mentoring services to the child for whom it was issued and by demonstrating that it will be able to continue these services (with non-federal resources) after the 12-month value of the voucher is exhausted.

P.L. 109-288 increased to 4% (from 2.5%) the amount of funds that are to be reserved by HHS out of the total appropriation for the Mentoring Children of Prisoners program for evaluation, research, and technical assistance (related now to both the site-based and voucher-based delivery of mentoring services). In addition to completing an evaluation of the total program, P.L. 109-288 requires HHS to fund an independent evaluation of the voucher demonstration project, and to provide a report of this evaluation to the House Ways and Means and Senate Finance committees no later than 90 days after the end of the second year of the demonstration. The new law also provides that the cooperative agreement may be extended two years beyond the initial three-year demonstration phase—but only if the entity administering the project performs satisfactorily and if an independent evaluation shows that vouchers are an effective way to deliver these services.

Finally, P.L. 109-288 provides that if at least $25 million in program appropriations are made available for site-based grants (i.e. the prior law program), HHS must reserve not more than $5 million for the entity selected to demonstrate voucher service delivery in the first year of the cooperative agreement, $10 million for the second year of the agreement, and $15 million for the third year.

Extension of the Court Improvement Program

P.L. 109-288 extended through FY2011, the entitlement of eligible state highest courts to certain funds reserved from the PSSF program. Those funds are to be used to assess and improve court handling of child welfare proceedings. It also extends through FY2011 the requirement that a highest state court receiving these funds must provide no less than 25% of the funding for the activities supported by the Court Improvement Program (Section 438 of the Social Security Act). For more information about this program, including changes made to it by the Deficit Reduction Act of 2005 (P.L. 109-171), see CRS Report RL33350, *Child Welfare: The Court Improvement Program*, by Emilie Stoltzfus.

Court Consultation with Child/Youth in Permanency Review Proceedings

P.L. 109-288 also amended the definition of the case review system provided in Section 475 of the Social Security Act, to assert that as part of the required annual permanency review for each child in foster care, the court or administrative body conducting the review must consult (in an age-appropriate manner) with the child whose permanency plan is the subject of the review. This includes permanency hearings that review plans for a foster youth's transition to independent living.

PSSF Funding Authorizations and Distribution of Funds

As noted above, P.L. 109-288 appropriated $40 million in additional FY2006 funding for the Promoting Safe and Stable Families, which brought the total FY2006 program funding to $434 million. Under the Revised Continuing Appropriation Act, 2006, (P.L. 110-5), the PSSF program is expected to receive this same level of funding in FY2007. This section discusses mandatory and discretionary funding authorizations under the program, outlines statutory distribution requirements as amended by P.L. 109-288 (see **Table 2**), shows total program funding by purpose since the program's inception (see **Table 3**), and provides funding levels by state for recent years (see **Table 4**).

Mandatory and Discretionary Funding Authorizations

The PSSF program is authorized to receive total funding of $545 million annually through a combination of mandatory and discretionary authorization levels. The Deficit Reduction Act of 2005 (DRA, P.L. 109-171) raised the mandatory funding authorized for the PSSF program from $305 million to $345 million and the five-year cost of this increased mandatory funding was "scored" or "paid for" in that law. P.L. 109-288 extended the mandatory funding authorization of $345 million for the PSSF through each of FY2007-FY2011.

P.L. 109-288 also continues the prior law discretionary funding authorization in the PSSF program of $200 million. The authorization of discretionary funds, at this level, was first made for FY2002 but Congress has never provided more than $99 million in any one year under this discretionary authorization. In FY2006 and FY2007, Congress provided $89 million in discretionary funding.[8]

Distribution of Funds

The statute *entitles* eligible states to receive a portion of the fixed *mandatory* funding amount, as well as a portion of *any discretionary* funds that may be appropriated to provide certain child and family services. Before the funds are allocated to states, however, the statute provides that certain PSSF funds are to be reserved for specific purposes.

P.L. 109-288 amended those set-aside provisions by requiring that $40 million of the program's mandatory funds must be reserved in each of FY2006-FY2011 to support increased frequency and better quality of caseworker visits to children in foster care and to improve the outcomes of children affected by parents or caretakers' abuse of methamphetamine or another substance. (**Table 1** above shows the split of these funds by year.) It also increased PSSF funding to tribes by (as discussed earlier) establishing a 3% set-aside of both mandatory and any discretionary funds appropriated. Finally, the law also stipulates that HHS must use a portion of the funds reserved to it for research, evaluation and technical assistance to study or support improved quality and quantity of caseworker visits to foster children ($1 million annually) and to study or support grants to improve outcomes for children affected by methamphetamine abuse or other substance abuse ($1 million annually).

[8] For more information on child welfare program funding, see CRS Report RL34121, *Child Welfare: Recent and Proposed Federal Funding*, by Emilie Stoltzfus.

Table 2 outlines the PSSF funding distribution requirements by purpose, as amended by P.L. 109-288.

Table 2. Statutory Rules for Distribution of PSSF Funds, as Amended by P.L. 109-288

Entity funded (purpose)	Share of mandatory funds	Share of any discretionary funds	Distribution
Regional partnerships (for services or activities to improve the outcomes of children affected by parent/caretaker methamphetamine or other substance abuse)	$40 million	$0	Funds for regional partnerships made available on a competitive basis (FY2006: $0; $FY2007: $40 million; FY2008: $35 million; FY2009: $30 million: FY2010: $20 million and FY2011: $20 million).
States and Territories (for support of monthly caseworker visits to children in foster care)			Funds to states allotted based on a state's relative share of children receiving food stamps; funds to territories allotted using formula provided for distribution of funds under Title IV-B, Subpart 1 of the Social Security Act (Child Welfare Services), without the minimum allotment. (FY2006: $40 million; FY2007: $0; FY2008: $5 million; FY2009: $10 million: FY2010: $20 million; FY2011:$20 million)
Tribes (for child and family services)	3% (but only after $40 million, above, is removed).	3%	Allotted based on relative share of children among all eligible Indian tribes. (Two or more tribes are permitted to form a consortium and to apply for these funds on the basis of their combined share of children among eligible tribes.)
Highest state courts (for improved handling of child welfare proceedings)[a]	$10 million	3.3%	Minimum allotment of $85,000 with remainder divided among eligible courts based on their state's relative share of population under age 21.
HHS (for research, evaluation, technical assistance and training)	$6 million	3.3%	$1 million of these funds must be used for research, evaluation or technical assistance related to grants to regional partnerships and $1 million of these funds must be used for research, evaluation, or technical assistance related to support for monthly caseworker visits. Remainder distributed at discretion of HHS (but guided by funding purposes in Section 435 of the Social Security Act).
Territories (for child and family services)[b]	All remaining funds	All remaining funds	Each territory receives $70,000 plus additional funds based largely on its relative share of population under age 21.
States, including the District of Columbia (for child and family services)[c]			Allotted based on a state's relative share of children receiving food stamps.

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

a. The Deficit Reduction Act of 2005 (P.L. 109-171) appropriated additional funds ($20 million for each of FY2006-FY2010) for two additional kinds of grants to highest state courts (for related purposes). These funds are separately appropriated and are not shown in this table.

b. All five territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands) receive PSSF funds.

Program Funding History

Table 3, below, shows annual funding for the PSSF program, by purpose and since its inception. All of the court funding shown in this table is derived from a set-aside of PSSF appropriations. As noted earlier, increased funding for courts was provided in the Deficit Reduction Act, P.L. 109-171. However, this money was separately appropriated and is not shown here as a part of PSSF funding. (The CIP as revised by P.L. 109-171 is discussed in more detail in a separate report. See CRS Report RL33350, *Child Welfare: The Court Improvement Program*, by Emilie Stoltzfus.[9])

Table 3. Funding Provided for the PSSF Program, by Year and Purpose

(in millions of dollars)

Fiscal year	To provide services to children and families			To assess and improve handling of child welfare cases	Research, evaluation, training and technical assistance	Total
	States and Territories	Targeted purpose[a]	Tribes	State highest courts	HHS	
1994	57.4		0.6	0	2	60
1995	137.5		1.5	5	6	150
1996	206.8		2.3	10	6	225
1997	221.6		2.4	10	6	240
1998	236.5		2.6	10	6	255
1999	256.3	*Not authorized*	2.8	10	6	275
2000	276.1		3.0	10	6	295
2001	286.0		3.1	10	6	305
2002	349.9		4.5	12.3	8.3	375
2003	376.8		5.0	13.3	9.3	404.4
2004	376.8		5.0	13.3	9.3	404.4
2005	376.1		5.0	13.3	9.3	403.6
2006	367.4	40[a]	4.8	12.9	8.9	434.1
2007	360.4	40[a]	11.8	12.9	8.9	434.1

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

a. For FY2006 all of targeted funds were provided via formula grants to states and may be spent only to support monthly caseworker visits of children in foster care. (These funds are available to be expended by states through FY2009.) For FY2007 all of the targeted funds are to be provided via competitive grants to regional partnerships for services and activities to improve the outcomes of children affected by methamphetamine or other substance abuse.

[9] The Deficit Reduction Act of 2005 (P.L. 109-171) appropriated $100 million over five years (FY2006-FY2010) for the Court Improvement Program. This money, which was appropriated outright in the legislation, has been independently provided—it is not a set-aside of the PSSF program funding—and is therefore not shown in **Table 3**.

Allotment of PSSF Funds to States

Table 4 shows actual awards of PSSF funds by state for FY2005 and FY2006, and allotment of these funds by state for FY2007. Funds for the four authorized categories of child and family services are allotted to states based on their relative share of children (individuals under age 18) receiving food stamps. Data used to make this determination are derived from the most current three years of available food stamps data.

As described earlier, beginning with FY2006, P.L. 109-288 annually targets $40 million in PSSF funding for specified purposes. For FY2006 all of this money was distributed to state or territories by formula and may only be used to support monthly caseworker visits of children in foster care. (Because these funds were not made available until the very end of the fiscal year, P.L. 109-288 provides that states may have through FY2009 to expend these funds.) For FY2007 all of the targeted funds must be distributed via competitive grants for services or activities to improve the outcomes of children affected by parent/caretaker abuse of methamphetamine or another substance.

Table 4. PSSF Funding by State, FY2005-FY2007

(in millions of dollars)

State	FY2005	FY2006			FY2007
		For child and family services	Targeted funds: caseworker visits	FY2006 Total	
Alabama	$8.23	$7.77	$0.84	$8.61	$7.62
Alaska	0.86	0.85	0.09	0.94	0.82
Arizona	8.21	8.68	0.94	9.62	8.52
Arkansas	5.44	5.11	0.55	5.66	5.01
California	43.42	39.79	4.31	44.10	39.56
Colorado	3.33	3.51	0.38	3.89	3.45
Connecticut	2.85	2.73	0.30	3.03	2.68
Delaware	0.78	0.83	0.09	0.92	0.81
District of Columbia	1.25	1.19	0.13	1.32	1.17
Florida	16.66	16.13	1.75	17.88	15.83
Georgia	12.55	12.70	1.35	14.07	12.46
Hawaii	1.75	1.45	0.16	1.61	1.42
Idaho	1.35	1.35	0.16	1.50	1.32
Illinois	16.35	15.78	1.71	17.49	15.49
Indiana	7.71	7.78	0.84	8.62	7.64
Iowa	2.47	2.47	0.27	2.74	2.42
Kansas	2.53	2.47	0.27	2.74	2.42
Kentucky	7.58	7.27	0.79	8.06	7.13
Louisiana	11.44	11.09	1.20	12.29	10.88
Maine	1.66	1.53	0.17	1.70	1.51

State	FY2005	FY2006			FY2007
		For child and family services	Targeted funds: caseworker visits	FY2006 Total	
Maryland	4.10	4.00	0.43	4.43	3.92
Massachusetts	4.94	5.06	0.55	5.60	4.96
Michigan	14.15	13.98	1.51	15.49	13.72
Minnesota	4.10	3.75	0.41	4.15	3.68
Mississippi	6.33	6.15	0.67	6.81	6.03
Missouri	9.13	9.04	0.98	10.02	8.87
Montana	1.10	1.10	0.12	1.22	1.08
Nebraska	1.66	1.66	0.18	1.84	1.63
Nevada	1.77	1.85	0.20	2.05	1.81
New Hampshire	0.72	0.72	0.08	0.79	0.70
New Jersey	5.91	5.56	0.60	6.16	5.45
New Mexico	3.53	3.47	0.38	3.85	3.41
New York	24.19	21.32	2.31	23.63	20.92
North Carolina	10.52	11.04	1.20	12.23	10.83
North Dakota	0.69	0.63	0.07	0.70	0.62
Ohio	13.12	13.62	1.47	15.10	13.38
Oklahoma	6.03	5.93	0.64	6.57	5.82
Oregon	5.73	5.79	0.63	6.42	5.69
Pennsylvania	13.27	12.93	1.40	14.33	12.69
Rhode Island	1.49	1.32	0.14	1.46	1.29
South Carolina	7.29	7.48	0.81	8.29	7.34
South Dakota	0.90	0.88	0.10	0.98	0.86
Tennessee	10.39	10.51	1.14	11.64	10.31
Texas	35.65	36.85	3.99	40.83	36.16
Utah	1.87	1.94	0.21	2.15	1.91
Vermont	0.58	0.54	0.06	0.59	0.53
Virginia	6.32	6.36	0.69	7.05	6.24
Washington	5.92	5.82	0.63	6.45	5.71
West Virginia	3.54	3.36	0.36	3.73	3.30
Wisconsin	5.38	5.51	0.60	6.11	5.41
Wyoming	0.44	0.43	0.05	0.47	0.42
Subtotal—states	***$367***	***$360***	***$39***	***$398***	***$352***
All territories	8.88	8.32	1.14	9.46	8.05
All tribes	5.02	4.83	*Not applicable*	4.83	11.82
Courts	13.25	12.94		12.94	12.94

State	FY2005	FY2006			FY2007
		For child and family services	Targeted funds: caseworker visits	FY2006 Total	
Evaluation, research and technical asst.	9.25	8.90		8.90	8.94
Targeted funds: methamphetamine/ other substance abuse	*Not authorized*	*Not applicable*	$0	$0	$40
Total	**$404**	*$394*	*$40*	**$434**	**$434**

Source: Table prepared by the Congressional Research Service (CRS). FY2005 actual funding is as given by the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF) in its FY2007 Congressional Budget Justifications; FY2006 amounts are included as received from ACF in November 2006; FY2007 allotments are from the ACF FY2008 Budget Justifications. Because of rounding, totals may not appear to equal their parts.

Appendix A. Selected Provisions of the Child and Family Services Act of 2006 as Compared to Prior Law and to Earlier Versions of the Bill

(Section references in prior law column are to the Social Security Act, as amended prior to enactment of P.L. 109-288)

	Prior Law	**As passed by the Senate, July 13, 2006**	**As passed by the House, July 25, 2006**	**As enacted (P.L. 109-288) September 28, 2006**
Short title	Not applicable.	The Improving Outcomes for Children Affected by Meth Act of 2006 [Sec. 1].	The Child and Family Services Improvement Act of 2006 [Sec. 1].	The Child and Family Services Improvement Act of 2006 [Sec. 1].
		The Promoting Safe and Stable Families Program (PSSF, Title IV-B, Subpart 2)		
Program funding authorized	For FY2006 authorizes mandatory funding of $345 million; for each of FY2002-FY2006 authorizes discretionary funding of $200 million [Sec. 436 and 437].	Reauthorizes mandatory funding of $345 million plus discretionary funding of $200 million for each of FY2007-FY2011 [Sec. 3].	Same as July 13 Senate bill [Sec. 3].	Same as Senate bill [Sec. 3].
FY2006 mandatory funding	The Deficit Reduction Act increased FY2006 mandatory funding authorization for the PSSF program to $345 million [P.L. 109-171, Sec. 7402]. States may spend FY2006 funds in either FY2006 or FY2007 [Sec. 434].	Appropriates $40 million in additional PSSF funding for FY2006 to provide mandatory funding authorized for the program [Sec. 3]. Same as current law.	Same as July 13 Senate bill [Sec. 8]. States may spend the additional $40 million in FY2006 PSSF funds in any fiscal year through FY2008 [Sec. 8].	Same as Senate bill [Sec. 3]. States may spend the additional $40 million in any fiscal year through FY2009; all of the funds must be used for support of caseworker visits; and none are to be reserved for tribes [Sec. 3].
Limit on administrative expenditures	A state may spend no more than 10% of the *federal* PSSF funds it receives on program administration; it must provide at least 25% of the total program costs in non-federal dollars to receive its full federal allotment [Sec. 434].	Same as current law.	Effective with FY2007, no more than 10% of the total program funds *federal* and *non-federal* may be spent for administrative purposes [Sec. 3].	Same as House bill except that the new limitation is not effective until first day of FY2008 [Sec. 3].
Tribal child and family services funding *under PSSF*	Reserves 1% of the mandatory PSSF authorization and 2% of any discretionary PSSF appropriations for tribal child and family service programs [Sec. 436 and Sec. 437].	Increases the set-aside of PSSF funds for tribal child and family services programs to 3% of mandatory funds authorized plus 3% of any discretionary funds appropriated [Sec. 5]. Same as current law.	Same as July 13 Senate bill [Sec. 3]. Provides that the 3% set-aside from mandatory funds must be made *after* the set-aside of $40 million to support monthly caseworker visits [Sec. 4].	Same as Senate bill [Sec. 5]. Provides that the 3% set aside from mandatory funds must be made after the set-aside of $40 million for monthly caseworker visits and grants to improve the outcomes of children affected by

	Prior Law	As passed by the Senate, July 13, 2006	As passed by the House, July 25, 2006	As enacted (P.L. 109-288) September 28, 2006
	Provides that these set-asides are to be made before any other reservation of program funds [Sec. 433]. [Minimum set-aside: $3.45 million; maximum set aside: $7.45 million.]	[Minimum set-aside: $10.35 million; maximum set-aside: $16.35 million.]	[Minimum set-aside: $9.15 million; maximum set-aside: $15.15 million.]	meth or other substance abuse [Sec. 5]. [Same as House.]
Access to tribal child and family services *funding under PSSF*	Provides that no tribe may receive PSSF funding if the allotment of funds it would receive (based on its relative share of tribal population under age 21) would be under $10,000 [Sec. 432].	Provides that a group of tribes (consortium) may apply together for PSSF funding and that the allotment amount is based on the consortium's combined relative share of the tribal population under age 21 (among all eligible tribes) [Sec. 5].	Same as July 13 Senate bill [Sec. 3].	Same as Senate bill [Sec. 5].
Requirements for tribal funding under PSSF	Provides that the U.S. Department of Health and Human Services (HHS) may exempt a tribe from any of the PSSF plan requirements that it determines would be inappropriate for the tribe [Sec. 432].	Same as current law.	Eliminates the ability of HHS to exempt tribes from PSSF plan requirements [Sec. 3].	Permits HHS to exempt tribes from PSSF plan requirements that limit use of federal program funds for administrative purposes to 10% and requires that "significant portions" of these funds be spent on certain categories of services [Sec. 5].
Monitoring and assessment of certain prospective foster and adoptive families	No provision.	Requires states to develop procedures that provide additional assessment of any family seeking to provide foster care or to adopt more than 4 children or more than 1 sibling group (or a different number of children or sibling groups if approved by HHS). The plan must provide that the additional assessment is to occur before the foster or adoptive placements are made and, in the case of a foster care family, that there will be ongoing monitoring [Sec 6].	No provision.	No provision.
Reports on Title IV-B program expenditures	A state is required to create a 5-year child and family services plan stating its goals for its program. It must	Requires states to update expenditure reporting forms (currently used to show intended	Requires HHS to create and biennially submit to the Senate Finance and House Ways and	Same as Senate bill except that states must provide *actual* expenditures for most recent year

	Prior Law	As passed by the Senate, July 13, 2006	As passed by the House, July 25, 2006	As enacted (P.L. 109-288) September 28, 2006
	annually review the plan and report the amount of money it intends to spend for each of the four PSSF (Title IV-B, Subpart 2) service categories. A state must also report on the service programs it intends to make available under PSSF, the populations to be served and the places those services will be available. States must also report information on services to be provided with Child Welfare Services (Title IV-B, Subpart 1) funding and where those services are to be available. The reports are to be submitted to HHS by June 30 of each year.	expenditures) to show *actual* expenditures by certain categories for both Child Welfare Services and PSSF families. The updated forms are to be submitted to HHS no later than June 30 of each year (with the first such updates due on June 30, 2007 and showing FY2006 expenditures). HHS would be required to compile these forms and submit them to the Senate Finance and House Ways and Means committees no later than September 30 of each year (beginning with September 30, 2007) [Sec. 6].	Means committees a report showing—by state, territory, and tribe—the level of expenditures and the programs and activities funded under PSSF and Child Welfare Services; and the number of children and families served under the programs. HHS must also report on how spending under these program helps achieve the child and family services goals established by each state, tribe, and territory in their required planning processes for these Title IV-B programs [Sec. 9].	in which spending of federal program funds is complete.
	Targeting of $40 Million in PSSF Funds for Special Purposes			
Support for monthly caseworker visits and grants to improve outcomes for children affected by meth or other substance abuse	No provision	Reserves $40 million of mandatory PSSF funds in FY2007-FY2011 for competitive grants to regional partnerships to increase the well-being of and improve the permanency outcomes for children affected by methamphetamine abuse and addiction [Sec. 2].	Reserves $40 million of the mandatory PSSF funds in FY2006-FY2011 for formula grants to states and territories to support monthly caseworker visits for children in foster care [Sec. 4].	For formula grants to states and territories to support monthly caseworker visits reserves: $40 million in FY2006 (available to spend through FY2009); $5 million in FY2008; $10 million in FY2009; and $20 million in each of FY2010 and FY2011. For competitive grants to regional partnerships to improve outcomes for children affected by abuse of meth or other substances reserves: $40 million in FY2007: $35 million in FY2008; $30 million in FY2009 and $20 million in each of FY2010 and FY2011 [Sec. 4].
Distribution of reserved funds for targeted purposes	No provision	Requires HHS to make grants to regional partnerships on a competitive basis. A regional partnership must consist of two or more entities (representing child welfare, health, mental health,	Entitles each state and territory to an allotment of the $40 million (based generally on allotment formula for PSSF program) provided that it meets specific requirements. These	*Funds for competitive grants to regional partnerships*: Same as July 13 Senate bill except that a regional partnerships must in nearly all cases include the state child welfare agency (optional if

	Prior Law	As passed by the Senate, July 13, 2006	As passed by the House, July 25, 2006	As enacted (P.L. 109-288) September 28, 2006
		education, law, tribal, judicial/court or related agencies, providers or personnel). An applicant partnership must show that abuse of meth by parents or caretakers has increased the number of children in out-of-home placements (or those at-risk of this placement). The grants must be for no less than $500,000 and no more than $1 million per fiscal year and must be made for no less than 2 years and no more than 5 years. HHS must take into account demonstrated need of applicants in awarding these grants [Sec. 2].	include that it track the frequency and location of caseworker visits to children in foster care and that this tracking shows that, as of FY2008, no less than 90% of the foster children in the state are visited monthly (or that the state is making "requisite progress" toward this goal to enable it to reach that standard no later than October 1, 2011). Further a state may not use these funds to supplant federal Title IV-E funds available for the same purposes and a state must agree to spend $1 in non-federal funds to support monthly caseworker visits of children in foster care for every $3 in federal funds it receives for this purpose. [Sec. 4].	the partnership includes tribal entities) and regional partnerships demonstrating evidence of meth or *other substance abuse* may be eligible applicants. In considering which applicants to award grants, HHS must, after taking into account the level of need demonstrated by all applicant regional partnership, give greater weight to those applicant partnerships that can show the negative effect of meth abuse on child welfare in their region [Sec. 4]. *Funds for formula grants to states and territories for support* of monthly caseworker visits: Same allotment formula (generally) for receipt of regular program funds. State may not supplant federal Title IV-E funds available for the same purposes. In addition, to receive these funds in FY2008 through FY2011, a state must agree to spend $1 in non-federal funds to support monthly caseworker visits for every $3 in federal funds it receives for this purpose [Sec. 4].
		Monthly Caseworker Standard		
Standards for frequency and content of caseworker visits	No provision.	No provision.	[As described above, provides that states, as a condition of receiving the funds reserved for monthly caseworker visits must be able to show that 90% of foster care children are visited monthly or that requisite progress toward meeting that	No later than the first day of FY2008, a state, as a part of its Child Welfare Services (Title IV-B, Subpart 1) state plan, must describe its standards for the content and frequency of caseworker visits to children in foster care. At a minimum the

	Prior Law	As passed by the Senate, July 13, 2006	As passed by the House, July 25, 2006	As enacted (P.L. 109-288) September 28, 2006
			standard by the first day of FY2012 is being made.]	standards must ensure that the visits are well-planned, focused on issues relevant to case planning and occur at least monthly [Sec. 7].
Enforcement of Standards for frequency and content of caseworker visits	Not applicable States are required to provide at least 25% of the total program costs (matching dollars) in order to receive their full federal allotment of Child Welfare Services funds [Sec. 423].	No provision.	[As described above, states must report data on the percentage of foster care children visited at least monthly and at least 90% of children in foster care (or requisite progress toward that standard) is a condition of receipt of certain funds reserved from the Promoting Safe and Stable Families program.]	HHS may not provide FY2008 Child Welfare Services funding to a state unless the state has provided it with data showing (for FY2007) the percentage of children in foster care who received a monthly visit from their caseworker and the percentage of the visits that occurred where the child lives. No later than June 30, 2008, HHS must with the state outline the steps (including target percentages to be reached) that the state must take to ensure that by October 1, 2011, at least 90% of the children in foster care under the responsibility of the state are visited by their caseworkers on a monthly basis and that most of the visits occur where the child lives. States that fail to make the requisite progress toward the monthly caseworker visit standard must expend more state (matching) dollars to receive their full federal allotment of Child Welfare Services funds. The increase is based on the degree to which a state fails to make progress toward the standard: minimum penalty- state must provide 26% of the total program

	Prior Law	As passed by the Senate, July 13, 2006	As passed by the House, July 25, 2006	As enacted (P.L. 109-288) September 28, 2006
				cost; maximum penalty states must provide 30% [Sec. 7].
		Child Welfare Services (Title IV-B, Subpart 1)		
Program authorization	Authorizes annual discretionary funding up to $325 million for Child Welfare Services. The funding authorization is provided on an indefinite (no year limit) basis [Sec. 420].	Same as current law.	Maintains the annual discretionary funding authorization of $325 million. Limits this authorization to FY2007-FY2011 [Sec. 5].	Same as House bill [Sec. 6].
Purpose	Provides that funds are to enable the United States, though HHS, to cooperate with state public welfare agencies in establishing, extending and strengthening child welfare services [Sec. 420]. Defines child welfare services (for all of Title IV-B) as "public social services" intended to—protect and promote the welfare of all children, including handicapped, homeless, dependent, or neglected children; —prevent, remedy or assist in the solution of problems which may result in the neglect, abuse, exploitation, or delinquency of children;—prevent the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and preventing breakup of the family (where the prevention of the child removal is desirable and possible); —restore to their families children who have been removed by provision of services to the child and the families;	Same as current law.	Restates the purpose of this program to include, generally, the aims of child welfare services described in the current law definition and deletes the definition of child welfare services. Adds explicit reference to services provided by community-based agencies (as a part of the purpose) and reference to support for a well-qualified child welfare workforce. Specifically, defines the purpose of the Title IV-B, Subpart 1 program as "to promote state flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families, by— 1) protecting and promoting the welfare of all children; 2) preventing the neglect, abuse, or exploitation of children; 3) supporting at-risk families through services which allow	Same as House bill except that the fourth purpose is restated as—promoting the safety, permanence, and well-being of children in foster care *and adoptive families* [Sec. 6].

	Prior Law	As passed by the Senate, July 13, 2006	As passed by the House, July 25, 2006	As enacted (P.L. 109-288) September 28, 2006
	—place children in suitable adoptive homes, in cases where restoration to the biological families is not possible or appropriate and; —assure adequate care of children away from their homes, in cases where the child cannot be returned home or placed for adoption [Sec. 425].		children, where appropriate, to remain safely with their families or return to their families in a timely manner; 4) promoting the safety, permanence, and well-being of children in foster care; and 5) providing training, professional development and support to ensure a well-qualified child welfare workforce" [Sec. 5].	
Limit on administrative expenditures	No provision. To receive their full allotment of federal Child Welfare Services funds a state must provide at least 25% of the total program costs. No provision.	No provision. Same as current law. No provision.	Requires a state to assure, as of FY2007, that no more than 10% of its expenditures under the Child Welfare Services program will be for administrative purposes [Sec. 5]. As of FY2007, prohibits HHS from making any payment of Child Welfare Services funds to a state for administrative costs that are above 10% of the total (*federal and non-federal*) expenditures for the program [Sec. 5]. Defines administrative costs as program costs related to procurement, payroll management, personnel functions (other than the part of a supervisor's salary attributable to direct supervision of caseworker services), maintenance and operation of space and property, data processing and computer services, accounting, budgeting, auditing and travel expenses	Same as House bill except that the effective date is FY2008 [Sec. 6]. Same as House bill except that the effective date is FY2008 [Sec. 6]. Same as House bill [Sec. 6].

	Prior Law	As passed by the Senate, July 13, 2006	As passed by the House, July 25, 2006	As enacted (P.L. 109-288) September 28, 2006
			(other than those related to caseworker provision of services or oversight of programs funded with Child Welfare Services) [Sec. 5].	
Limits on expenditures for foster care maintenance payments, adoption assistance payments and child care	A state may spend a limited amount of its Child Welfare Services funding for foster care maintenance payments, adoption assistance payments and child day care (necessary solely for the employment or training of the child's parent/related caretaker). The per state limit on Child Welfare Services expenditures for these purposes is the amount of total federal funds allotted to the state for this program in FY1979 (when the program was funded at $56.5 million) [Sec. 423].	Same as current law.	Effective with FY2007, states are generally prohibited from spending program funds for foster care maintenance payments, adoption assistance or child day care (for any purpose). However, any state that can show HHS that it spent Child Welfare Service funds for these purposes in FY2005 may continue to spend *the lesser* of that FY2005 spending amount or the state's total FY1979 funding allotment under the program [Sec. 5].	Effective with FY2008, states are generally prohibited from spending program funds for foster care maintenance payments, adoption assistance or child day care (for any purpose), *unless* the state can show that it spent some of its FY2005 federal program allotment for these purpose. If a state can make this showing then the amount of federal program money it spent for those purposes in FY2005 is its limit for those purposes in FY2008 and every future year [Sec. 6].
Counting state matching funds	To receive its full federal allotment of Child Welfare Services funds states must provide at least 25% of the total program costs. To meet this matching requirement, states may count their non-federal spending for foster care maintenance payments in unlimited amount [Sec. 423].	Same as current law.	Effective with FY2007, deletes the provision permitting states to count foster care maintenance payments for purposes of providing state matching funds under this program [Sec. 5].	Effective with FY2008, states may not count foster care maintenance payments for purposes of providing state matching funds under this program *unless* a state can show it did this in FY2005. If a state can make this showing, then the amount of foster care maintenance payment spending it counted as matching funds in FY2005 is its limit for that purpose in FY2008 and every future year [Sec. 6].
Planning consultation with medical professionals	No provision.	No provision.	Requires the state to outline how it will ensure that physicians or other appropriate medical professionals are actively consulted and involved in assessing the health and well-	Requires the state to describe how it actively consults with and involves physicians or other appropriate medical professionals in assessing the health and well-being of children in foster care

	Prior Law	As passed by the Senate, July 13, 2006	As passed by the House, July 25, 2006	As enacted (P.L. 109-288) September 28, 2006
			being of children in foster care and in determining appropriate medical treatment for them [Sec. 5].	and in determining appropriate medical treatment for them [Sec. 6].
Procedures for operation following a disaster	No provision.	No provision.	No provision.	Requires a state, no later than 12 months after enactment of the bill to have in place procedures for how the states foster care, adoption assistance, independent living, as well as its Child Welfare Services and Promoting Safe and Stable Families programs will respond in a disaster. The procedures must be in accord with criteria established by HHS and should include how the state would— 1) identify, locate, and continue availability of services for children under state care or supervision who are affected by the disaster; 2) respond appropriately to new child welfare cases resulting from the disaster; 3) remain in communications with caseworkers and other essential child welfare personnel who are displaced by the disaster; 4) preserve essential program records; and 5) coordinate services and share information with other states [Sec. 6].
Procedures related to abandoned children	Requires a state to assure that as of October 31, 1995 it has reviewed state policies and administrative and judicial procedures regarding children abandoned shortly after birth	Same as current law.	Rewrites this provision to require a state to assure that it has in place policies and administrative and judicial procedures in place for children	Same as House bill except further specifies that the policies and procedures must include those that provide for legal

	Prior Law	As passed by the Senate, July 13, 2006	As passed by the House, July 25, 2006	As enacted (P.L. 109-288) September 28, 2006
	(including policies related to legal representation of these children); and is implementing policies and procedures determined (based on this review) to enable permanency decisions to be made expeditiously for abandoned children [Sec. 422].		abandoned at or shortly after birth which enable permanency decisions to be made expeditiously for these children [Sec. 5].	representation of these children [Sec. 6].
Inventory of children in foster care	Since June 17, 1980 states are required to have conducted a statewide inventory of all children in foster care for at least 6 months to determine 1) the appropriateness and necessity for the foster care placement; 2) whether the children could or should be turned over to their parents or be freed for adoption or other permanent placement and 3) the services necessary to facilitate the return of the child or the placement of the child for adoption or legal guardianship [Sec. 422]	Same as current law.	Deletes this provision [Sec. 5].	Same as House bill [Sec. 6].
Placement settings for a child with permanency goal of another planned permanent living arrangement	A state must assure that it will operate a service program that helps return foster children to their families (when it is safe and appropriate) or places them for adoption or in a legal guardianship. However, if reunification, adoption or legal guardianship is determined not to be appropriate, places them in "some other planned permanent living arrangement" [Sec. 422].	Same as current law.	Clarifies that "some other planned permanent living arrangement" may include a residential education program [Sec. 5].	Same as House bill [Sec. 6].
Child care standards	A state must assure that, except for eligibility criteria, it will impose the same standards and requirements for child care services funded with Child Welfare Services as are applied to those funded under Title XX (Social Services Block Grant) [Sec. 422].	Same as current law.	Deletes this state plan requirement [Sec. 5].	Same as House bill [Sec. 6].

	Prior Law	As passed by the Senate, July 13, 2006	As passed by the House, July 25, 2006	As enacted (P.L. 109-288) September 28, 2006
Use of para-professionals and volunteers	A state must assure that it will provide for the training and effective use of paid para-professionals and volunteers in providing services and assisting any advisory committees established by the state child welfare agency.	Same as current law.	Deletes this state plan requirement [Sec. 5].	Same as House bill [Sec. 6].
	Mentoring Children of Prisoners (Title IV-B, Subpart 2)			
Program purpose and authorization	Authorizes HHS to make competitive grants in each of FY2002-FY2006 to support the establishment or expansion and operation of programs that provide mentoring services to children of prisoners in areas with substantial numbers of children who have incarcerated parents [Sec 439].	Extends the current authorization from FY2007-FY2011.	Same as Senate bill [Sec. 7].	Same as Senate bill [Sec. 8].
Expansion of program purpose	No provision.	Adds additional authority for HHS to enter into a cooperative agreement with a national mentoring organization to develop mentoring program standards, publicize the availability of mentoring services for children of prisoners at programs that meet these standards, and to distribute vouchers for such services to the programs selected by families of prisoners with children [Sec. 4].	No provision.	Adds additional authority for HHS to enter into a cooperative agreement with a qualified entity to conduct a demonstration of use of vouchers as a way to deliver mentoring services to children of prisoners nationwide. The entity must identify children in need of those services, provide vouchers to the families of these children, and monitor and oversee the delivery of the services. Vouchers may be good for one year of mentoring services. A provider of the services may only redeem the voucher if it meets the quality program standards developed by the entity, provides mentoring services to the child and demonstrates that it can continue (with non-federal resources) providing mentoring to the child after the voucher expires.

	Prior Law	As passed by the Senate, July 13, 2006	As passed by the House, July 25, 2006	As enacted (P.L. 109-288) September 28, 2006
				Contingent on available funding, the entity must agree to provide 3,000 vouchers in year one of the demonstration project; 8,000 in year two and 13,000 in year three. The project may then be renewed for an additional 2 years if the entity performs well and an independent evaluation shows that vouchers are an effective method of service delivery for this service [Sec. 8].
Funding authorization	For each of FY2002-FY2003 authorized $67 million for these grants; for FY2004 and every year thereafter authorizes "such sums as may be necessary" for the program. No provision. HHS must reserve 2.5% of the funds appropriated for the program for related research, evaluation and technical assistance [Sec. 439]	For each of FY2007-FY2011 authorizes $67 million [Sec. 4]. Up to 50% of these funds may be used for the cooperative agreement/ voucher distribution but no less than $25 million must remain available for the previously authorized site-based grants [Sec. 4]. Same as current law.	Maintains the annual "such sums as may be necessary" funding authorization but limits it to each of FY2007-FY2011 [Sec. 7]. No provision.	Same as House bill [Sec. 8]. Provided that $25 million in program funds are made available for the previously authorized site-based grants, HHS may reserve up to $5 million of the appropriated funds for the voucher demonstration in the first year funds are awarded for the demonstration; $10 million for the second year; and $15 million for the third fiscal year [Sec. 8]. HHS must reserve 4% of the funds appropriated for the program for related research, evaluation and technical assistance [Sec. 8].
		Court Improvement Program (Title IV-B, Subpart 2)		
Program authorization	For each of FY2002-FY2006 an eligible highest state court (with an approved application) is entitled to a share of funds, which are set-aside from funds provided for the PSSF program, to assess and make improvements to its handling of child welfare related proceedings. To receive is full allotment of the funds in FY2002-FY2006, the court must	Extends both the court entitlement to these funds and the related matching requirement through FY2011 [Sec. 3].	Same as Senate bill [Sec. 6].	Same as Senate bill [Sec. 9].

	Prior Law	As passed by the Senate, July 13, 2006	As passed by the House, July 25, 2006	As enacted (P.L. 109-288) September 28, 2006
	provide at least 25% of the total expenditures for this purpose [Sec. 438].			
	Court Consultation with Foster Child/Youth at Permanency Review Proceedings (Title IV-E)			
Case review system	States are required to have in place a case review system for each child in foster care. This system is defined to include an annual permanency hearing (conducted by a court or court-appointed/approved administrative body) to review the permanency plan for the child. In the case of a youth in foster care who is age 16 or older the annual permanency hearing must determine the services the youth needs to make the transition from foster care to independent living. [Sec. 475]	Provides that a court or administrative body that is holding a permanency hearing must consult, in an age-appropriate manner, with the child or youth whose permanency plan/arrangement is under review (including youth who are age 16 or older and are in transition to independent living. [Sec. 7].	Same as current law.	Same as Senate bill except that the reference to age of the child for whom transition to independent living planning is being made is deleted [Sec. 10].

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

Appendix B. Legislative History of the Promoting Safe and Stable Families Program

At least since the creation of the current federal child welfare program structure by the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), Congress has remained consistently concerned about the number of children in foster care and the lack of stability and permanence in their lives. During the 1990s, Congress created a new program (P.L. 103-66), now called the Promoting Safe and Stable Families Program, which responded to some of those concerns.

By the end of the 1980s, there were widespread concerns about a rapidly growing foster care caseload (believed to be spurred by the spread of crack cocaine use) and a belief that too few preventive services were resulting in too many children being unnecessarily placed in foster care. At the same time, a number of states, often with the support of private foundations, had begun to offer a model of family preservation services that provided families with short-term, intensive services; early research suggested these services would significantly reduce the number of children unnecessarily placed in foster care.

In this climate, Congress began discussions about increasing federal support for preventive services, including intensive family preservation. Several years of legislative efforts lead initially to a 1992 agreement between the House and Senate on new capped entitlement funding for 1) "innovative services" to children and families (e.g., family preservation services); 2) substance abuse prevention and treatment; and 3) respite care. The agreement would have entitled states to their share of $165 million for these purposes in FY1993 rising to $575 million in FY1998, and for every succeeding year, the FY1998 amount adjusted by an inflation factor. The legislation provided specific allotment of the total funds for each purpose—with the largest share reserved for innovative services (conference agreement to accompany H.R. 11, 102nd Cong., H.Rept. 102-1034). Although this legislation was approved by both the Senate and the House, as part of an omnibus package, the Revenue Act of 1992, it was vetoed by President George H. W. Bush (for reasons unrelated to the child welfare provisions) and so did not become law.

Original Enactment

One year later, however, child welfare advocates succeeded in including new entitlement funding for family preservation and support services in the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66) which created Subpart 2 of Title IV-B of the Social Security Act. Proposed by the Clinton Administration, the 1993 legislation drew much of its inspiration from the earlier legislative work but made several notable changes. Among those, it included less entitlement funding and deleted specific allotment of funds for substance abuse prevention and treatment and respite care (both of which could nonetheless be funded out of the program that was approved).

As enacted, the Family Preservation and Support Services provisions of P.L. 103-66 entitled states to receive a certain portion of federal funds (rising from $60 million in FY1994 to no less than $255 million by FY1998) to enable states and territories "to develop and establish, or expand, and to operate a program of family preservation services and community-based family support services." One percent of the funds was to be reserved for support of tribal child and family services, and each state was to be allotted these new funds based on its relative share of children in the nation who receive food stamps.[10] To receive their full formula allocation states

[10] Territories receive funds based on a minimum allotment of $70,000 and a formula that assumes low per capita income in each territory and takes into account their relative share of the population under age 21. This is the same

were required to maintain at least their FY1992 level of funding for these services and to support no less than 25% of the state's total family preservation and family support services program with non-federal funding. Finally, the new law also provided that funds were to be set aside annually to allow state highest courts to assess their need for improvements to their handling of child welfare cases ($5 million for such grants in FY1995 and $10 million for each of FY1996-FY1998) and, separately, to allow HHS to evaluate programs carried out under the new subpart or others designed to achieve the same purposes and to support research, training and technical assistance related to the program ($2 million in FY1994 and $6 million in each of FY1995-FY1998).

ASFA Amendments

Congress returned to child welfare issues when it passed the 1997 Adoption and Safe Families Act (ASFA, P.L. 105-89). That legislation sought to make a child's safety the primary concern in all child welfare decisions and also to move foster children to a permanent family more quickly. With an eye toward children's development and their concept of time, Members of Congress were concerned that states maintained a goal of family reunification long after it was apparent that such a goal was inappropriate (or in cases where reunification might in fact jeopardize the child's safety). They were also troubled by reports that the number of adoptions out of foster care had remained virtually unchanged for years while the number of children in care had risen dramatically.[11]

ASFA renamed Title IV-B, Subpart 2 of the Social Security Act, the Promoting Safe and Stable Families program. In addition, as one part of ASFA's multiple amendments related to the safety of children, Congress added a requirement that the safety of children be the "paramount concern" in administering and conducting service programs under the PSSF program. As a part of its focus on expediting decisions around finding a permanent home for children in foster care (and encouraging adoption as one method of doing this), Congress defined two additional service categories for which states were required to use "significant portions" of their PSSF funding—time-limited family reunification services and adoption promotion and support. Finally, Congress set annual increases in the mandatory funding authorized for the program, raising it from $275 million in FY1999 to $305 million in FY2001. (Congress also continued the annual set-asides from these funds for tribal child and family services, court improvements, and program evaluation, research, training, and technical assistance.)

The time limit for the new category of reunification services was set at within 15 months of a child's removal from his/her home. This is consistent with a separate ASFA-added requirement, which provides that states must initiate termination of parental rights (TPR) proceedings for any child who has been in foster care for 15 of the past 22 months (unless the state can show good cause why it should not do this). A child's adoption cannot be completed without termination of parental rights and courts are generally reluctant to grant TPR in cases where the family has not first been offered needed reunification services. Thus the new "time-limited reunification" funding category sought to ensure that ASFA's efforts to expedite permanency were not defeated by a lack of available or provided services. Likewise, the addition of the adoption promotion and support services category was consistent with other ASFA amendments that encouraged adoption as a way of attaining permanent family for children.

formula used to distribute funds to the territories under Title IV-B, Subpart 1 of the Social Security Act, the Child Welfare Services program.

[11] For a discussion of the full range of significant child welfare policy changes made by this legislation see CRS Report RL30759, *Child Welfare: Implementation of the Adoption and Safe Families Act*, by Karen Spar and Matthew Shuman.

2001 Amendments

Program reauthorization language introduced in 2001 largely mirrored language suggested by the Bush Administration and initially sought to raise the annual mandatory funding level of the program to $505 million. However, Congress subsequently changed this provision (and the Administration also changed its budget request) to instead authorize discretionary funds above the prior mandatory funding level.[12] As enacted, the Promoting Safe and Stable Families Amendments of 2001 (P.L. 107-133) authorized $200 million in *discretionary* funding for the program in each of FY2002-FY2006 and maintained the prior authorized *mandatory* funding level ($305 million) through FY2006. P.L. 107-133 further provided that a state was entitled to its share of any discretionary funds appropriated in the same manner (i.e., based on its relative share of children receiving food stamps) as was the case with mandatory funding. Additionally, it provided that, out of any discretionary funds appropriated (and in addition to the pre-existing set-asides of mandatory funds for these same purposes), 2% must be set aside for tribal child and family services, 3.3% for Court Improvement and 3.3% for research, evaluation, training and technical assistance.

P.L. 107-133 added four findings to the statute and provided four program objectives (each linked to one of the four service categories funded by the program). It amended the definition of family preservation services (to include funding of infant "safe haven" programs) and the definition of family support services (to explicitly include funding of services that "strengthen parental relationships and promote healthy marriages"); provided for re-allotment of any unused program funds; moved the statutory authorization language for the Court Improvement Program (previously freestanding) into the Social Security Act; and provided that in implementing changes identified by an assessment, courts could use CIP funds to ensure children's safety, well-being and permanence (in accordance with standards established in ASFA) and to implement a corrective action plan identified as needed via a federal conformity review of the child welfare agency. Finally, it established research priorities and specified the kinds of technical assistance HHS may offer to tribes, territories and states regarding implementing the Promoting Safe and Stable Families program and required the Department to report to Congress biennially (beginning not later than April 2003) on the evaluations, research and technical assistance funded with money set-aside for this purpose from the PSSF.[13]

The Deficit Reduction Act of 2005

As enacted in February 2006, the Deficit Reduction Act (P.L. 109-171) increased the FY2006 mandatory funding authorization for the PSSF program, for FY2006 only, to $345 million. Separately P.L. 109-171 also amended the Court Improvement Program, which had been entirely funded as a set-aside from the PSSF funding. These amendments provide for two new kinds of Court Improvement Program grants, which are related to improved training and, separately, timely achievement of safety, permanence and well-being for children; the law appropriated $20 million for each of FY2006-FY2010 (total of $100 million) to make these grants. These funds are

[12] For more about the funding proposals made in this reauthorization, see CRS Report RL30894, *Child Welfare: Reauthorization of the Promoting Safe and Stable Families Program in the 107th Congress*, by Emilie Stoltzfus and Karen Spar.

[13] P.L. 107-133 also added a new section to Title IV-B, Subpart 2, which authorizes discretionary funds for competitive grants to eligible entities that support mentoring for children of prisoners. P.L. 109-288 extended and amended this program, as described in the body of this report. For more information about federal support of mentoring see CRS Report RL34306, *Vulnerable Youth: Federal Mentoring Programs and Issues*, by Adrienne L. Fernandes.

independent of PSSF funding, and are in addition to the funds already set-aside from the PSSF for assessing and improving court performance in child welfare proceedings.

The Promoting Safe and Stable Families and Court Improvement provisions of the Deficit Reduction Act were incorporated into the legislation during the conference negotiations and had not been previously acted on by the Senate or the House. However, changes to the Court Improvement Program are consistent with recommendations made in a May 2004 report by the Pew Commission on Children in Foster Care and legislation introduced in the Senate (S. 1679) and House (H.R. 3758) sought to make similar or related court improvement changes.[14]

The Child and Family Services Improvement Act

As enacted in September 2006, the Child and Family Services Improvement Act of 2006 (P.L. 109-288) extends the funding authorization of the PSSF program for five years (FY2007-FY2011) and annually targets the use of $40 million in new funds for the program for two purposes: to support monthly caseworker visits and to improve outcomes for children affected by their parent/caretaker's abuse of methamphetamine or another substance. HHS is required to use some of the research, evaluation and technical assistance funds it is provided under PSSF to evaluate or otherwise support those newly authorized PSSF activities. In addition, the law requires states to report on their *actual*—as opposed to simply *planned*—use of PSSF (and Child Welfare Services) funds and both increases the PSSF set aside for tribal child and family services, and allows access to these funds for more tribes.

[14] For more information see CRS Report RL33350, *Child Welfare: The Court Improvement Program*, by Emilie Stoltzfus.

Appendix C. Selected Policy Issues

The following section was developed prior to the reauthorization of the PSSF in 2006 to discuss the definition of service categories under the PSSF program, findings related to the effectiveness of these services, as well as requirements related to planning and reporting child and family services. The Child and Family Services Improvement Act of 2006 (P.L. 109-288) did not amend the definition of services under the PSSF program, although it does require states to report information on the *actual* as opposed to planned spending of PSSF funds. Further it requires HHS to use some of its research set-aside to support research, evaluation, and technical assistance related to two new purposes for which some PSSF funds are targeted: improving the quality and quantity of caseworker visits of children in foster care and providing services and activities to improve the outcomes of children affected by parent/caretaker's abuse of methamphetamine (or another) substance.

Service Categories Defined

States are required to spend significant portions of their PSSF funding on each of four service categories: family support, family preservation, time-limited family reunification, and adoption promotion and support services. The statute (Section 431 of the Social Security Act) defines these service categories at some length.

Family support—community-based services to promote the safety and well-being of children and families designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a safe, stable and supportive family environment, to strengthen parental relationships and promote healthy marriages, and otherwise to enhance child development.

Family preservation—services for children and families designed to help families (including adoptive and extended families) at risk or in crisis, including

- service programs designed to help children safely return to families from which they have been removed; or be placed for adoption or with a legal guardian (or, if adoption or legal guardianship is determined not to be safe and appropriate for the child, in some other planned, permanent living arrangement);
- pre-placement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain safely with their families;
- service programs designed to provide follow-up care for families to whom a child has been returned after a foster care placement;
- respite care of children to provide temporary relief of parents and other caregivers (including foster parents);
- services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting coping with stress, health, and nutrition; and
- infant safe haven programs to provide a way for a parent to safely relinquish a newborn infant at a safe haven designated pursuant to a state law.

Time-limited family reunification—services and activities provided to a child that is removed from his/her home and placed in foster care, and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely, appropriately and within a timely fashion, but only during the 15-month period that begins on the date that the child is considered to have entered foster care:

- individual, group, and family counseling;
- inpatient, residential, or outpatient substance abuse services;
- mental health services;
- assistance to address domestic violence;
- services designed to provide temporary child care and therapeutic services for families, including crisis nurseries;
- transportation to or from any of the services and activities described.

Adoption promotion and support—services and activities designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children, including such activities as pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families.

Service Category Overlap

Even a relatively quick reading of these definitions reveals that in many cases they define a *mission* rather than provide a list of specific activities that are expected to achieve this mission. Further, the PSSF service categories have similar and, in some cases, even identical missions. At the same time, while the service categories can be understood as having overlapping missions or even, in certain cases as subsets of each other, each of the PSSF services categories have different *target populations* and, as the legislative history shows, they were created by Congress to meet separate if related goals.

Family support services have the broadest target population and, in philosophy, aim to bolster the functioning of *any family* in a given community. Family preservation services are generally understood to serve a far narrower group of families—those where children are at imminent risk of removal to foster care, meaning in most cases that a child has already experienced abuse or neglect (and including some families where a child has been removed to foster care and reunification efforts are underway). Federal child welfare funding for family support and family preservation services was instituted at a time when Congress was particularly concerned about the burgeoning foster care caseload. The services were intended to prevent the need for foster care placement, whenever possible and the new funding for these services was the centerpiece of the child welfare legislation in which they were enacted (P.L. 103-66).

Time-limited reunification services may be understood as a subset of family preservation services and are explicitly meant to serve the needs of children and families who have been separated for 15 months or less (because the child is placed in foster care). Adoption promotion and support services aim to encourage families seeking to adopt from foster care and to support those who have done so. Such services might also be understood as a subset of family support services, or in the case of adoptive families in crisis, as a family preservation service.

Federal funding for these services was not the central creation of the Adoption and Safe Families Act (ASFA, P.L. 105-89). Rather, Congress increased PSSF funding to some extent and required states to spend money on time-limited reunification and adoption promotion and support to augment ASFA's central goals of promoting safety and permanency for children. At the time,

Congress remained deeply concerned about the size of the foster care caseload, but ASFA helped shift the focus of this concern from policies primarily intended to prevent entries into foster care to policies that sought to safely expedite exits from care.

State Planned Spending by Category

Federal statute, as interpreted in HHS policy, requires states to spend at least 20% of their PSSF funds on each of the four service categories.[15] Collectively states reported that they intended to spend their FY2002 PSSF funds as follows—29% for family support, 30% for family preservation, 21% for time-limited reunification, and 20% for adoption promotion and support. Given that family support and family preservation have received dedicated funding the longest and that their service goals (and target populations) are more expansive, program evaluators note that the two newest services categories—time-limited family reunification and adoption promotion and support—have become "well-established in the continuum of PSSF-funded services."[16]

At the same time, because states may choose to include the same given activity in more than one service category, this spreading of resources across categories could ideally mean that states have a full range of child and family services available to those who are not yet in need of extensive child welfare services, those who need such services to ensure that children and their parents can safely live together (rather than be separated via foster care placement), those for whom the services are needed to ensure a short foster care stay and permit early reunification, and those for whom the services support successful creation and functioning of permanent adoptive families.

Effectiveness of Services

Congress required HHS to evaluate the effectiveness of programs funded under Title IV-B, Subpart 2 as part of its initial approval of funding for family preservation and family support services in the early 1990s. HHS used those funds to support three large-scale evaluations. One looked at overall implementation issues for the program, a second looked at the effectiveness of two particular models of family preservation services (both providing relatively intensive casework), and the third looked at the effectiveness of a very wide range of family support services. (Findings from these evaluations are discussed below.)

No similar large-scale evaluations of time-limited reunification services or of adoption promotion and support services have been made. However, these services may in part be subsets of some kinds of family preservation and family support programs. Further, Congress amended the

[15] The statute provides that states must spend a "significant portion" of funds of each of the four categories. HHS has interpreted this to mean that a state must spend 20% of the funds allotted to it on each service category, unless the state can provide an "especially strong rationale" for not doing this. See ACYF-CB-PI-04-01, February 2, 2004.

[16] James Bell Associates, *Analysis of States' Annual Progress and Services Reports and Child and Family Services Plans (1999-2002)*, April 2002, pp. 49-50. For FY2002, eight states did not plan to spend at least 20% of their PSSF funds on either time-limited family reunification or adoption promotion and support (but planned to use other state or federal fund for these services). The General Accounting Office (GAO) (now called the Government Accountability Office) surveyed states on their FY2002 actual spending of PSSF funds. When compared to the Bell Associates analysis of state's *planned* spending PSSF funds in that year, the GAO survey shows states reporting different spending proportions (for categories that most closely match the PSSF categories). These were: family support/prevention—50%; family preservation 12%; family reunification 9%; and adoption support and preservation services 11%. Apart from differences that might be attributed to actual versus estimated spending, the overlapping nature of these service categories and various definitions employed by GAO/states and James Bell makes a strict comparison impossible. U.S. General Accounting Office, *Child Welfare: Enhanced Federal Oversight of Title IV-B Could Provide States Additional Information to Improve Services"* (GAO-03-956), September 2003, p. 14. Data on PSSF spending for more recent years have not been compiled or analyzed on a national basis.

statutory language on evaluations in 2001 (P.L. 107-133) to include specific research priorities. Among these are "promising program models in the [PSSF] service categories ... particularly time-limited reunification services and post-adoption services."

As noted earlier, the 2006 amendments (P.L. 109-288) require HHS to use some of its set-aside funds to fund research, evaluation and technical assistance related to supporting improved quality and quantity of caseworker visits of foster children ($1 million annually) and to providing services or activities to improve the outcome of children affected by their parents' (or other caretakers') abuse of methamphetamine or other substance.

Intensive Family Preservation Services

When Congress began discussion of funding these services in the early 1990s, a great deal of optimism existed about the ability of *intensive* family preservation services to cost-effectively reduce the number of placements in foster care. Since that time, multiple program evaluations have not shown that intensive family preservation services lower placement risk for the children and families they serve (when compared to children and families receiving standard in-home casework services).

In addition, both children and families who received standard in-home casework services and those receiving intensive family preservation services were found to have similar (relatively low) levels of maltreatment recurrence (after initiation of the services) and to exhibit similar levels of family functioning. In other words, receipt of intensive family preservation services did not reduce out-of-home placement or maltreatment recurrence, and did not improve family functioning beyond what normal casework services achieved.[17]

These evaluations did not compare—nor were they designed to compare—the placement outcomes for families receiving *no* services versus outcomes for those who received services; and they should not be understood as proof that the families served did not benefit from or need the services. Instead the evaluations were designed to test whether a particular manner of delivering the same kinds of caseworker activities (e.g., anything from help paying a utility bill to counseling about effective and appropriate child discipline) could produce better outcomes for children and families.

The most-scrutinized intensive family preservation services delivery model (Homebuilders) provides that services must be initiated quickly (within 72 hours of a "crisis" that precipitated imminent child removal), that they must be intensive (caseworkers are to be assigned no more than two families to work with, must be available to those families 24 hours a day, seven days a week, and are expected to swiftly offer any or all of a full range of material and clinical aids needed), and they are to be of short duration (4-6 weeks). As these characteristics suggest, the target population for the delivery of services via the Homebuilders model is families where children are at *imminent risk of removal*. This is especially critical to the model's theory of

[17] There have been multiple evaluations and synthesis reviews of studies, including studies that used the most rigorous evaluation design (random assignment). Not all of these studies made all of the findings mentioned in this paragraph; however, the finding that intensive family preservation services do not reduce placement (when compared to children receiving regular casework services) is well-established. This report discusses findings of the multi-site HHS-funded evaluation of family preservation services which was conducted by Westat, Chapin Hall Center for Children, and James Bell Associates. The report studied three sites (in Louisville, KY, Memphis, TN, and seven counties in New Jersey) where a "Homebuilders" model was applied, and a fourth (Philadelphia, PA) where a specialized intensive family preservation services model was used. Overall the findings were similar across these sites. U.S. Department of Health and Human Services, *Evaluation of Family Preservation and Reunification Programs, Final Report (Volumes 1 and 2)*, December 2002.

effectiveness, which rests on an aspect of "crisis theory" and posits that a family in crisis is at a juncture where it is particularly amenable to change.

In practice, and for a variety of reasons, providing intensive family preservation services to families and children who are "imminent risk of foster care removal" has proven difficult. In the four-site study contracted by HHS and jointly conducted by Westat, the Chapin Hall Center for Children and James Bell Associates, the evaluators found that even though special precautions were taken to ensure only families at imminent risk were studied, very small percentages of the "control group children"—those are children who were randomly assigned to receive regular caseworker services rather than intensive family preservation services—were actually placed in foster care within 30 days of their assignment to the study. The share of control group children who were *not placed* in foster care during this time period ranged from 89% to 95%. This was very similar to the share of experimental group children *not* placed in foster care during the first 30 days after their assignment to the study (89% to 99%).[18]

Given that targeting intensive family preservation services on children at imminent risk for removal has been a problem for most or all of the evaluations of this service delivery model, and that for the multi-site HHS study the evaluators developed special tools meant to ensure only families most at risk were included in the study, researchers suggest that optimal targeting may never be achieved. These evaluators also questioned whether many families coming into contact with child welfare services—and referred to family preservation services—understand themselves to be at a crisis point. Noting that the lives of families served "are often full of difficulties—externally imposed and internally generated" they suggest that the imminent removal of a child might simply be understood as part of a set of ongoing problems rather than as a crisis. For families with chronic problems, they suggest, a short term dose of services—no matter how intense—would be unlikely to resolve all or many of the chronic concerns. Noting that the intensive family preservation services provided did not harm families, the evaluators also made it clear that services for many families whose children are not in foster care are still needed. However, given the heterogeneity of the child welfare needs of these families (child behavioral problems, child abuse, child neglect, suspected child abuse or neglect, etc.), they suggest that a single service delivery model providing access to relatively general services is unlikely to work for everyone.[19]

What Next for Family Preservation Services?

The federal statute does not provide that a specific family preservation services delivery model must be used by states and HHS explicitly declined to do this when it issued program regulations. In addition, the discouraging evaluation data on intensive family preservation services is not new (some suggestions of the current findings were available even as the program was being federally implemented in the middle 1990s). States then have had ample time to adjust or otherwise change their models of service delivery, although much remains to be learned about what the most

[18] Ibid., pp. 9-1 through 9-4. While the low rate of foster care placement strongly suggests that the evaluation did not successfully target families in which children were at imminent risk of removal, the evaluators note that even looked at over the 18-month period during which the study followed families, those that received intensive family preservation services did not have a reduced likelihood of placement. Finally, even though placement was not "imminent" for these families, they do appear to have been at greater risk for placement and thus arguably in need of services; indeed 18 months after the study was initiated anywhere from about one-fifth to more than one-third of the families receiving family preservation services (as well as those in the control group who did not receive services) had experienced at least one placement.

[19] Ibid., pp. 9-11-9-20.

effective services and delivery of those services might be. Researchers have suggested more study of the effectiveness of specific caseworker activities, more effective and more selectively delivered parent training classes (which are a staple service in both preservation and reunification cases) and different service delivery models, or activities on behalf of specific subgroups of child welfare clients (e.g., young mothers or families with substance abuse concerns) are needed.[20]

Need for In-Home Services

Apart from the specific way in-home services are delivered to families, there remains an apparent need for services to families in which children have not been removed from their homes but have been maltreated in those homes. Of the estimated 872,000 children found to be victims of child maltreatment in FY2004, a little more than 40% received in-home services (following the investigation that confirmed their maltreatment), an additional 19% were removed to foster care while the remaining 41% of these child victims continued to live at home and received no post-investigation services of any kind. While some of the children may not have been served because their parents refused assistance offered (unlike removal to foster care, parents generally must voluntarily participate in services offered to intact families), researchers also note that there may not be enough of the kind of services needed or there may be long waiting lists for the services.[21]

Beyond the substantial number of children and families arguably in need of services who do not receive them, a case-level analysis of findings in the initial Child and Family Services Review (CFSR) shows that states were less successful in meeting the needs of children and families served in their own homes, than those with children in foster care. This analysis found that in the on-site review of cases, in-home cases were significantly more likely than foster care cases to receive an "area needing improvement" rating for a number of key indicators related to ensuring the well-being of children and families. These items in which in-home cases were significantly more likely to receive this rating than foster care cases include those related to

[20] See, for instance, Julia Littell and John R. Shuerman, "What Works Best for Whom? A Closer Look at Intensive Family Preservation Services," *Children and Youth Services Review* 24 (September/October 2002) 9/10:673-699, which compared subgroups of service recipients (based on characteristics of presenting problems) and found that the likelihood of out-of-home placement, subsequent maltreatment, or case closing was *not affected* by the duration of services, service intensity, or provision of specific services. Joseph P. Ryan and John R. Schuerman, "Matching family problems with specific family preservation services: a study of service effectiveness," *Children and Youth Services Review* 26 (April 2004) 4:347-372, which re-examined data on the provision of "problem-related" services to families who were previously included in an experimental study group receiving intensive family preservation services and who reported some difficulty paying bills; it found that provision of clothing/furniture/supplies and housing assistance was associated with a reduced risk of subsequent maltreatment, while participation in an income support program increased risk of maltreatment; at the same time provision of cash aid and clothing/furniture supplies were found to decrease the likelihood of out-of-home placement. Richard P. Barth, et al., "Parent-Training Programs in Child Welfare Services: Planning for a More Evidence-Based Approach to Serving Biological Parents," *Research on Social Work Practice* 15 (September oftline2005) 5:353-371, which shows that parent-training is widely "prescribed" by child welfare agencies and by judges (even when poor parenting is not cited as a concern by the child welfare worker) but that the training is often made available on an undifferentiated basis to parents with children of a wide range of ages and with different relationships to the child welfare agency and, also, that the effectiveness of these programs has been little studied. Robert E. Lewis, "The Effectiveness of Families First Services: An Experimental Study," *Children and Youth Services Review* 27 (May 2005) 5:499-509, which looked at an intensive, short-term, family-based intervention (based on adaptation of the "Teaching-Family Model" and intensive family preservation services) delivered to families where child behavioral problems were the issue; it found that families receiving the services reported significant improvement in child behavior, physical care and resources, parental effectiveness, and parent-child relationships (sustained over a number of months), when compared to a control group.

[21] U.S. Department of Health and Human Services, *Child Maltreatment 2004*, Washington, D.C., 2006, pp. 83-84, Tables 6-3, 6-4.

- assessing child and family needs and providing needed services;
- involving children/families in case planning;
- adequate face-to-face worker visits with children; and
- ensuring that children receive services to meet their educational, mental health and physical health needs.

In-home cases were also significantly more likely to be rated lower on the safety item related to reducing risk of harm to children served than were foster care cases.[22]

This same study also reported on "common challenges" to better state performance and while these may apply to either foster care or in-home cases, a number are directly related to the indicators listed above and for which the on-site case reviews revealed specific weakness for in-home cases. Common challenges[23] associated with those indicators and identified for many states, include

- the agency doesn't consistently provide sufficient services to address risk of harm to children, particularly in the in-home services cases;
- the agency doesn't consistently monitor families to assess service participation and change in risk factors to protect children in their homes and prevent removal;
- the agency doesn't consistently provide appropriate services to meet the identified needs of children and parents;
- fathers, mothers, and children (age appropriate) are not sufficiently involved in case planning;
- the frequency of face-to-face contacts between workers and children isn't consistently sufficient to ensure children's safety and well being;[24]
- the agency is not consistent in providing services to meet children's identified education-related needs;
- the number of dentists/doctors in the state willing to accept Medicaid is not sufficient to meet the need;
- there is a lack of mental health services for children; and
- the agency doesn't consistently conduct mental health assessments.

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[22] *General Finding From the Child and Family Services Review*, no date or author given (accessed October 7, 2004), p. 30. This analysis required use of unpublished CFSR case files and may have been prepared by James Bell Associates. The full report is online at http://www.acf.dhhs.gov/programs/cb/cwmonitoring/results/genfindings04/genfindings04.pdf.

[23] Ibid., pp. 8-10. The report identified "common challenges" among the 35 states where the CFSR was conducted in FY2002-FY2004. (States reviewed in FY2001 were not included because information was extracted using a content analysis of state final CFSR reports and the format requirements were somewhat different for reports based on reviews done in that year.) The report includes any issue found in at least one-third of those 35 states as a "common challenge." However, all of the issues listed in this report were noted as a challenge for no fewer than one-half of those states.

[24] See also U.S. Department of Health and Human Services, Office of the Inspector General, *State Standards and Capacity to Track Frequency of Caseworker Visits with Children in Foster Care* (OEI-04-03-00350), December 2005. This report does not deal with in-home cases. However, it found that while most states had standards regarding the number of visits a child in foster care should receive each month, more than half of the states could not produce automated statewide reports of the number of caseworker visits actually received by children, and that—of 20 states that could produce these reports—seven showed that fewer than half of the foster care children were visited monthly (on average). (Most, but not all of those states, had a monthly visit standard for children in foster care.)

In sum, while children in foster care are much discussed as the barometer of states' child welfare performance, states' in-home case loads are generally more sizeable than their foster care caseloads and the data suggest that not all families are receiving needed services, nor are those receiving services having their needs fully met.[25]

Family Support Services

Where family preservation services may be requested once a family has come to the attention of the child welfare agency (e.g., child maltreatment allegation and/or finding made), family support services seek to reach families that have not reached that threshold. The central object of these services is to ensure a child never experiences abuse or neglect and to improve the functioning of parents on behalf of their children. Typically these services have been provided by community agencies or groups—rather than by the state or local public child welfare agency—and the "target family group" is much broader than those typically served by the child welfare agency. Although family support services may be described (and implemented) as intended for families "at-risk" of child abuse or neglect, in theory they are designed to benefit any family in a particular community or neighborhood. Overall, families that receive family support services (such as parent training or child development classes) would seem much more likely to seek out (or volunteer) for the service as opposed to families that may be offered these same services (or may be ordered by the court to participate in them) for family preservation.

Study Design

Citing the vast range of programs that might fall under the "family support" rubric, the Abt Associates researchers who conducted the HHS-funded study opted to conduct a "meta-analysis" of program success.[26] This evaluation technique required the researchers to identify previously conducted studies of a range of family support programs and to organize the data collected in these studies in such a way that they could generate findings across these studies. For the family support studies, the researchers coded information from 665 studies (representing 260 different family support programs) that were conducted after 1965 in Canada, the United States or Great Britain.

Kinds of Programs Evaluated

To be included in the meta-analysis, a study needed to evaluate a program that provided services intended to improve child outcomes by strengthening the capacity of parents to support their children's development.[27] Accordingly, nearly all the programs included in the meta-analysis had

[25] The Child and Family Services Review is intended to comprehensively review a state's child welfare agency performance on behalf of the children and families it serves. An in-depth case review of a sample of 50 cases (generally) was looked at as a part of each of these reviews. Of these cases, half related to children in foster care and half were related to children served in their homes. For more information, see CRS Report RL32968, *Child Welfare: State Performance on Child and Family Services Reviews*, by Emilie Stoltzfus.

[26] Abt Associates, *National Evaluation of Family Support Programs, Volume A: The Meta-Analysis*, U.S. Department of Health and Human Services, Washington, D.C., 2001.

[27] These studies included both quasi-experimental research findings and experimental research findings (separately coded to allow for comparison). In addition, the researchers coded descriptive information for 167 family support programs where the studies did not have outcome information. This was done to ensure the full spectrum of family support programs were included in the meta-analysis. However, based on this descriptive data the researchers noted that while both evaluated and unevaluated programs had similar goals and types of services, there were certain differences between the programs. Thus, they concluded that the full range of family support programs has not been truly evaluated. Descriptive differences they note are that evaluated programs were *more likely* to target their services

goals of improved parenting (98%) and child development (91%). Most services were delivered in the family home (62%) but other settings (in descending order of frequency) included hospital or clinic, school, community center, university -college, and public or private agency. Home visits were a primary service delivery mode, followed, in descending order of frequency, by parent meetings/classes/ groups, parent-child classes/groups and group early education for children. Most programs (87%) used at least some staff with a degree and formal training. Finally, although the original family support programs were neighborhood-based and available to all in the community, many programs targeted specific populations. About 88% of the family support programs included in the meta-analysis targeted families believed to be at certain environmental risk (e.g., poverty, risk of abuse or neglect, teen parenthood), those with certain biological risks (e.g., low-birth weight baby, developmental delay, behavior problems) or a combination of these populations. Most services were available to families for less than one year and families received relatively small amounts of service (measured in number of hours per month).

Findings

Overall, the meta-analysis showed that family support programs have small but consistent and (statistically) significant positive effects in children's cognitive development and their social and emotional development.[28] Programs that had larger positive effects on children's cognitive outcomes were those that focused on children with special needs (either biological or developmental), or provided early childhood education directly to children, or provided parents with opportunities for peer support. Programs that used home visiting as a primary service had *less effect* on children's cognitive outcomes. Although on an overall basis, child safety was not otherwise shown to be meaningfully affected, programs that targeted teen parents with young children and combined case management with parent-child activities were more effective in protecting children from accidental injury, abuse or neglect. Finally, family support programs were not shown to have a meaningful effect on children's health and physical development.

With regard to parent/family outcomes, the study showed that overall family support programs have small but consistent and statistically significant positive effects in parenting attitudes and knowledge, parenting behavior, and family functioning.[29] Programs that used professional staff to help parents to be effective adults, and that provide opportunities for parents to meet in support groups, were more effective in producing positive outcomes for parents. The programs that had greatest effect on parents' attitudes towards and knowledge of child-rearing and child development were those that work with special needs children and provided opportunities for peer support. The meta-analysis found no or little meaningful effect of family support programs on parent mental health, nor on family economic self-sufficiency.

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to a specific population and to use home visits as their primary mode of service delivery, and they were *less likely* to use center-based early childhood education as a primary mode of service delivery and to use para-professionals or non-professionals to provide parenting education.

[28] However, the researchers caution that in each of these cases "a small group of programs" accounted for the statistically significant positive effect. That is more than half of the studies reported an effect size that was considered not statistically significant.

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Other Services

In contrast to the large scale family preservation and family support studies, HHS has recently directed the PSSF evaluation funds towards generally smaller scale projects that look at one kind of service or program design (often at a single site). In recent years projects funded include those related to strengthening and promoting healthy marriage, the meaning of termination of parental rights for older foster children, fathers involvement in permanency planning and child welfare casework, Early Head Start services provided to child welfare families, interventions for substance abusing parents, post-adoption services, and adoption promotion efforts, intensive family reunification efforts, and provision of crisis nursery/respite care service. Research and/or evaluation is ongoing for most of these projects.[30]

Planning and Reporting

The 1993 law (P.L. 103-66) establishing funding for child and family services under Title IV-B, Subpart 2, both encouraged and required states to engage in planning how these services would be delivered. The law requires states to consult with "appropriate public and nonprofit private agencies" with experience in administering services to children and families and to (jointly with HHS) prepare a five-year plan, which establishes the goals the state intends to accomplish and describes the methods that will be used to measure progress toward accomplishing those goals. It further requires states to annually review and report on progress toward achieving these goals and to make any necessary adjustments to the plan that reflect changed circumstances. States must continually be engaged in this planning and review process. That is, every five years the state must establish a new five-year plan and begin annual progress reviews and reports of that plan. Beyond these requirements, the 1993 legislation encouraged states to take planning seriously by permitting each state to use up to $1 million of its first year grant (FY1994) for planning purposes and providing that this spending on planning did not need to be matched with state spending.

The policy guidance and subsequent regulations from HHS further encouraged and required this extensive planning. As ultimately implemented by HHS, the regulation consolidated a number of child welfare program planning requirements into a single Child and Family Services Plan. States submit this single five-year plan (the most recent was due in June 2004 for the period FY2005-FY2009), and annual progress reports. In addition to the requirements related to the PSSF programs, this plan must include the assurances required for receipt of funds for Child Welfare Services (Title IV-B, Subpart 1 of the Social Security Act), Basic State Grants (Section 106 of the Child Abuse Prevention and Treatment Act), and the Chafee Foster Care Independence Program and related Education and Training Vouchers (both in Section 477 of the Social Security Act). Also, as part of the annual progress report, states must estimate their total child welfare spending for the upcoming fiscal year, across the full continuum of services and noting amounts used from all federal funding streams (as well as state and local funding). Finally, HHS permits states to use their PSSF funds for these planning purposes without having those funds count towards the limit on use of PSSF funds which is set at 10%.

Both the notice of proposed rulemaking (NPRM) and the final rule for implementing Title IV-B, Subpart 2 emphasized the importance of collaborating broadly when creating this plan to ensure the full continuum of child and family services was considered and planned for and to leverage as

[30] See U.S. Department of Health and Human Services, *Second Biennial Report to the Congress on Evaluation, Research and Technical Assistance Activities Supported by the Promoting Safe and Stable Families Program*, 2005 and U.S. Department of Health and Human Services, *First Biennial Report to the Congress on Evaluation, Research and Technical Assistance Activities Supported by the Promoting Safe and Stable Families Program*, 2003.

many resources as possible for the program's purposes.[31] Studying the implementation of the program, James Bell Associates found that most states engaged in extensive planning and that the focus on collaboration meant increased community and consumer involvement. Initially, over the 14 states where implementation case studies were conducted, most (8) developed a state-level collaborative body that made the decisions about how PSSF funds would be used; that is to say the locus of decision making was outside the state child welfare agency. In part, this no doubt stems from the inclusion of family support on an equal basis with family preservation in the statute. Where family preservation has a long history of child welfare agency implementation, family support was (and remains) outside the traditional child welfare agency purview. Following passage of ASFA (P.L., 105-89) and the addition of two new service categories (time-limited family reunification and adoption promotion and support)—both of which were much more closely aligned with traditional child welfare programs—the locus of decision-making shifted back toward the state child welfare agency in the majority of the case study sites.[32]

Limited Information on Current Program

Since the Bell study, which as one part of its implementation study made an analysis of the annual progress reports submitted by states for FY1999-FY2002, there has been no comparable study of state spending plans. That analysis showed that most states were spreading their PSSF funding across all four categories. At the same time, that report noted that the overlap in service categories—because family support and family preservation might fund the same service (but presumably for a different population) and because the newest service categories (time-limited reunification and adoption promotion and support) could be understood as subsets of the initial service categories of family support and family preservation—it was not easy to accurately report spending in the statutorily defined categories. In addition, the consolidated planning and lack of a single plan format made it hard to consistently track how funds were being spent across the states.[33]

The researchers suggested that how funds were used (or planned to be used) might better be understood based on where the service was delivered (in the home, child welfare office, school, community center, clinic, etc.) and/or who the service was targeted on (families in process of reunification, families with recently reported abuse or neglect, teenage parents, parents of children with problem behavior, etc.). The report did track the planned use of PSSF funds for 17 specific kinds of activities between FY1999-FY2002. These included home visiting and family centers, information and referral, recreation, basic needs, employment services, health services, child care, prevention services, parent support, parent skills training, mentoring, respite care, domestic violence, drug/alcohol assessment/treatment, counseling/mental health services, "family preservation" (more narrowly defined than the statute), time-limited family reunification and adoption promotion and support. Although the researchers had increasing difficulty in linking PSSF funding to specific activities (due to consolidation of program planning and reporting), they noted especially large drops in the number of states reporting that they planned to use these funds

[31] Proposed rule—59 *Federal Register* 191 (October 4, 1994), pp. 50646-50672. Final rule—61 *Federal Register* 223 (November 18, 1996), pp. 58632-58633. HHS did not revise these rules following the addition of two new service categories by ASFA (P.L. 105-89) but has instead issued policy guidance concerning changes necessitated by ASFA and subsequent reauthorizations.

[32] U.S. Department of Health and Human Services, *Family Preservation and Family Support Services Implementation Study, Final Report, Volume 1, Synthesis Report*, James Bell Associates, Inc., Arlington, VA, April 30, 2003, pp. 45-60.

[33] U.S. Department of Health and Human Services, *Analysis of States' Annual Progress and Services Reports and Child and Family Services Plans (1999-2002)*, The Family Preservation and Family Support Services Implementation Study, James Bell Associates, Arlington, VA, April 5, 2002, pp. 34-46.

for child care (decreased from 21 states in FY1999 to 5 for FY2002), parent support and skills training (decreased from 27 states to 11 states and from 33 states to 12 respectively) and "family preservation"(decreased from 34 states to 19 states).

Reporting Requirements

The PSSF reporting requirements are, for the most part, a subset of the planning requirements. States must send their five-year plans to HHS and as a part of their Annual Progress Review and Report, are required to provide separate descriptions of the family preservation, family support, time-limited family reunification and adoption promotion and support services they intend to provide under the plan in the upcoming year; the populations to be served; and the geographic areas where the services will be available.

Just prior to the 2006 amendments (P.L 109-288), these plans were sent to HHS regional offices of the Administration for Children and Families (ACF), rather than to the central Washington, D.C. office), and while they are required to be made available to the public, they were for the most part, not produced in any standard format and were not necessarily easy to compare or collect. Further all of the reporting requirements were prospective—providing information on what a state plans to do with its money rather than what it has actually done with the money.

P.L. 109-288 amended the reporting requirements so that certain parts of the report must now include information on how the state *actually* spent PSSF (and Child Welfare Services) funds as well as continuing to provide information on planned spending. In addition, the law requires HHS to annually compile this information in a report for Congress.

Appendix D. Selected Federal Programs with Related Purposes

Some other federal programs share purposes similar to those of the Promoting Safe and Stable Families Program.

Community-Based Child Abuse Prevention (CBCAP)

Authorized by Title II of the Child Abuse Prevention and Treatment Act (CAPTA) the Community-Based Child Abuse Prevention (CBCAP) program provides funds to each state (including the District of Columbia), territories, and tribes to support community-based services to prevent child maltreatment. The program purposes most closely match the category of PSSF services described as "family support." However, funds under this program are not available for direct use by the state child welfare agency but must be sent to community-based groups that provide family support and family resource services.

Funds are distributed by formula to a lead state agency (which may or may not be the state child welfare agency); the lead agency is responsible for ensuring coordination of services and for distributing funds to community-based groups that provide (or can refer families to) core family resource and support services. The statute describes these core services to, among other things, include—parent education, mutual support and self help; voluntary home visiting; and respite care. Other services, which CBCAP local grantees may provide access to include referrals to counseling for adoption (for those seeking to adopt or to relinquish a child for adoption); child care, early childhood development and intervention services; referrals to services and supports to meet special needs of families with children with disabilities; referrals to job readiness services; referrals to educational services; life management skills training; and others.

Like Title I of CAPTA, the Senate Health, Education, Labor and Pensions (HELP) and the House Education and Labor committees have generally exercised jurisdiction over this program. It was most recently amended and re-authorized in 2003 (P.L. 108-36). That legislation raised the program's authorization level to $80 million for FY2004, and such sums as necessary for each of FY2005-FY2008. However, the program has never received more than the $43 million that was appropriated for it in FY2005. For FY2006 the program received $42 million and (under P.L. 110-5) it is expected to receive the same sum in FY2007.

Child Welfare Services

Authorized by Title IV-B, Subpart 1, Child Welfare Services is the oldest federal program supporting state child welfare activities and was first authorized as part of the original 1935 Social Security Act.[34] P.L. 109-288 made a number of changes to this program and by changing its funding authorization from indefinite (no year limit) to the same schedule as the PSSF program (funding authorization will expire with FY2011), appears to promote somewhat closer alignment of the programs. Child Welfare Services funds are distributed to states (including the District of Columbia), territories, and tribes. The funds may be used to support a broad range of services to children and families, which are intended to protect children who have been abused or neglected or are at risk of maltreatment and may take various forms, ranging from counseling and other supports for parents (intended to improve child well-being, prevent child abuse and neglect

[34] The program was originally authorized in Title V, Part 3 of the Social Security Act and was moved to a newly created Title IV-B by the Social Security Act Amendments of 1967.

and preserve a family), to removal of the children from their homes and provision of services to parents to enable safe and appropriate return of children to their own homes. When efforts to reunite are not appropriate or do not succeed, child welfare services may include termination of parental rights, placement of the children for adoption, and provision of post adoption services.

States may use Child Welfare Services, generally, for a wider range of activities than are permitted under PSSF and a 2003 General Accounting Office (GAO) study found that despite considerable overlap in the purposes, states used the bulk of their Child Welfare Services and PSSF grants to fund significantly different activities. For instance, while states reported spending both Child Welfare Services and PSSF funds to support family support/prevention, family preservation, family reunification, and adoption support and preservation services, they reported using just 11% of their Child Welfare Services funds for these purposes compared to 82% of their PSSF funds. States expended the largest share of Child Welfare Funds (71%) for child welfare worker salaries, administration and management, child protective services, and foster care maintenance payments. (PSSF expenditures for those purposes equaled just 8% of state PSSF spending.[35])

The House Ways and Means Committee and the Senate Finance Committee have exercised jurisdiction over Child Welfare Services. Since 1990, the program has had a discretionary funding authorization level of $325 million, but it has never received more than $295 million in a given year. For FY2006 the program is funded at $287 million and under P.L. 110-5 it is expected to receive the same level of funding in FY2007.

Other Child Welfare and Related Programs

Several additional child welfare programs primarily support research or demonstration projects related to adoption, as well as to services to help certain families at special risk of child abuse or neglect. Each of these programs is funded by discretionary appropriations and any appropriated funds are distributed on a competitive basis to eligible entities. These programs include Adoption Opportunities, Abandoned Infants Assistance and Adoption Awareness. Funding authorization for the Adoption Opportunities (FY2007 funding—$27 million) and Abandoned Infants Assistance Act (FY2007 funding—$12 million) was extended through FY2008 by P.L. 108-36 (handled in the Senate HELP and House Education and Workforce Committee). Funding authorization for the Adoption Awareness programs (which were included in the Public Health Services Act) expired with FY2005 but the programs nonetheless received FY2007 funding of $13 million. The House Energy and Commerce and Senate HELP committees handled the 2000 legislation that created Adoption Awareness program authority.[36]

Additional programs that support primarily the *family support* goals of PSSF include Early Head Start, Head Start, and the Healthy Start Initiative. Like family support programs in general, the populations served by these programs are much broader than those generally served by the child welfare population and these programs are not further described here.[37]

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[35] General Accounting Office (now renamed the Government Accountability Office) (GAO), *Child Welfare: Enhanced Oversight of Title IV-B Could Provide States Additional Information to Improve Services*, GAO-03-956, September 2003, p. 14. Data are based on responses from 46 states regarding use of Child Welfare Services funds and 44 states regarding use of PSSF funds.

[36] FY2007 funding amounts are estimates based on P.L. 110-5. See CRS Report RL34121, *Child Welfare: Recent and Proposed Federal Funding*, by Emilie Stoltzfus. This report also discusses an Administration-proposed Nurse Home Visitation Initiative for which the President's FY2008 budget seeks $10 million.

[37] HHS is currently funding a five year (September 2002-September 2007) Early Head Start/Child Welfare Services

Some Non-dedicated Federal Funding Used for PSSF Purposes

Many states also make use of federal funding streams that are not specifically or exclusively provided for child welfare purposes but for which federal law includes certain child welfare activities as purposes or permissible uses of funds. Measured by state use of the funds for child welfare purposes, the largest of these are the Temporary Assistance for Needy Families (TANF) block grant, the Social Services Block Grant (SSBG) and Medicaid. An Urban Institute survey of state FY2002 spending on child welfare found that in that year state child welfare agencies spent about $4.7 billion from these federal funding streams of which some 28% ($1.3. billion) $1.3 billion was used to support prevention activities (e.g., prevent teen-age pregnancy, prevent drug use, prevent child abuse), family reunification efforts, and in-home support, as well as child protective, services (screening and investigating reported child maltreatment). [38]

While state child welfare agencies have in recent years had access to considerable TANF, SSBG and Medicaid funds, because these funds are not appropriated solely for child welfare agencies they cannot necessarily count on their continued availability. Instead, their access to these federal funds is generally conditioned on the funding decisions made by others in the state (e.g., discretion about how funds are used may rest with the state legislature or in a different state executive agency) and may further be limited by federal legislative and administrative changes to these programs.

For instance, the current Administration continues to seek new limits on state use of certain Medicaid services for a range of purposes, including child welfare.[39] The Deficit Reduction Act of 2005 (P.L. 109-171) enacted certain language intended to clarify how states may use Medicaid funds for targeted case management (TCM) on behalf of children in foster care. Further, the ability of state child welfare agencies to use TANF funds may be affected by increased work requirements included in the Deficit Reduction Act (which are expected to necessitate greater state spending of TANF on job related costs such as training and child care).[40]

Finally, Congress has greatly reduced the amount of funding for SSBG, which includes among its five primary purposes: "preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families." Annual funding for SSBG stood at $2.8 billion when the Congress enacted new child welfare services funding (now called the Promoting Safe and Stable Families program) in 1993. In 1996, however, P.L. 104-193 reduced the SSBG entitlement cap and funding has since declined to $1.7 billion annually.[41]

Initiative/Evaluation, which is designed to allow grantees to demonstrate how to best serve children in the child welfare system using the Early Head Start model. There are 24 projects serving 397 child welfare children (ranging from 4 to 40 per site). U.S. Department of Health and Human Services, *Second Biennial Report to the Congress on Evaluation, Research and Technical Assistance Activities Supported by the Promoting Safe and Stable Families Program*, 2005, p. 10.

[38] Cynthia Andrews Scarcella, *The Cost of Protecting Vulnerable Children IV* (Washington, D.C.: Urban Institute, 2004), p. 23.

[39] See CRS Report RL33866, *Medicaid, SCHIP, and Health Insurance: FY2008 Budget Issues*, coordinated by Cliff Binder.

[40] See CRS Report RL33155, *Child Welfare: Foster Care and Adoption Assistance Provisions in Budget Reconciliation*, by Emilie Stoltzfus; and CRS Report RL33418, *Welfare Reauthorization in the 109th Congress: An Overview*, by Gene Falk, Melinda Gish, and Carmen Solomon-Fears.

[41] For FY2006, Congress appropriated an additional $550 million in SSBG funds. However, this money was in response to hurricane needs and the bulk of the money (94%) was distributed to five states determined most affected by the hurricanes. See CRS Report 94-953, *Social Services Block Grant (Title XX of the Social Security Act)*, by Melinda Gish.

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