

# CRS Report for Congress

Received through the CRS Web

## **The Promoting Safe and Stable Families Program: Reauthorization in the 109th Congress**

**Updated September 25, 2006**

Emilie Stoltzfus  
Specialist in Social Legislation  
Domestic Social Policy Division

# The Promoting Safe and Stable Families Program: Reauthorization in the 109<sup>th</sup> Congress

## Summary

Funding authorization for the Promoting Safe and Stable Families (PSSF) program (Title IV-B, Subpart 2 of the Social Security Act) is set to expire with FY2006. States must use funds under this program for each of four broadly defined categories of services to children and families: community-based family support, family preservation, time-limited reunification, and adoption promotion and support.

On September 20, 2006, the Senate, by unanimous consent, approved an amended version of the Child and Family Services Improvement Act of 2006 (S. 3525). It would extend the funding authorization of the **Promoting Safe and Stable Families** program for five years (FY2007-FY2011) and annually target 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 methamphetamine or other substance abuse. Further, it would require states to report on their actual use of funds under the program, increase funds set aside for tribal child and family services, and allow access to these funds for more tribes.

Separately, the bill would amend the **Child Welfare Services program** (Title IV-B, Subpart 1 of the Social Security Act) to re-organize and update its provisions and to limit funding authorization to FY2007-FY2011. Beginning with FY2008, it would limit the use of Child Welfare Service funds for administrative purposes to no more than 10%, and would prohibit 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 would add several plan requirements: states would have to 1) describe how they consult with medical professionals to assess the health of and provide medical treatment to children in foster care, 2) have procedures to respond to and maintain services in the wake of a disaster, and 3) describe their standards for content and frequency of caseworker visits of children in foster care. Finally, it would provide that caseworker visits of children in foster care may occur no less frequently than once a month and would require states to meet that standard or face fiscal penalty.

The bill would also extend authorization for five years (FY2007-FY2011) of the the **Mentoring Children of Prisoners program**, and includes authority for a project to demonstrate the effectiveness of vouchers as a method of delivering these services. Further, it would extend for five years (FY2007-FY2011) certain grants under the **Court Improvement Program**.

Many of these provisions were included in legislation previously passed by the House (July 25) and Senate (July 13). The House legislation, also titled the Child and Family Services Improvement Act of 2006, had been reported by the Ways and Means Committee as H.R. 5640 (H.Rept. 109-555). The Senate legislation, titled the Improving Outcomes for Children Affected by Meth Act of 2006, was reported by the Senate Finance Committee as S. 3525 (S.Rept. 109-269). This report tracks legislation reauthorizing the Promoting Safe and Stable Families program in the 109<sup>th</sup> Congress, and describes the program. It will be updated.

# Contents

|   |    |
|---|----|
| Provisions of the Proposed Legislation .....                                | 2  |
| Funding Reauthorization and Amendment                                       |    |
| of the Promoting Safe and Stable Families Program .....                     | 2  |
| Expanded limitation on administrative spending .....                        | 2  |
| Reporting on use of funds .....   | 2  |
| Targeting the Use of New Promoting Safe and                                 |    |
| Stable Families Program Funds .....   | 3  |
| Support for monthly caseworker visits .....                                 | 3  |
| Grants to Increase the Well-Being of and Improve                            |    |
| the Permanency for Children Affected by                                     |    |
| Methamphetamine or Other Substance Abuse .....                              | 4  |
| Evaluation of targeted spending .....                                       | 4  |
| Tribal Promoting Safe and Stable Families                                   |    |
| Program Funding and Access .....  | 5  |
| Amendments to the Child Welfare Services Program .....                      | 5  |
| Purposes .....  | 6  |
| Limitation on Administrative Spending .....                                 | 6  |
| Revised Limitation on Use of Federal Funds .....                            | 6  |
| Limit on use of non-federal (matching) funds .....                          | 6  |
| State Plan Requirements .....   | 6  |
| Monthly Caseworker Visit Standards .....                                    | 7  |
| Publication of state visitation rate .....                                  | 8  |
| Mentoring Children of Prisoners Reauthorization .....                       | 8  |
| Extension of the Court Improvement Program .....                            | 9  |
| Court Consultation with Child/Youth   |    |
| in Permanency Review Proceedings .....                                      | 9  |
| <br>  |    |
| Funding for the Safe and Stable Families Program .....                      | 9  |
| Total FY2007 funding .....  | 9  |
| Level of Discretionary Funding .....  | 10 |
| <br>  |    |
| Reauthorization Activity in the 109 <sup>th</sup> Congress .....            | 11 |
| President's Budget Request .....  | 11 |
| Congressional Action .....  | 11 |
| <br>  |    |
| Legislative History of the Promoting Safe and Stable Families Program ..... | 12 |
| Original Enactment .....  | 13 |
| ASFA Amendments .....   | 14 |
| 2001 Amendments .....   | 15 |
| Changes Made by the Deficit Reduction Act of 2005 .....                     | 16 |
| <br>  |    |
| Current PSSF Law and Issues .....   | 16 |
| Service Categories Defined .....  | 17 |
| Service Category Overlap .....  | 18 |
| State Planned Spending by Category .....                                    | 19 |
| Effectiveness of Services .....   | 19 |
| Intensive Family Preservation Services .....                                | 20 |

|   |    |
|---|----|
| Family Support Services .....                                   | 25 |
| Other Services .....  | 27 |
| Planning and Reporting .....                                    | 27 |
| Limited Information on Current Program .....                    | 28 |
| Reporting Requirements .....                                    | 29 |
| Distribution of Funds .....                                     | 29 |
| State Formula Allotment and Match .....                         | 30 |
| Tribes and Territories .....                                    | 30 |
| Evaluation, Research, Training, and Technical Assistance .....  | 31 |
| Court Funding .....   | 32 |
| Other State Plan Requirements .....                             | 33 |
| Selected Federal Funding Programs with Related Purposes .....   | 34 |
| Community-Based Child Abuse Prevention (CBCAP) .....            | 34 |
| Child Welfare Services .....                                    | 34 |
| Other Child Welfare and Related Programs .....                  | 35 |
| Some Non-dedicated Federal Funding Used for PSSF Purposes ..... | 36 |
| Allotment of PSSF Funds to States .....                         | 37 |

## List of Tables

|   |    |
|---|----|
| Table 1. Distribution of Targeted PSSF Funds .....  | 3  |
| Table 2. Total Funding Authorization and Appropriations<br>for the Promoting Safe and Stable Families Program,<br>FY1994-FY2006 .....   | 10 |
| Table 3. Statutory Distribution of Funds for the Promoting<br>Safe and Stable Families Program .....  | 30 |
| Table 4. Funding Provided for the Promoting Safe and<br>Stable Families Program, by Year and Purpose .....  | 33 |
| Table 5. Final FY2005 and Estimated FY2006 Allotments<br>of Promoting Safe and Stable Funds .....   | 38 |
| Table 6. Selected Provisions of the Child and Family Services Act<br>of 2006 (S. 3525 as passed by the Senate on September 20)<br>compared to Current Law and Earlier Versions of S. 3525 ..... | 40 |

# The Promoting Safe and Stable Families Program: Reauthorization in the 109<sup>th</sup> Congress

Funding authorization for the Promoting Safe and Stable Families (PSSF) program (Title IV-B, Subpart 2 of the Social Security Act) is set to expire with FY2006. The program primarily provides formula grants to states, territories and tribes for provision of four categories of services to children and families: family support, family preservation, time-limited reunification, and adoption promotion and support. In addition, a part of the total funding provided for the Safe and Stable Families program is reserved for certain grants under the Court Improvement Program (CIP). The 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 Safe and Stable Families program.

Initially created as a program of “Family Preservation and Support Services” in the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66), the 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. Most 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. Both committees held hearings related to reauthorization of this program earlier this year.

On September 20, 2006, the Senate, by unanimous consent, amended and passed the Child and Family Services Improvement Act of 2006 (S. 3525). The bill would amend and reauthorize the Promoting Safe and Stable Families Program for five years (FY2007-FY2011); amend the Child Welfare Services program (Title IV-B, Subpart 1 of the Social Security Act); reauthorize and amend the Mentoring Children of Prisoners program (Section 439 of the Social Security Act); extend certain funding under the Court Improvement Act (Section 438 of the Social Security Act); and make several related changes. The version of S. 3525 passed on September 20 in the Senate incorporates provisions that were included in the Child and Family Services Act of 2006 as it passed the House on July 25, 2006, and was earlier reported by the House Ways and Means Committee (H.R. 5640, H.Rept. 109-555), as well as provisions included in the Improving Outcomes for Children Affected by Meth Act of 2006, which passed the Senate on July 13, 2006, and was earlier reported by the Senate Finance Committee (S. 3525, S.Rept. 109-269).

## Provisions of the Proposed Legislation

The provisions of the Child and Family Services Improvement Act of 2006 (S. 3525), as passed by the Senate on September 20, incorporates language approved in two earlier bills (also numbered S. 3525). The following discussion describes provisions of the current S. 3525. (For a comparison of selected provisions from each of the current bills, see **Table 6** at the end of the report.)

### Funding Reauthorization and Amendment of the Promoting Safe and Stable Families Program

Under current law, the Promoting Safe and Stable Families (PSSF) program is authorized to receive mandatory appropriations of \$345 million in FY2006 and discretionary appropriations of \$200 million. S. 3525 would extend these same funding authorization levels to each of FY2007-FY2011.

**Expanded limitation on administrative spending.** The costs of the PSSF program are shared by the federal government (75%) and the states (at least 25%). Under current law, a state may not spend more than 10% of the *federal* PSSF funds it receives for administrative purposes, but there is no limit on use of the state PSSF funds (often described as “matching” funds) that may be spent for administrative purposes. Beginning with FY2008, S. 3525 would extend the 10% limit on spending for administrative purposes to include *all funds* spent under the program, both federal and *non-federal*.

**Reporting on use of funds.** Current 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 “Planning and Reporting,” below.) In keeping with this emphasis, states are now required to annually send information to HHS on their *planned* use of funds under the PSSF, Child Welfare Services, and other child welfare and related programs. S. 3525 would require states, beginning on June 30, 2007, 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 in other programs, as well.) Data on the use of funds are to be submitted on standard forms (currently 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 bill would further require 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 Promoting Safe and Stable Families Program 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 has not yet been appropriated. S. 3525 appropriates the FY2006 funds and extends this \$40 million annual increase in the mandatory funding authorization level through FY2011. Further, as shown in **Table 1**, the bill 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*

| Fiscal Year  | 2006 <sup>a</sup> | 2007 | 2008 | 2009 | 2010 | 2011 | Total |
|--|-------------------|------|------|------|------|------|-------|
| <b>Purpose</b>   |                   |      |      |      |      |      |       |
| Support for 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 abuse of methamphetamine or another substance | \$0               | \$40 | \$35 | \$30 | \$20 | \$20 | \$145 |

**Source:** Table prepared by the Congressional Research Service, based on Section 4 of S. 3525, as passed by the Senate on September 20.

a. These funds are to remain available for states and territories to spend through FY2009. Under the bill passed on September 20, 2006, none of the \$40 million in increased FY2006 funds for the PSSF program would be made available to tribes.

**Support for monthly caseworker visits.** Between FY2006 and FY2011, S. 3525 would provide 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 includes all of the \$40 million in FY2006 PSSF funds (which would be appropriated by the act and would 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 would 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). However, S. 3525 would not permit the funds appropriated solely for support of monthly caseworker visits to be used 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 would 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 separate provisions in S.

3525 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, S. 3525 would reserve \$145 million in mandatory PSSF funds (\$40 million for FY2007, \$35 million for FY2008, \$30 million for FY2009 and \$20 million in each of FY2010 and FY2011) to support competitive grants to regional partnerships for services and activities designed to improve the safety, permanency, and well-being of children who are in an out-of-home placement or are at-risk of such placement because of a parent or caretaker's abuse of methamphetamine or another substance.

The services and activities that could 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. S. 3525 would require that regional partnerships 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 would not need to be the lead agency in the partnership applying for these funds, but (except in cases where a tribe/tribal child welfare agency is a member of the partnership) *must* be a member of each partnership.

HHS would be required to award grants to successful regional partnerships giving consideration to the level of need demonstrated in the application, and, once that initial consideration is given, with added weight given to those applications from regional partnerships showing the effect of methamphetamine abuse and addiction on the child welfare system in the partnership region. S. 3525 would permit each of these grants to be made for no less than two years and for no more than five years with annual funding of at least \$500,000 but not more than \$1 million. Finally, grantees would 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.** Under current law, HHS must each year reserve \$6 million in mandatory 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). S. 3525 would stipulate 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 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 Promoting Safe and Stable Families Program Funding and Access**

The statute currently provides that tribal PSSF programs are to be 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 (see **Table 3** below). Under the FY2006 funding authorization levels, the maximum funding that may be provided for these tribal programs is \$7.45 million. However, because Congress has never appropriated the full amount of discretionary funding authorized for this program, in recent years tribes have typically received about \$5 million in PSSF funding. Beginning with FY2007, S. 3525 would raise the tribal set-aside to 3% of the 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 below. Thus, the maximum funding authorized to be made available to tribes out of the PSSF would be \$15.15 million and the minimum funding would be \$9.15 million.

Also under current law, for a tribe to receive approval for direct federal PSSF funds, it must be eligible for an allotment of at least \$10,000. Tribal allotments are based on a tribe's relative share of individuals under the age of 21 (among all eligible tribes). For FY2006, about 90 tribal programs received funds. S. 3525 would permit a group of tribes to form a consortium and to have their allotment share 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 \$10,000.

Finally, S. 3525 would limit the current 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 bill would provide that HHS may continue to exempt tribes from program requirements that no more than 10% of federal program funds be spent on administrative purposes and that "significant portions" of those 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. Tribes would be required to comply with all other plan requirements (which are primarily related to planning and reporting).

### **Amendments to the Child Welfare Services Program**

The Child Welfare Services program (Title IV-B of the Social Security Act) is currently authorized to receive funding of \$325 million annually on an indefinite basis. S. 3525 continues this same funding authorization level for the program but limits the authorization to five years (FY2007-FY2011)—thus placing this program on the same reauthorization calendar as the Promoting Safe and Stable Families program.

**Purposes.** The bill rewrites the purposes of the program, which currently permits support for a wide range of child and family services, shortening them while largely incorporating the intent of current law. However, 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 an explicit program purpose related to providing training development and support to ensure a well-qualified child welfare workforce are new.

**Limitation on Administrative Spending.** The total cost of the Child Welfare Services program is shared by the federal government (75%) and the state (at least 25%). There is currently no limit on the amount of program funds states may spend for administrative purposes. Beginning with FY2008, S. 3525 would provide a 10% limit on the use of program funds—both federal and non-federal (often called “matching” funds)—for administrative purposes. The bill would define administrative costs to include CWS-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 would not be considered administrative.)

**Revised Limitation on Use of Federal Funds.** Under current law, states may not spend more of their federal Child Welfare Services funds for foster care maintenance payments, adoption assistance payments or child day care necessary solely for the employment or employment related training of a parent/relative of a child than the amount the state received under this program in FY1979. (In FY1979, funding for the program was \$56.5 million or roughly 20% of the FY2006 funding level.) S. 3525 would revise this limit. The bill provides that, beginning with FY2008, no state may spend 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 may now count their own spending for foster care maintenance payments without any limits. Beginning with FY2008, S. 3525 would prohibit 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. S. 3525 would add several new requirements. The bill would require

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. No later than one year after the enactment of S. 3525, the bill further requires states to have child welfare disaster-response procedures in place, which would be intended to ensure continued availability of child and family services in the wake of a disaster. In addition, S. 3525 would require states to describe, as of the first day of FY2008, their standards for the content and frequency of caseworker visits to children in foster care. At a minimum, these standards would need to 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.” (Related requirements are described below, under **Monthly Caseworker Visit Standards**.)

S. 3525 would include 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. S. 3525 would also eliminate certain current law requirements that have little or no meaning today. These are the provisions requiring a state to assure that—the child care standards used in the Social Services Block Grant (SSBG) apply to any child day care services funded under CWS; it will train and use paraprofessional staff and volunteers to help with the program; and it has (as of June 1980) conducted an inventory of children in foster care. Finally, the bill would re-organize much of the CWS program language and makes numerous, related conforming amendments and some technical amendments.

## **Monthly Caseworker Visit Standards**

Beyond requiring specific caseworker visitation standards in state Child Welfare Services plans (described above), S. 3525 would require 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 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, would be required to 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).

Further, the bill would provide 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 would be 1 percentage point (meaning the state would need to provide 26% of program funding to receive its full federal allotment) and the maximum penalty would be 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 would be determined by its degree of noncompliance with its state-specific monthly caseworker visits targets. S. 3525 would also require HHS to prepare a progress report, including recommendations, on state caseworker visitation standards and 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, S. 3525 would require 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**

The Mentoring Children of Prisoners program (Section 439 of the Social Security Act) currently provides grants to local public or private entities to establish, expand, or operate programs that provide mentoring services to children of prisoners.<sup>1</sup> The program has a funding authorization level of “such sums as may be necessary.”

S. 3525 would extend program authority for the Mentoring Children of Prisoners program for FY2007-FY2011 and provide that funds may be appropriated for the program in each of those years at “such sums as may be necessary.” In addition, S. 3525 would expand the purpose of the program to require 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.

The entity selected on a competitive basis to conduct the voucher demonstration must 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 this program, or that have substantial numbers of children of prisoners); provide families of these identified children with vouchers (as well as a list of qualified mentoring programs in their area); develop (with HHS) quality program standards for mentoring services, including criminal background checks of prospective mentors; and 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.

S. 3525 would increase to 4% (from 2.5%) the amount of funds that must be reserved by HHS out of the total appropriation for the Mentoring Children of Prisoners program for evaluation, research, and technical assistance related to both the site-based and voucher-based delivery of mentoring services. In addition to completing an evaluation of the total program, S. 3525 would require HHS to fund an independent evaluation of the demonstration project, and to provide a report of

---

<sup>1</sup> For more information on the Mentoring Children of Prisoners program, see CRS Report RL32633, *Mentoring Programs Funded by the Federal Government Dedicated to Disadvantaged Youth: Issues and Activities*, by Edith Fairman Cooper.

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. S. 3525 would further provide that the cooperative agreement may be extended two years beyond the initial three-year demonstration phase, 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, S. 3525 would provide that if at least \$25 million in program appropriations are made available for site-based grants (i.e. the current 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**

S. 3525 would extend through FY2011, the entitlement of eligible state highest courts to funds reserved from the PSSF program, which are to 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**

S. 3525 would amend the definition of the case review system provided in Title IV-E foster care 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 would include permanency hearings that review a foster youth's transition to independent living.

### **Funding for the Safe and Stable Families Program**

As noted above, S. 3525 would appropriate \$40 million in additional FY2006 funding for the Promoting Safe and Stable Families. These mandatory funds were authorized in the Deficit Reduction Act of 2005 (P.L. 109-171), which was enacted after the FY2006 appropriations cycle had been completed. (The cost of that appropriation was "scored" or "paid for" in the Deficit Reduction Act.) If enacted, S. 3525 would provide total FY2006 Safe and Stable Families funding of \$434 million (the full \$345 million in authorized mandatory funds plus \$89 million in discretionary funds).

**Total FY2007 funding.** The final Promoting Safe and Stable Families program funding level for FY2007 has not yet been determined. On July 20, 2006,

the Senate Appropriations Committee reported legislation (S. 3709, S.Rept. 109-287) that would provide a total of \$420 million for the program (\$345 million in mandatory funding plus \$75 million in discretionary). On June 20, 2006, the House Appropriations Committee reported legislation (H.R. 5647, H.Rept. 109-515) that would provide \$434 million in FY2007 funding for the Promoting Safe and Stable Families program (\$345 million in mandatory funds plus \$89 million in discretionary appropriation).

**Level of Discretionary Funding.** Since FY2002, there has been an annual discretionary funding authorization for the Safe and Stable Families program of \$200 million. However, Congress has never appropriated more than \$99 million out of the full \$200 million discretionary funding authorization for PSSF. For FY2002-FY2005, the Administration consistently requested the full \$200 million in discretionary funding. However, for FY2006 it requested \$105 million in discretionary funds for the program, and its FY2007 request of \$89 million matches the reduced discretionary funding appropriated by the Congress for FY2006. As noted above the House Appropriations Committee proposes to match the Administration's requested discretionary funding level while the Senate would reduce the program's discretionary funding to \$75 million.<sup>2</sup>

**Table 2** shows mandatory and discretionary funding authorized and appropriated by Congress for FY2002-FY2006. (See **Table 4** in this report for a breakdown of these funds by purpose.)

**Table 2. Total Funding Authorization and Appropriations for the Promoting Safe and Stable Families Program, FY1994-FY2006**  
(in millions of dollars)

| Fiscal year | Mandatory funding |                  | Discretionary funding  |              | Total funding    |                  |
|-------------|-------------------|------------------|--|--------------|------------------|------------------|
|             | Authorized        | Appropriated     | Authorized   | Appropriated | Authorized       | Appropriated     |
| 1994        | 60                | 60               | No discretionary funds were authorized, nor were any appropriated in the first eight years of the program. |              | 60               | 60               |
| 1995        | 150               | 150              |  |              | 150              | 150              |
| 1996        | 225               | 225              |  |              | 225              | 225              |
| 1997        | 240               | 240              |  |              | 240              | 240              |
| 1998        | 255 <sup>a</sup>  | 255 <sup>a</sup> |  |              | 255 <sup>a</sup> | 255              |
| 1999        | 275               | 275              |  |              | 275              | 275              |
| 2000        | 295               | 295              |  |              | 295              | 295              |
| 2001        | 305               | 305              |  |              | 305              | 305              |
| 2002        | 305               | 305              | 200  | 70           | 505              | 375              |
| 2003        | 305               | 305              | 200  | 99           | 505              | 404              |
| 2004        | 305               | 305              | 200  | 99           | 505              | 404              |
| 2005        | 305               | 305              | 200  | 99           | 505              | 404              |
| 2006        | 345               | 305              | 200  | 89           | 545              | 394 <sup>b</sup> |

<sup>2</sup> See CRS Report RS22178 *Child Welfare: Funding in the 109<sup>th</sup> Congress*, by Emilie Stoltzfus for a table showing recent and FY2007 funding levels for child welfare programs generally.

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

- a. More specifically, the authorization level for this year was the greater of \$255 million or the FY1997 authorization level (\$240 million) increased by a specified inflation factor.
- b. The statutory increase in the mandatory funding authorization level for FY2006 occurred after the regular appropriations cycle for that fiscal year had been completed. S. 3525 would appropriate \$40 million in FY2006 PSSF funding (to provide the full mandatory funding level authorized), and that would bring total FY2006 program funding to \$434 million. In addition, Congress has already appropriated (as part of P.L. 109-171) an additional \$20 million in FY2006 for new Court Improvement Grants. This money has been provided separately from the Promoting Safe and Stable Families authorization, and is not included in this table.

## Reauthorization Activity in the 109<sup>th</sup> Congress

**President's Budget Request.** The Administration's Congressional Budget Justifications for FY2007 assume reauthorization of the Promoting Safe and Stable Families program but do not provide any specific legislative proposals. The Administration requested \$434 million for PSSF appropriations in FY2007. This assumed mandatory funding of \$345 million and discretionary funding of \$89 million. The Administration also assumed reauthorization of the Mentoring Children of Prisoners program and requested a legislative change in program authority (to permit use of the funds for vouchers to receive mentoring services). It also sought \$40 million in FY2007 funding for the mentoring program, which is less than the \$49 million appropriated for the program in FY2006. Funding authorization for the Child Welfare Services program is currently authorized on an indefinite basis and the Administration requested \$287 million for the program in FY2007, which is the amount of funding it received in FY2006.<sup>3</sup>

**Congressional Action.** By unanimous consent on September 20, 2006 the Senate amended (S. Amdt 5024 and S. Amdt 5025) and passed the Child and Family Services Improvement Act of 2006 (S. 3525). The bill has been sent to the House for further action. As passed by the Senate, the legislation incorporates provisions that were included in two earlier versions of S. 3525 that separately passed the House and the Senate in July.

**House.** On July 25, 2006 the House, under suspension of the rules passed the Child and Family Services Improvement Act of 2006. That bill largely followed language included in H.R. 5640, as reported by the House Ways and Means Committee (H.Rept. 109-555) on July 12. H.R. 5640 was introduced on June 20 by Representatives Wally Herger and Jim McDermott and, the House Ways and Means

---

<sup>3</sup> U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), *Justifications of Estimates for Appropriations Committees, FY2007*, Feb. 2006. The Administration's FY2007 budget documents also assume continuation of the Court Improvement Program funds, which are set-aside from the Promoting Safe and Stable Families program and assumes availability of the additional \$20 million in pre-appropriated funding for the related Court Improvement Program. The pre-appropriated funds are provided independent of the PSSF program and are not discussed in detail in this report. For more information on that program see CRS Report RL33350 *Child Welfare: The Court Improvement Program*, by Emilie Stoltzfus.

Committee, after amending it, gave the bill unanimous approval on June 29.

On May 23, 2006, the House Ways and Means Subcommittee 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.

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

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.<sup>4</sup>

## Legislative History of the Promoting Safe and Stable Families Program

At least since the 1980 creation of the current federal child welfare program structure (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, now called the Promoting Safe and Stable Families Program, which responded to some of those concerns. Although the child welfare policies enacted have at various times placed greater or lesser emphasis on keeping biological families together or creating new adoptive families—the overriding concerns have remained relatively constant, and are

---

<sup>4</sup> Both hearings can be viewed on the Senate Finance Committee website at [<http://finance.senate.gov/sitepages/hearings.htm>].



consistent with the current primary policy goals of ensuring children's safety and permanence.

By the end of the 1980s, there were widespread concerns about a rapidly growing national 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 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, 102<sup>nd</sup> 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) through a newly 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 who receive food stamps.<sup>5</sup> To receive their full formula allocation states were

---

<sup>5</sup> 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 (continued...)

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.<sup>6</sup>

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 safety of children, Congress added a requirement that the safety of children be the "paramount concern" in administering and conducting service programs under Title IV-B, Subpart 2 of the Social Security Act. Further, as 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 Title IV-B, Subpart 2 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

---

<sup>5</sup> (...continued)

of the population under age 21. This is the same formula used to distribute funds to the territories under Title IV-B, Subpart 1 of the Social Security Act, the Child Welfare Services program.

<sup>6</sup> 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.

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 permanency for children.

**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.<sup>7</sup> 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

---

<sup>7</sup> 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 107<sup>th</sup> Congress*, by Emilie Stoltzfus and Karen Spar.

with money set-aside for this purpose from the PSSF.<sup>8</sup>

**Changes Made by 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. Although states are, by statute, entitled to their full allotment of these mandatory funds, Congress must still appropriate the additional \$40 million to enable states to receive the additional FY2006 funds. 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 appropriates \$20 million for each of FY2006-FY2010 (total of \$100 million) to make these grants. These funds are independent of the Promoting Safe and Stable Families funding, and for FY2006, are in addition to the funds already set-aside from the PSSF for assessing and improving court performance in child welfare proceedings.<sup>9</sup>

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.

## Current PSSF Law and Issues

The basic purpose of the Promoting Safe and Stable Families program is to “enable States to develop and establish, or expand, and to operate coordinated programs of community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services.”

---

<sup>8</sup> 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. The authority of HHS to make grants under this program (funded at \$49 million in FY2006) will expire at the end of this fiscal year. The program’s provisions are briefly described in CRS Report RL30894, *Child Welfare: Reauthorization of the Promoting Safe and Stable Families Program in the 107<sup>th</sup> Congress*, by Emilie Stoltzfus and Karen Spar, pp. 15-16 and Table 1. For more information about federal support of mentoring see CRS Report RL32633, *Mentoring Programs Funded by the Federal Government Dedicated to Disadvantaged Youth: Issues and Activities*, by Edith Fairman Cooper.

<sup>9</sup> For more information see CRS Report RL33350, *Child Welfare: The Court Improvement Program*, by Emilie Stoltzfus.

## 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);
- preplacement 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.<sup>10</sup> 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.”<sup>11</sup>

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.<sup>12</sup>

## 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

---

<sup>10</sup> 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, Feb. 2, 2004.

<sup>11</sup> James Bell Associates, *Analysis of States’ Annual Progress and Services Reports and Child and Family Services Plans (1999-2002)*, Apr. 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). Data on PSSF spending for more recent years have not been compiled or analyzed on a national basis.

<sup>12</sup> 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 (see preceding footnote) 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), Sept. 2003, p. 14.

program, a second looked at the effectiveness of two particular models of family preservation services (both providing relatively intensive casework) and, the third, at the effectiveness of a very wide range of family support services. 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 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.”

**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.<sup>13</sup>

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

---

<sup>13</sup> 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)*, Dec. 2002.



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 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%).<sup>14</sup>

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

---

<sup>14</sup> *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.

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.<sup>15</sup>

***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 regulations for Subpart 2. 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 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 services 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.<sup>16</sup>

---

<sup>15</sup> Ibid., pp. 9-11-9-20.

<sup>16</sup> 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 (Sept./Oct. 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 (Apr. 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 (Sept. 2005) 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  
(continued...)

***Need for In-Home Services.*** Apart from the specific way in-home services are delivered to families there remains apparent need for services to families where 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.<sup>17</sup>

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 —

- 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.<sup>18</sup>

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

---

<sup>16</sup> (...continued)  
compared to a control group.

<sup>17</sup> U.S. Department of Health and Human Services, *Child Maltreatment 2004*, Washington, D.C., 2006, pp. 83-84, Tables 6-3, 6-4.

<sup>18</sup> *General Finding From the Child and Family Services Review*, no date or author given (accessed Oct. 7, 2004), p. 30. This analysis required use of unpublished CSFR 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>].

case reviews revealed specific weakness for in-home cases. Common challenges<sup>19</sup> 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;<sup>20</sup>
- 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.

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.<sup>21</sup>

---

<sup>19</sup> 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.

<sup>20</sup> 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), Dec. 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.)

<sup>21</sup> 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* (continued...)

**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 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.<sup>22</sup> 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.<sup>23</sup> Accordingly, nearly all the programs included in the meta-analysis had goals of improved parenting (98%) and child development (91%). Most services

---

<sup>21</sup> (...continued)

*Welfare: State Performance on Child and Family Services Reviews*, by Emilie Stoltzfus.

<sup>22</sup> 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.

<sup>23</sup> 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 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.

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 target their family support to specific populations. About 88% of the programs included in the meta-analysis study targeted their family support on 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.<sup>24</sup> 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.<sup>25</sup> 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.

---

<sup>24</sup> 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.

<sup>25</sup> 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.

**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.<sup>26</sup>

## Planning and Reporting

The 1993 law (P.L. 103-66) establishing funding for children 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 then (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

---

<sup>26</sup> 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.

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 many resources as possible for the program's purposes.<sup>27</sup> 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 decisionmaking 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.<sup>28</sup>

**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

---

<sup>27</sup> Proposed rule — 59 *Federal Register* 191 (Oct. 4, 1994), pp. 50646-50672. Final rule — 61 *Federal Register* 223 (Nov. 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.

<sup>28</sup> 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, Apr. 30, 2003, pp. 45-60.



across the states.<sup>29</sup>

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 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. While these plans must be made available to both HHS (states are currently asked to send them to regional offices, rather than to the central Washington, D.C. office), and the public, they are, for the most part, not produced in any standard format and are not necessarily easy to compare or collect. Further all of the reporting requirements are prospective — providing information on what a state plans to do with its money rather than what is has actually done with the money.

## Distribution of Funds

The bulk of funding provided under the Promoting Safe and Stable Families program is provided to states, territories and tribes to support services for children and families. However, the statute requires that some of the program funding be set aside for related purposes, including program evaluation, research, training and technical assistance and for grants to highest state courts to assess and implement improvements to their handling of child welfare proceedings. **Table 3** shows how the statute directs PSSF funds to be reserved for each of the purposes funded.

---

<sup>29</sup> 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, Apr. 5, 2002, pp. 34-46.

**Table 3. Statutory Distribution of Funds  
for the Promoting Safe and Stable Families Program**

| Entity funded  | Share of mandatory funds | Share of any discretionary funds | Distribution   |
|--|--------------------------|----------------------------------|--|
| <b>Tribes</b> (for child welfare services)   | 1%                       | 2%                               | Allotted based on relative share of children among all eligible Indian tribes.   |
| <b>Highest state courts</b> (for improved handling of child welfare proceedings)                     | \$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. |
| <b>HHS</b> (for research, evaluation, technical assistance and training)                             | \$6 million              | 3.3%                             | Discretion of HHS (but guided by funding purposes in Section 435 of the Social Security Act).  |
| <b>Territories</b> (Puerto Rico, Guam, Virgin Islands, Northern Mariana Islands, and American Samoa) | All remaining funds      | All remaining funds              | Allotted using formula provided for distribution of funds under Title IV-B, Subpart 1 of the Social Security Act (Child Welfare Services).   |
| <b>States</b> (including the District of Columbia)   |                          |                                  | Allotted based on a state's relative share of children receiving food stamps.  |

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

**State Formula Allotment and Match.** States are entitled to receive their full allotment of Promoting Safe and Stable funds or up to 75% of their total spending under the program, whichever is less. Allotment of both mandatory and any discretionary funding is determined by each state's average relative share of children receiving food stamps (based on the most recent three years of data). For FY2005 there was a total of \$367 million funds for allotment to states. (**Table 4** at the end of this report shows allotment amounts, by state, for FY2005 and FY2006, estimated.)

**Tribes and Territories.** In general, tribes and territories are eligible to receive Promoting Safe and Stable Family funds provided that they meet each of the statutory state plan requirements. However, the law permits HHS to exempt an Indian tribe from any state plan requirement it determines "would be inappropriate to apply to the Indian tribe, taking into account the resources, needs, and other circumstances" of the tribe.<sup>30</sup>

All five territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands) receive Promoting Safe and Stable Families funds. By statute, territorial allotments are based on the formula that is used to distribute Child Welfare Services funds under Title IV-B, Subpart 1 of the Social Security Act. Each territory receives a minimum allotment of \$70,000 and the remaining funds are

---

<sup>30</sup> Territories may submit a consolidated social services funding request — instead of separate state plan applications — for a variety of social service programs, including PSSF. Provisions for this are elsewhere in federal regulations.

distributed based on the assumption that each territory has low per capita income and on the relative share of the population under age 21 in the territory. Out of a total of \$13.9 million available to the territories in FY2005, allotment amounts ranged from a little more than a quarter million dollars (American Samoa) to \$7.7 million (Puerto Rico).

Tribal allotments are made out of funds set-aside for this purpose (1% of mandatory funds and 2% of any discretionary funds appropriated) and based on the relative share of children among all Indian tribes with approved Promoting Safe and Stable Families plans. However, the statute prohibits approval of an Indian tribe's plan if the tribe's allotment would be less than \$10,000. In FY2005, out of the \$5.0 million in PSSF funding set aside for tribes, about 90 tribes/tribal organizations received allotments and those allotments ranged from a little above \$10,000 to about \$911,000.<sup>31</sup>

**Evaluation, Research, Training, and Technical Assistance.** HHS used funds set aside from the Promoting Safe and Stable Families program to evaluate implementation of the initial family support and family preservation program and to evaluate services as well. The 2001 amendments provide that HHS must give priority consideration to research and evaluation of

- promising models for delivering services in each of the service categories funded by PSSF, but especially post-adoption services and time-limited reunification services;
- multi-disciplinary service models designed to address parental substance abuse and to reduce its impacts on children;
- the efficacy of approaches directed at families with specific problems and children of specific age ranges;
- the outcomes of adoptions finalized after enactment of ASFA.

With regard to providing technical assistance, the law now provides that “to the extent funds are available,” HHS must provide assistance to states and tribes to help them develop research-based protocols for identifying families where children are at risk of abuse or neglect and to develop treatment models for such families (especially those where substance abuse is of concern). This assistance should also be given to help implement programs “with well-articulated theories of how the intervention will result in desired changes among families at risk” and to put in effect methods to ensure that services match those recommended by such treatment models. Finally, this assistance should help states and tribes ensure that post-adoption services meet the needs of adoptive families and that few adoptions are disrupted.

The 2001 amendments to the program newly required HHS to submit biennial

---

<sup>31</sup> 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); tribes and tribal organizations do not have to meet the \$10,000 threshold to qualify for Child Welfare Services funding. For FY2005, \$5.7 million in Child Welfare Services funding was allotted to more than 350 tribes/tribal organization and the allotment amounts ranged from less than \$10 to just over \$1 million.

reports to Congress on its use of the research, evaluation and technical assistance funds. The first of these reports was submitted to Congress in 2003 and a second was submitted in 2005.

**Court Funding.** Finally, as discussed earlier, some funding for the Court Improvement Program is also set-aside from the Promoting Safe and Stable Families program. In addition, the Deficit Reduction Act of 2005 (P.L. 109-171) provided additional funding for Court Improvement grants. The CIP as it has operated and as newly 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*.)

**Table 4**, below, shows annual funding for the Promoting Safe and Stable Families program since the FY1993 creation of this funding authority. All of the court funding shown in **Table 3** is derived from a set-aside of PSSF appropriation. For FY2006 the Deficit Reduction Act of 2005 (P.L. 109-171) increased the mandatory funding authorization level for the PSSF program to \$345 million.<sup>32</sup> The statutory increase in FY2006 PSSF mandatory funding authorization was not formally signed into law until February 2006 — well after the FY2006 appropriations cycle was completed (during which Congress provided what was, at the time, the full mandatory PSSF funding authorization of \$305 million). Because of this, Congress may still need to appropriate the additional \$40 million to enable the Administration to distribute these funds for FY2006.<sup>33</sup>

The final row of **Table 3** shows appropriations for the Promoting Safe and Stable Families Program appropriated as of early April 2006. If Congress appropriates the additional mandatory dollars authorized, the total funding available for the PSSF program in FY2006 would be \$434 million. This increase would bring the total funding for grants to states, tribes and territories to more than \$412 million. (The set-aside funding amount for courts and for research, evaluation and technical assistance would remain the same as shown in **Table 4**.)

---

<sup>32</sup> The Deficit Reduction Act of 2005 (P.L. 109-171) also appropriated \$100 million in funding for the Court Improvement Program funding of which \$20 million is available for FY2006. This money, which was appropriated outright in the legislation, is independent — it is not a set-aside of the PSSF program funding — and is therefore not shown in **Table 3**.

<sup>33</sup> The Administration appears to assume that Congress will appropriate this additional \$40 million because its Congressional Budget Justifications for FY2007, indicate PSSF funding (apart from the independent court dollars) as \$434 million for FY2006 (and requests this same funding level for FY2007).

**Table 4. Funding Provided for the Promoting Safe and Stable Families 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                       | 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  | 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 <sup>a</sup> | 367.4  | 4.8    | 12.9  | 8.9   | 394.1        |
|                   | <i>407.4</i>                                 | 4.8    | 12.9  | 8.9   | <i>434.1</i> |

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

- a. The final FY2006 funding level for the program would be affected by enactment of S. 3525. The funding amounts shown in the top line of this row reflect the current appropriations level. However, S. 3525 would appropriate an additional \$40 million in FY2006 mandatory program funds (as authorized by P.L. 109-171). The bill would further direct that all of these funds must be distributed to states and territories for support of monthly caseworker visits (to be available for spending through FY2009). If S. 3525 is enacted then, the funding amounts shown in italics in the bottom line of this row would be the final amount.

## Other State Plan Requirements

To qualify for Promoting Safe and Stable Families funding, states must ensure that safety of children served will be the paramount concern in administering and conducting services under this program. States may spend no more than 10% of their federal allotment on program administration and must use “significant portions” of the remaining funds to support each of the categories of services authorized by the program. By policy guidance, HHS has established “significant” to mean 20% — unless the state has an especially strong rationale to spend less than this on any of the given service categories. They are required to coordinate the services under the PSSF program with other federal or federally assisted programs that serve the same populations and to assure that the same state agency that administers Child Welfare Services (under Title IV-B, Subpart 1 of the Social Security Act) also administers the

PSSF program. In addition, they must provide assurance that funds will not supplant federal or non-federal funds used for existing services and activities (as of FY1992) that promote the same purposes as this program.

## **Selected Federal Funding 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 Workforce 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 the President’s Budget requests \$42 million for CBCAP 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.<sup>34</sup> Program funds are distributed to states (including the District of Columbia), territories, and tribes. The funds may be used to support any, broadly defined child welfare service. These services 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 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.<sup>35</sup>)

The House Ways and Means Committee and the Senate Finance Committee have exercised jurisdiction over Child Welfare Services. While this funding stream has an indefinite discretionary funding authorization level of \$325 million, it has never received more than \$295 million in a given year. For FY2006 the program is funded at \$287 million.

**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 (FY2006 funding — \$27 million) and Abandoned Infants Assistance Act (FY2006 funding — \$12 million) was extended through FY2008 by P.L. 108-36 (handled in the Senate HELP and House Education and Workforce Committee). Funding

---

<sup>34</sup> 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.

<sup>35</sup> General Accounting Office (since been 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, Sept. 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.

authorization for the Adoption Awareness programs (which were included in the Public Health Services Act) expired with FY2005 but the programs nonetheless received FY2006 funding of \$13 million. The House Energy and Commerce and Senate HELP committees handled the 2000 legislation that created Adoption Awareness program authority.<sup>36</sup>

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.<sup>37</sup>

### **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 suggests that in that year states used \$1.3 billion in funding from these three sources to support all prevention (e.g., prevent teen-age pregnancy, prevent drug use, prevent child abuse), family reunification, and in-home support services, as well as child protective services (screening and investigating reported child maltreatment).

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 has sought to limit state use of certain Medicaid services for a range of purposes, including child welfare, and the Deficit Reduction Act of 2005 (P.L. 109-171) enacted certain language intended to clarify how states may use Medicaid funds on behalf of children in foster care. Further, the ability of state child welfare agencies to use TANF funds may be affected by

---

<sup>36</sup> See also CRS Report RS22178, *Child Welfare: Funding and Program Reauthorizations in the 109<sup>th</sup> Congress*, by Emilie Stoltzfus.

<sup>37</sup> HHS is currently funding a five year (Sept. 2002-Sept. 2007) Early Head Start/Child Welfare Services 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.



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).

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.<sup>38</sup>

## Allotment of PSSF Funds to States

**Table 5** shows allotment of PSSF funds by state for FY2005 and FY2006. Funds are allotted to states based on their relative share of children (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. The allotment amounts shown for FY2006 are estimated at the current appropriation level (*without* the additional \$40 million in authorized mandatory funds appropriated) and at the expected funding level (*with* the appropriation of the additional \$40 million in mandatory funds).

---

<sup>38</sup> 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.

**Table 5. Final FY2005 and Estimated FY2006 Allotments  
of Promoting Safe and Stable Funds**

| State                | FY2005 final | Estimated FY2006 with and without<br>\$40 million in additional mandatory funds as<br>proposed to be appropriated by S. 3525 |        |
|----------------------|--------------|--|--------|
|                      |              | Without  | With   |
|                      |              | <i>in millions of dollars</i>  |        |
| Alabama              | \$8.23       | \$8.04   | \$8.92 |
| Alaska               | 0.86         | 0.84   | 0.93   |
| Arizona              | 8.21         | 8.02   | 8.89   |
| Arkansas             | 5.44         | 5.31   | 5.89   |
| California           | 43.42        | 42.42  | 47.04  |
| Colorado             | 3.33         | 3.25   | 3.61   |
| Connecticut          | 2.85         | 2.79   | 3.09   |
| Delaware             | 0.78         | 0.76   | 0.85   |
| District of Columbia | 1.25         | 1.23   | 1.36   |
| Florida              | 16.66        | 16.27  | 18.05  |
| Georgia              | 12.55        | 12.26  | 13.59  |
| Hawaii               | 1.75         | 1.71   | 1.89   |
| Idaho                | 1.35         | 1.32   | 1.46   |
| Illinois             | 16.35        | 15.98  | 17.72  |
| Indiana              | 7.71         | 7.53   | 8.35   |
| Iowa                 | 2.47         | 2.42   | 2.68   |
| Kansas               | 2.53         | 2.47   | 2.74   |
| Kentucky             | 7.58         | 7.41   | 8.21   |
| Louisiana            | 11.44        | 11.17  | 12.39  |
| Maine                | 1.66         | 1.62   | 1.80   |
| Maryland             | 4.10         | 4.01   | 4.44   |
| Massachusetts        | 4.94         | 4.82   | 5.35   |
| Michigan             | 14.15        | 13.83  | 15.33  |
| Minnesota            | 4.10         | 4.01   | 4.44   |
| Mississippi          | 6.33         | 6.19   | 6.86   |
| Missouri             | 9.13         | 8.92   | 9.89   |
| Montana              | 1.10         | 1.07   | 1.19   |
| Nebraska             | 1.66         | 1.62   | 1.79   |
| Nevada               | 1.77         | 1.73   | 1.91   |
| New Hampshire        | 0.72         | 0.70   | 0.78   |
| New Jersey           | 5.91         | 5.78   | 6.40   |
| New Mexico           | 3.53         | 3.45   | 3.82   |
| New York             | 24.19        | 23.64  | 26.21  |
| North Carolina       | 10.52        | 10.28  | 11.40  |
| North Dakota         | 0.69         | 0.67   | 0.75   |
| Ohio                 | 13.12        | 12.82  | 14.22  |
| Oklahoma             | 6.03         | 5.89   | 6.53   |
| Oregon               | 5.73         | 5.60   | 6.21   |
| Pennsylvania         | 13.27        | 12.97  | 14.38  |
| Rhode Island         | 1.49         | 1.45   | 1.61   |
| South Carolina       | 7.29         | 7.12   | 7.89   |
| South Dakota         | 0.90         | 0.88   | 0.98   |
| Tennessee            | 10.39        | 10.15  | 11.25  |

| State                                       | FY2005 final | Estimated FY2006 with and without<br>\$40 million in additional mandatory funds as<br>proposed to be appropriated by S. 3525 |          |
|---|--------------|--|----------|
|   |              | Without  | With     |
|   |              | <i>in millions of dollars</i>  |          |
| Texas                                       | 35.65        | 34.83  | 38.62    |
| Utah  | 1.87         | 1.83   | 2.03     |
| Vermont                                     | 0.58         | 0.57   | 0.63     |
| Virginia                                    | 6.32         | 6.17   | 6.85     |
| Washington                                  | 5.92         | 5.78   | 6.41     |
| West Virginia                               | 3.54         | 3.46   | 3.83     |
| Wisconsin                                   | 5.38         | 5.25   | 5.82     |
| Wyoming                                     | 0.44         | 0.43   | 0.47     |
| <b>Subtotal — states</b>                    | \$367.17     | \$358.71   | \$397.76 |
| All territories                             | 8.88         | 8.68   | 9.62     |
| All tribes                                  | 5.02         | 4.83   | 4.83     |
| Courts                                      | 13.25        | 12.94  | 12.94    |
| Evaluation, research<br>and technical asst. | 9.25         | 8.94   | 8.94     |
| <b>Subtotal — set-asides</b>                | \$36.41      | \$35.39  | \$36.34  |
| <b>Total</b>                                | \$403.59     | \$394.10   | \$434.10 |

**Source:** Table prepared by the Congressional Research Service (CRS). FY2005 “final” allotments are as given by the Administration for Children and Families (ACF) in Attachment A of its April 29, 2005 Program Instruction (ACYF-CB-PI-05-04). Both of the FY2006 estimated allotments assume discretionary funding for FY2006 of \$89.1 million and that each state will receive the same share of funds, relative to all other states, that it received in FY2005(as shown here). The estimated FY2006 allotment “without” assumes mandatory program funding of \$305 million. The estimated FY2006 allotment “with” assumes mandatory program funding of \$345 million and, as would be provided by S. 3525, that none of the \$40 million in additional mandatory funding appropriated by that act would be made available to tribes.

**Table 6. Selected Provisions of the Child and Family Services Act of 2006 (S. 3525 as passed by the Senate on September 20) compared to Current Law and Earlier Versions of S. 3525**

|   | Current Law   | As passed by the Senate, July 13   | As passed by the House, July 25   | As passed by the Senate, September 20  |
|---|---|--|---|--|
| <i>Short title</i>  | 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].  |
| <b>The Promoting Safe and Stable Families Program (PSSF, Title IV-B, Subpart 2)</b> |   |  |   |  |
| <i>Program funding authorized</i>   | 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 July 13 Senate bill [Sec. 3].  |
| <i>FY2006 mandatory funding</i>   | <p>The Deficit Reduction Act increased the FY2006 mandatory funding authorization for the PSSF program to \$345 million [P.L. 109-171, Sec. 7402].</p> <p>States may spend FY2006 funds in either FY2006 or FY2007 [Sec. 434].</p>          | <p>Appropriates \$40 million in additional PSSF funding for FY2006 to provide mandatory funding authorized for the program [Sec. 3].</p> <p>Same as current law.</p> | <p>Same as July 13 Senate bill [Sec. 8].</p> <p>States may spend the additional \$40 million in FY2006 PSSF funds in any fiscal year through FY2008 [Sec. 8].</p> | <p>Same as July 13 Senate bill [Sec. 3].</p> <p>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].</p> |
| <i>Limit on administrative expenditures</i>   | A state may spend no more than 10% of the <i>federal</i> 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 <i>federal</i> and <i>non-federal</i> 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].   |

|  | <b>Current Law</b>   | <b>As passed by the Senate, July 13</b>   | <b>As passed by the House, July 25</b>   | <b>As passed by the Senate, September 20</b>  |
|--|--|---|--|---|
| <i>Tribal child and family services funding under PSSF</i>           | <p>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].</p> <p>Provides that these set-asides are to be made before any other reservation of program funds [Sec. 433].</p> <p>[Minimum set-aside: \$3.45 million; maximum set aside: \$7.45 million.]</p> | <p>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].</p> <p>Same as current law.</p> <p>[Minimum set-aside: \$10.35 million; maximum set-aside: \$16.35 million.]</p> | <p>Same as July 13 Senate bill [Sec. 3].</p> <p>Provides that the 3% set-aside from mandatory funds must be made <i>after</i> the set-aside of \$40 million to support monthly caseworker visits [Sec. 4].</p> <p>[Minimum set-aside: \$9.15 million; maximum set-aside: \$15.15 million.]</p> | <p>Same as July 13 Senate bill [Sec. 5].</p> <p>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 meth or other substance abuse [Sec. 5].</p> <p>[Same as House.]</p> |
| <i>Access to tribal child and family services funding under PSSF</i> | <p>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].</p>  | <p>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].</p>  | <p>Same as July 13 Senate bill [Sec. 3].</p>   | <p>Same as July 13 Senate bill [Sec. 5].</p>  |
| <i>Requirements for tribal funding under PSSF</i>                    | <p>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].</p>  | <p>Same as current law.</p>   | <p>Eliminates the ability of HHS to exempt tribes from PSSF plan requirements [Sec. 3].</p>  | <p>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].</p>   |

|  | <b>Current Law</b>   | <b>As passed by the Senate, July 13</b>   | <b>As passed by the House, July 25</b>  | <b>As passed by the Senate, September 20</b>  |
|--|--|---|---|---|
| <i>Monitoring and assessment of certain prospective foster and adoptive families</i> | 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.   |
| <i>Reports on Title IV-B program expenditures</i>                                    | A state is required to create a 5-year child and family services plan stating its goals for its program. It must 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 [Sec. 432]. | Requires states to update expenditure reporting forms (currently used to show intended expenditures) to show <i>actual</i> 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]. | Requires HHS to create and biennially submit to the Senate Finance and House Ways and 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]. | Same as July 13 Senate bill except that states must provide <i>actual</i> expenditures for most recent year in which spending of federal program funds is complete. |

|  | Current Law  | As passed by the Senate, July 13  | As passed by the House, July 25   | As passed by the Senate, September 20  |
|--|--------------|---|---|--|
| <b>Targeting of \$40 Million in PSSF Funds for Special Purposes</b>  |              |   |   |  |
| <i>Support for monthly caseworker visits and grants to improve outcomes for children affected by meth or other substance abuse</i> | 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.<br><br>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]. |
| <i>Distribution of reserved funds for targeted purposes</i>  | 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, 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 | 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 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 | <i>Funds for competitive grants to regional partnerships:</i> Same as July 13 Senate bill except that a regional partnerships must in nearly all cases include the state child welfare agency (optional if the partnership includes tribal entities) and regional partnerships demonstrating evidence of meth or <i>other substance abuse</i> 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              |

|   | Current Law   | As passed by the Senate, July 13   | As passed by the House, July 25  | As passed by the Senate, September 20  |
|---|---------------|--|--|--|
|   |               | 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]. | 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]. | 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].<br><br><i>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].</i> |
| <b>Monthly Caseworker Standard</b>                              |               |  |  |  |
| <i>Standards for frequency and content of caseworker visits</i> | 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 standard by the first day of FY2012 is being made.]   | 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 standards must ensure that the visits are well-planned, focused on issues relevant to case planning and occur at least monthly [Sec. 7].   |



|   | Current Law   | As passed by the Senate, July 13 | As passed by the House, July 25   | As passed by the Senate, September 20  |
|---|---|----------------------------------|---|--|
| <p><i>Enforcement of Standards for frequency and content of caseworker visits</i></p> | <p>Not applicable</p> <p>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].</p> | <p>No provision.</p>             | <p>[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.]</p> | <p>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.</p> <p>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.</p> <p>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 fail to make progress toward the standard: minimum penalty- state must provide 26% of the total program cost; maximum penalty states must provide 30% [Sec. 7].</p> |

|   | Current Law   | As passed by the Senate, July 13 | As passed by the House, July 25  | As passed by the Senate, September 20   |
|---|---|----------------------------------|--|---|
| <b>Child Welfare Services (Title IV-B, Subpart 1)</b> |   |                                  |  |   |
| <i>Program authorization</i>                          | 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].  |
| <i>Purpose</i>  | <p>Provides that funds are to enable the United States, through HHS, to cooperate with state public welfare agencies in establishing, extending and strengthening child welfare services [Sec. 420].</p> <p>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;</p> <p>— 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</p> | Same as current law.             | <p>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.</p> <p>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 —</p> <ol style="list-style-type: none"> <li>1) protecting and promoting the welfare of all children;</li> <li>2) preventing the neglect, abuse, or exploitation of children;</li> <li>3) supporting at-risk families</li> </ol> | Same as House bill except that the purpose four is restated as — promoting the safety, permanence, and well-being of children in foster care <i>and adoptive families</i> [Sec. 6]. |

|  | <b>Current Law</b>   | <b>As passed by the Senate, July 13</b> | <b>As passed by the House, July 25</b>  | <b>As passed by the Senate, September 20</b> |
|--|--|---|---|--|
|  | <p>possible);<br/>                     — restore to their families children who have been removed by provision of services to the child and the families;<br/>                     — place children in suitable adoptive homes, in cases where restoration to the biological families is not possible or appropriate and;<br/>                     — assure adequate care of children away from their homes, in cases where the child cannot be returned home or placed for adoption [Sec. 425].</p> |   | <p>through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner;<br/>                     4) promoting the safety, permanence, and well-being of children in foster care; and<br/>                     5) providing training, professional development and support to ensure a well-qualified child welfare workforce” [Sec. 5].</p> |  |

|   | <b>Current Law</b>  | <b>As passed by the Senate, July 13</b> | <b>As passed by the House, July 25</b>   | <b>As passed by the Senate, September 20</b>                          |
|---|---|---|--|---|
| <i>Limit on administrative expenditures</i> | No provision.   | 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].   | Same as House bill except that the effective date is FY2008 [Sec. 6]. |
|   | To receive their full allotment of federal Child Welfare Services funds a state must provide at least 25% of the total program costs. | Same as current law.                    | 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 ( <i>federal and non-federal</i> ) expenditures for the program [Sec. 5].  | Same as House bill except that the effective date is FY2008 [Sec. 6]. |
|   | No provision.   | No provision.                           | 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 (other than those related to caseworker provision of services or oversight of programs funded with Child Welfare Services) [Sec. 5]. | Same as House bill [Sec. 6].  |

|   | <b>Current Law</b>  | <b>As passed by the Senate, July 13</b> | <b>As passed by the House, July 25</b>   | <b>As passed by the Senate, September 20</b>   |
|---|---|---|--|--|
| <i>Limits on expenditures for foster care maintenance payments, adoption assistance payments and child care</i> | 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 <i>the lesser</i> 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), <i>unless</i> 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]. |
| <i>Counting state matching funds</i>  | 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 <i>unless</i> 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].  |
| <i>Planning consultation with medical professionals</i>   | 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   | 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  |

|  | Current Law   | As passed by the Senate, July 13 | As passed by the House, July 25  | As passed by the Senate, September 20   |
|--|---------------|----------------------------------|--|---|
|  |               |                                  | health and well-being of children in foster care and in determining appropriate medical treatment for them [Sec. 5]. | children in foster care and in determining appropriate medical treatment for them [Sec. 6].   |
| <i>Procedures for operation following a disaster</i> | 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 —<br>1) identify, locate, and continue availability of services for children under state care or supervision who are affected by the disaster;<br>2) respond appropriately to new child welfare cases resulting from the disaster;<br>3) remain in communications with caseworkers and other essential child welfare personnel who are displaced by the disaster;<br>4) preserve essential program records; and<br>5) coordinate services and share information with other states [Sec. 6]. |

|   | <b>Current Law</b>  | <b>As passed by the Senate, July 13</b> | <b>As passed by the House, July 25</b>  | <b>As passed by the Senate, September 20</b>  |
|---|---|---|---|---|
| <i>Procedures related to abandoned children</i> | 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 (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]   | 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 abandoned at or shortly after birth which enable permanency decisions to be made expeditiously for these children [Sec. 5]. | Same as House bill except further specifies that the policies and procedures must include those that provide for legal representation of these children [Sec. 6]. |
| <i>Inventory of children in foster care</i>     | 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].  |

|  | <b>Current Law</b>   | <b>As passed by the Senate, July 13</b> | <b>As passed by the House, July 25</b>   | <b>As passed by the Senate, September 20</b> |
|--|--|---|--|--|
| <i>Placement settings for a child with permanency goal of another planned permanent living arrangement</i> | 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].                 |
| <i>Child care standards</i>  | 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].                 |
| <i>Use of para-professionals and volunteers</i>  | 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].                 |



|  | Current Law  | As passed by the Senate, July 13  | As passed by the House, July 25 | As passed by the Senate, September 20   |
|--|--|---|---------------------------------|---|
| <b>Mentoring Children of Prisoners (Title IV-B, Subpart 2)</b> |  |   |                                 |   |
| <i>Program purpose and authorization</i>                       | 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 July 13 Senate bill [Sec. 8].   |
| <i>Expansion of program purpose</i>                            | 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. Contingent on available funding, the entity |

|                              | Current Law  | As passed by the Senate, July 13   | As passed by the House, July 25   | As passed by the Senate, September 20   |
|------------------------------|--|--|---|---|
|                              |  |  |   | 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].  |
| <i>Funding authorization</i> | <p>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.</p> <p>No provision.</p> <p>HHS must reserve 2.5% of the funds appropriated for the program for related research, evaluation and technical assistance [Sec. 439]</p> | <p>For each of FY2007-FY2011 authorizes \$67 million [Sec. 4].</p> <p>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].</p> <p>Same as current law.</p> | <p>Maintains the annual “such sums as may be necessary” funding authorization but limits it to each of FY2007-FY2011 [Sec. 7].</p> <p>No provision.</p> | <p>Same as House bill [Sec. 8].</p> <p>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].</p> <p>HHS must reserve 4% of the funds appropriated for the program for related research, evaluation and technical assistance [Sec. 8].</p> |

|   | <b>Current Law</b>   | <b>As passed by the Senate, July 13</b>   | <b>As passed by the House, July 25</b> | <b>As passed by the Senate, September 20</b>   |
|---|--|---|--|--|
| <b>Court Improvement Program (Title IV-B, Subpart 2)</b>  |  |   |  |  |
| <i>Program authorization</i>  | 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 provide at least 25% of the total expenditures for this purpose [Sec. 438].   | 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 July 13 Senate bill [Sec. 9].  |
| <b>Court Consultation with Foster Child/Youth at Permanency Review Proceedings (Title IV-E)</b> |  |   |  |  |
| <i>Case review system</i>   | 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 July 13 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).