



**Congressional
Research Service**

Informing the legislative debate since 1914

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

Emilie Stoltzfus

Specialist in Social Policy

February 12, 2015

Congressional Research Service

7-5700

www.crs.gov

R43458

Summary

Child welfare services are intended to prevent the abuse or neglect of children; ensure that children have safe, permanent homes; and promote the well-being of children and their families. As the U.S. Constitution has been interpreted, states bear the primary responsibility for ensuring the welfare of children and their families. In recent years, Congress has appropriated just above or below \$8 billion in federal support dedicated to child welfare purposes. Nearly all of those dollars (97%-98%) were provided to state, tribal, or territorial child welfare agencies (via formula grants or as federal reimbursement for a part of all eligible program costs). Federal involvement in state administration of child welfare activities is primarily tied to this financial assistance. The remaining federal child welfare dollars are provided to a variety of eligible public or private entities, primarily on a competitive basis, and support research, evaluation, technical assistance, and demonstration projects to expand knowledge of, and improve, child welfare practice and policy. At the federal level, child welfare programs are primarily administered by the Children's Bureau, which is an agency within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS). However, three competitive grant programs (authorized by the Victims of Child Abuse Act) are administered by the Office of Justice Programs (OJP) within the Department of Justice (DOJ).

Final FY2015 child welfare funding (\$8.279 billion) was appropriated as part of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235). Child welfare support is provided via multiple federal programs. Title IV-B of the Social Security Act authorizes funding to states, territories, and tribes for a broad range of child welfare-related services to children and their families. Title IV-E of the Social Security Act entitles states to federal reimbursement for a part of the cost of providing foster care, adoption assistance, and (in states electing to provide this kind of support) kinship guardianship assistance on behalf of each child who meets federal eligibility criteria. Title IV-E also authorizes capped entitlement funding to states (and some discretionary funds as well) for provision of services to youth who "age out" of foster care, or are expected to age out without placement in a permanent family. Legislation concerning programs authorized in Title IV-B and Title IV-E, which represents the very large majority of federal child welfare dollars, is handled in Congress by the House Committee on Ways and Means and the Senate Finance Committee.

Additional federal support for child welfare purposes is authorized or otherwise supported in the Child Abuse Prevention and Treatment Act (CAPTA), the Adoption Opportunities program, and the Abandoned Infants Assistance Act. Legislation concerning these programs is handled in the House Education and the Workforce Committee and the Senate Health, Education, Labor and Pensions (HELP) Committee. Further, the Victims of Child Abuse Act authorizes competitive grant funding to support Children's Advocacy Centers, Court Appointed Special Advocates, and Child Abuse Training for Judicial Personnel and Practitioners. Authorizing legislation for these programs originated with the House and Senate Judiciary committees.

Beginning with FY2013, some discretionary and mandatory funding amounts appropriated for child welfare programs have been reduced under the sequestration measures provided for in the Budget Control Act (P.L. 112-25, as amended). The effect of these sequestration measures varies by fiscal year and type of funding authority. For FY2015, funding provided on a *discretionary* basis in P.L. 113-235 has been determined to be within the established spending caps. This means the discretionary FY2015 funding provided for child welfare programs in that law is not expected to be affected by sequestration. However, a final determination on this point cannot be made until

Congress completes full-year appropriations for all agencies. (As of the date of this report, final FY2015 funding has not been provided for the Department of Homeland Security.) The largest amount of federal funding is provided to child welfare programs through *mandatory* funding authorized under Title IV-E of the Social Security Act. Nearly all of that mandatory funding (related to foster care, adoption assistance, kinship guardianship assistance, and services to youth aging out of foster care) is statutorily exempted from sequestration in every year. However, a few child welfare programs that receive mandatory funding may be subject to sequestration; principally this includes the mandatory funding provided for the Promoting Safe and Stable Families Program. For nonexempt mandatory child welfare funding, the final FY2015 funding level must be reduced from the otherwise appropriated levels by 7.3%.

Contents

Introduction.....	1
FY2015 Appropriations for Child Welfare	2
Effect of Sequestration on FY2015 Child Welfare Funding.....	3
Federal Child Welfare Programs.....	4
Title IV-B of the Social Security Act	4
Stephanie Tubbs Jones Child Welfare Services.....	4
Promoting Safe and Stable Families Program (PSSF)	6
Reservation of PSSF Funds for Related Grants and Activities	7
Family Connection Grants.....	8
Child Welfare Research, Training, or Demonstration Projects.....	9
National Survey of Child and Adolescent Well-Being (NSCAW)	11
Title IV-E of the Social Security Act	12
Foster Care.....	13
Adoption Assistance	14
Kinship Guardianship Assistance	15
Obligations of Funds by Title IV-E Program Component.....	16
Tribal Title IV-E Plan Development and Technical Assistance.....	16
Chafee Foster Care Independence Program	17
Chafee Educational and Training Vouchers.....	18
Final Funding for the CFCIP Program, Including ETVs.....	18
Adoption and Legal Guardianship Incentive Payments	19
Child Abuse Prevention and Treatment Act (CAPTA).....	20
CAPTA State Grants	20
CAPTA Discretionary Activities	21
Community-Based Grants to Prevent Child Abuse and Neglect.....	23
Children’s Justice Act Grants	24
Victims of Child Abuse Act	25
Improving Investigation and Prosecution of Child Abuse Cases	25
Court-Appointed Special Advocates	27
Child Abuse Training for Judicial Personnel and Practitioners	28
Other Programs	29
Adoption Opportunities	29
Abandoned Infants Assistance.....	32

Tables

Table 1. Final Funding for Child Welfare Programs.....	1
Table 2. Final Funding for Stephanie Tubbs Jones Child Welfare Services Program.....	5
Table 3. Final Funding for Promoting Safe and Stable Families (PSSF) Program.....	6
Table 4. Final Discretionary and Mandatory PSSF Funding, by Program/Activity	7
Table 5. Final Funding for Family Connection Grants	9
Table 6. Final Funding for Child Welfare Research, Training, or Demonstration Projects	10

Table 7. Funding Obligated Under the Title IV-E Program 16

Table 8. Final Funding for Tribal Title IV-E Plan Development and Technical Assistance (TA)..... 17

Table 9. Final Funding for the Chafee Foster Care Independence Program (CFCIP)..... 19

Table 10. Final Funding for Adoption and Legal Guardianship Incentive Payments..... 20

Table 11. Final Funding for Child Abuse Prevention and Treatment Act (CAPTA)..... 24

Table 12. Final Funding for Children’s Justice Act Grants..... 25

Table 13. Final Funding for Programs Under the Victims of Child Abuse Act (VOCAA) 29

Table 14. Final Funding for Adoption Opportunities..... 31

Table 15. Final Funding for Abandoned Infants Assistance 34

Table A-1. Funding Authority and Sequestration Status of Child Welfare Programs 36

Appendixes

Appendix. Child Welfare Programs by Type of Funding Authority and Sequestration
Status 35

Contacts

Author Contact Information..... 37

Introduction

Child welfare services are intended to prevent the abuse or neglect of children; ensure that children have safe, permanent homes; and promote the well-being of children and their families. As the U.S. Constitution has been interpreted, states have the primary obligation to ensure the welfare of children and their families. At the state level, the child welfare “system” consists of public child protection and child welfare workers, private child welfare and social service workers, state and local judges, prosecutors, and law enforcement personnel. These representatives of various state and local entities assume interrelated roles while carrying out child welfare activities, including investigating allegations of child abuse and neglect; providing services to families to ensure children’s safety in the home; removing children from their homes when that is necessary for their safety; supervising and administering payments for children placed in foster care; ensuring regular case review and permanency planning for children in foster care; helping children leave foster care to permanent families via reunification with parents or, when that is not possible, via adoption or legal guardianship; offering post-permanency services and supports; and helping older children in foster care, and youth who leave care without placement in a permanent family, to transition successfully to adulthood.

Most federal dollars dedicated to child welfare purposes are provided to state child welfare agencies, and federal involvement in child welfare is primarily tied to this financial assistance. In recent years, just above or below \$8 billion in federal support dedicated to child welfare purposes has been made available (see **Table 1**). As a condition of receiving these foster care and other child welfare program funds, states must typically provide nonfederal funds of between 20% and 50% of the program costs, and they are required to abide by a series of federal child welfare policies. Those policies focus on ensuring the safety and well-being of all children served. However, the most specific and extensive federal requirements are designed for the protection of children in foster care, especially to ensure them a safe and permanent home.¹

Table 1. Final Funding for Child Welfare Programs

Nominal dollars rounded to nearest \$1,000

Child Welfare Programs	FY2012	FY2013	FY2014	FY2015
TOTAL —dedicated funding	\$7,762,482,000	\$7,578,085,000	\$8,390,492,000	\$8,278,823,000
Title IV-B—all programs	\$729,807,000	\$688,350,000	\$688,644,000	\$664,299,000
Title IV-E—all programs	\$6,844,240,000	\$6,709,859,000	\$7,509,845,000	\$7,424,043,000
All other programs	\$188,435,000	\$179,876,000	\$192,003,000	\$190,481,000

Source: Table prepared by the Congressional Research Service (CRS). Final funding amounts reflect sequestration.

Notes: Title IV-B and Title IV-E are parts of the Social Security Act. Funding amounts for Title IV-E are based on federal obligations made/expected (for FY2015). In earlier versions of this table, “definite budget authority” was used to show Title IV-E funding. Therefore, the Title IV-E amount shown (as well as the totals), differ from those included in earlier versions of this table.

Apart from the child welfare-specific (dedicated) federal funding provided for programs described in this report, state child welfare agencies tap significant program resources—as much as \$5.3

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

billion—from other federal funding streams. Often these include the Temporary Assistance for Needy Families (TANF) block grant, the Social Services Block Grant (SSBG), and Medicaid.² These federal funding streams have federal statutory goals, or support activities, that overlap with child welfare purposes. However, they are not solely dedicated to child welfare purposes and states are not necessarily required to use them for those specific purposes. Neither do states need to meet federal requirements specific to the conduct of their child welfare programs as a condition of receiving this “non-dedicated” funding.³

This report begins with a review of federal appropriations activity in FY2015 as it relates to child welfare programs, including the effect of the automatic spending cuts, known as sequestration. The bulk of the report provides a short description of each federal child welfare program, including its purpose and recent (FY2012-FY2015) funding levels.

FY2015 Appropriations for Child Welfare

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

The Consolidated and Further Continuing Appropriations Act, 2015 (H.R. 83, as enacted) provides final FY2015 funding levels for most federal agencies and activities, including the child welfare programs and activities administered by HHS (Division G) and DOJ (Division B). The act passed the House (219 to 206) on December 11, 2014, and the Senate (56 to 40) on December 13, 2014. It was signed into law by the President on December 16, 2014 (P.L. 113-235).

To allow uninterrupted funding for federal programs and activities from October 1, 2014—the first day of FY2015—through December 16, 2014, when P.L. 113-235 was signed, Congress passed a series of temporary measures (enacted as P.L. 113-164, P.L. 113-202, and P.L. 113-203) that provided interim funding. For the child welfare programs discussed in this report that receive discretionary funding, the interim funding level provided by those measures was equivalent to the funding levels provided in the final FY2014 appropriations measure (P.L. 113-76) minus a 0.0554% across-the-board reduction. For those child welfare programs that receive annually appropriated

² Kerry DeVooght, Megan Fletcher, and Hope Cooper, *Federal, State, and Local Spending to Address Child Abuse and Neglect in SFY 2012*, Child Trends, Annie E. Casey Foundation, and Casey Family Programs, September 2014. Medicaid spending counted in this survey *excludes* spending on basic health care for children (which is typically a state Medicaid agency expenditure). Instead it includes spending on Medicaid services or activities for which the state child welfare agency was responsible for providing the nonfederal share of the program costs (e.g., targeted case management, rehabilitative services, Medicaid-funded therapeutic foster care, and associated administrative costs).

³ For more information on TANF see CRS Report R40946, *The Temporary Assistance for Needy Families Block Grant: An Overview*, by Gene Falk; for more information on SSBG see CRS Report 94-953, *Social Services Block Grant: Background and Funding*, by Karen E. Lynch; and for more information on Medicaid see CRS Report R43357, *Medicaid: An Overview*, coordinated by Alison Mitchell.

mandatory funding, those measures ensured continued funding at the level of funding authorized under current law, minus any required sequestration.

Effect of Sequestration on FY2015 Child Welfare Funding

The Budget Control Act of 2011 (P.L. 112-25, as amended) included a combination of measures affecting discretionary and mandatory spending that are designed to reduce the federal deficit by a certain amount. With regard to discretionary spending, it established certain spending caps for FY2013-FY2021. The caps provide limits on the total dollar amount of federal spending Congress may appropriate on a discretionary basis. The 2011 act also provided that if Congress did not achieve federal spending reductions through other means, automatic spending cuts, called “sequestration,” would be used to achieve the deficit reduction targets and ensure that federal spending does not exceed the discretionary spending caps written into the law.⁴

The Bipartisan Budget Agreement, included in H.J.Res. 59 and enacted December 26, 2013, as Division A of P.L. 113-67, amended the level of discretionary spending permitted for both FY2014 and FY2015. For FY2015, the discretionary funding provided in the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) has been determined by the Office of Management and Budget (OMB) as consistent with the FY2015 spending cap established by the 2013 agreement.⁵ However, because final FY2015 appropriations have not yet been provided for the Department of Homeland Security (DHS), a final evaluation of discretionary spending vis a vis the discretionary spending cap for FY2015 will need to be made after final FY2015 funding is provided for DHS.⁶ Assuming that the final amount of spending remains within the discretionary cap, as is expected, the level of funding included in P.L. 113-235 for each child welfare program that receives discretionary funding is the final amount available for the program (barring any transfers or reprogramming done by the administering agency, as permitted by the law).

At the same time, the December 2013 budget agreement did not reverse the sequestration of mandatory spending required under the BCA to occur in each of FY2013-FY2021 (in the absence of Congress reducing this spending in another way). Instead, the 2013 deal extended the time period of required mandatory sequestration for two years (through FY2023); P.L. 113-83 subsequently extended this period by an additional year (through FY2024). The President issued the required sequestration order for FY2015 mandatory spending programs on March 10, 2014. This order took effect on October 1, 2014. For FY2015, OMB specified that nonexempt, nondefense mandatory program funding would be reduced by 7.3%.⁷ The largest share of mandatory child welfare funding (authorized under Title IV-E of the Social Security Act) is specified in statute as *exempt* from sequestration. This means its funding is generally not subject to the 7.3% automatic reduction. However, some smaller authorizations of mandatory funding

⁴ CRS Report R42050, *Budget “Sequestration” and Selected Program Exemptions and Special Rules*, coordinated by Karen Spar.

⁵ Office of Management and Budget, Report for the Consolidated and Further Continuing Appropriations Act, December 29, 2014, http://www.whitehouse.gov/sites/default/files/omb/assets/legislative_reports/7_day_after/hr83_7-Day%20After.pdf

⁶ P.L. 113-235 provided continuing FY2014 funding for the Department of Homeland Security through February 27, 2015 only.

⁷ *OMB Report to the Congress on the Joint Committee Reductions for Fiscal Year 2015*, (March 2014), Appendix, http://www.whitehouse.gov/sites/default/files/omb/assets/legislative_reports/sequestration_order_report_march2014.pdf

(principally mandatory funding provided for the Promoting Safe and Stable Families Program (PSSF)) are subject to the 7.3% sequestration of their FY2014 funding. (A table showing child welfare programs by their type of funding authority and status as “exempt” or “nonexempt” is included in the **Appendix**.)

Federal Child Welfare Programs

Descriptions of federal child welfare programs, including their purposes; final funding levels in each of FY2012-FY2015; and the type and status of their funding authorities are discussed below.

Use of the Terms “States” and “Territories”

Unless otherwise specified, when used in this report the term “states” refers to the 50 states and the District of Columbia and the term “territories” refers to Puerto Rico, Guam, American Samoa, Northern Mariana Islands, and the U.S. Virgin Islands.

Final Funding Levels for FY2012-FY2015

Final funding amounts for each of FY2012-FY2015 shown in this report are based first on the relevant appropriations laws for each fiscal year (P.L. 112-74, P.L. 113-6, P.L. 113-76, and P.L. 113-235), including any official accompanying explanatory text or tables. Funding for Title IV-E foster care, adoption assistance, and kinship guardianship assistance is authorized on an open-ended basis. Funding amounts shown here are based on federal obligations made (or for FY2015, expected) for the year. In addition, for FY2013 many child welfare programs were affected by sequestration and the final funding levels are generally given as provided in agency (ACF and OJP) operating plans. For FY2014 and FY2015, final funding level reflects application of sequestration to a limited number of child welfare programs affected by sequestration (i.e., “nonexempt” programs with mandatory funding) as shown in the most recent Administration budget justification that gives obligations for the fiscal year.

Title IV-B of the Social Security Act

Title IV-B of the Social Security Act principally authorizes formula grant funds to states, territories, and tribes for the provision of child welfare-related services to children and their families. It also authorizes competitively awarded funding for related research, training, and other projects.⁸ Legislation authorizing these Title IV-B programs and activities is handled by the House Committee on Ways and Means and the Senate Finance Committee.

Stephanie Tubbs Jones Child Welfare Services

Known as “Child Welfare Services,” this program authorizes formula grant funding to states, territories, and tribes to support services and activities intended to protect and promote the welfare of all children; prevent child abuse, neglect, or exploitation; permit children to remain in their own homes or return to them whenever it is safe and appropriate; promote safety,

⁸ Title IV-B contains funding authority for the Mentoring Children of Prisoners program (Section 439), which was last funded by Congress for FY2010 (\$49 million) and is not discussed further in the body of this report. The program was first authorized in FY2002 (P.L. 107-133) and received initial funding for FY2003.

permanency, and well-being for children in foster care and adoptive families; and provide training to ensure a well-qualified child welfare workforce.

There are no federal eligibility criteria for recipients. Instead, states may elect to fund services and activities to meet these goals on behalf of any child or family that it determines to be in need of them. To receive these funds, states must meet federal requirements, many of which are designed to ensure all children in foster care (regardless of whether they are eligible for federal Title IV-E assistance) receive certain protections.⁹

Funding for Child Welfare Services was first authorized in 1935 as part of the original Social Security Act and is currently included at Title IV-B, Subpart 1 of that act. Annual discretionary funding of \$325 million is authorized for the program through FY2016 (i.e., until September 30, 2016). Actual funding appropriated for this program has never reached that funding authorization level. **Table 2** shows final funding for the program in each of FY2012-FY2015.

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

Nominal dollar amounts are rounded to nearest \$1,000

Child Welfare Services	FY2012	FY2013	FY2014	FY2015
Formula grants to states, territories, and tribes	\$280,650,000	\$262,622,000	\$268,735,000	\$268,735,000

Source: Table prepared by the Congressional Research Service (CRS). The FY2013 funding shown reflects the final operating level after application of sequestration.

All states receive a base allotment of \$70,000 in Child Welfare Services funding. The remaining program appropriations are distributed to states based on their relative share of the population of children, with a higher per child federal funding level provided to states with lower per capita income. Generally, to receive its full federal allotment of Child Welfare Services funding, each state must provide nonfederal resources equaling no less than 25% of all funds spent under this program.¹⁰ (Tribal allotments are reserved by HHS out of a state’s Child Welfare Services allotment based in large part on a tribe’s share of the state’s child population.)

While state spending patterns vary, for FY2014 they collectively planned to spend 40% of this federal funding on child protective services, which may include investigations of child abuse and neglect, caseworker activities on behalf of children and their families (both those in foster care and those at home), counseling, emergency assistance, and arranging alternative living arrangements. Additionally, states planned to spend, combined, about 24% of this funding on family preservation services (intended to enable children to remain safely in their own homes or return to that home) and time-limited family reunification services (intended to enable children who have been in foster care for no more than 17 months to return safely to their homes). The remaining funds were slated to be used as follows: 10% for family support or prevention services (intended to strengthen intact families to promote child and family well-being); 10% for foster

⁹ For a more comprehensive discussion of this program, including funding by state see CRS Report R41860, *Child Welfare: Funding for Child and Family Services Authorized Under Title IV-B of the Social Security Act*.

¹⁰ States are required to provide a greater share of program costs to receive this funding if they complete less than 90% (95% as of FY2015) of the expected monthly caseworker visits, and/or less than 50% of the visits occur where the child lives. For more information see CRS Report R41860, *Child Welfare: Funding for Child and Family Services Authorized Under Title IV-B of the Social Security Act*.

care maintenance payments (to pay room and board cost of a child’s stay in foster care); 7% to promote and support adoption, including through provision of adoption subsidies; 6% for program administration; and 4% for other activities, services, or planning, including training and foster and adoptive parent recruitment.¹¹

Promoting Safe and Stable Families Program (PSSF)

The Promoting Safe and Stable Families (PSSF) program authorizes formula grant funding to states, tribes, and territories for services to prevent maltreatment in at-risk families; assure children’s safety within the home and preserve intact families in which children have been maltreated; address problems of families whose children have been placed in foster care (to enable timely reunification); and support adoptive families by providing them supportive services necessary for them to make a lifetime commitment to their children. To receive these funds, states must meet certain federal requirements, which are primarily related to state planning for comprehensive services to children in families. Apart from funding child and family services, the statute requires specified amounts of PSSF funding to be reserved each year for related programs and activities. These include the Court Improvement Program, Regional Partnership Grants (to improve outcomes for children affected by parental substance abuse), Monthly Caseworker Grants, and program-related evaluation and research.¹²

The PSSF program was added to the Social Security Act (Title IV-B, Subpart 2) in 1993 (P.L. 103-66). Total PSSF funding is authorized at \$545 million annually through FY2016 (i.e., until September 30, 2016). Of that total, \$345 million is authorized to be provided on a mandatory basis and \$200 million is authorized on a discretionary basis. See **Table 3** for actual FY2012-FY2015 funding.

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

Nominal dollar amounts are rounded to nearest \$1,000

PSSF Funding	FY2012	FY2013	FY2014	FY2015
Mandatory funding (subtotal)	\$345,000,000	\$327,405,000	\$320,160,000	\$319,815,000
Discretionary funding (subtotal)	\$63,065,000	\$59,672,000	\$59,765,000	\$59,765,000
TOTAL	\$408,065,000	\$387,077,000	\$379,925,000	\$379,580,000

Source: Table prepared by the Congressional Research Service (CRS). The funding levels shown reflect any required sequestration, which in FY2013 applied to both mandatory and discretionary PSSF funding provided, and for FY2014 and FY2015 applied to the mandatory portion of PSSF funding only.

PSSF funds for child and family services are distributed to states based on their relative share of the national population of children receiving Supplemental Nutrition Assistance Program (SNAP) benefits. To receive its full federal allotment of this PSSF funding, each state must provide nonfederal resources equaling no less than 25% of funds spent under this program. Further, states must spend “significant” sums of federal funding received under this program for services that address each of the program’s four purposes. In program guidance, HHS has interpreted this to

¹¹ Based on CRS review of state CFS-101, Part II included in Appendix A of HHS, ACF,ACYF, Children’s Bureau, *Report to Congress on State Child Welfare Expenditures*, 2014. Percentages sum to more than 100% due to rounding.

¹² For a more comprehensive discussion of this program, including funding by state see CRS Report R41860, *Child Welfare: Funding for Child and Family Services Authorized Under Title IV-B of the Social Security Act*.

mean a state must spend no less than 20% of its federal PSSF services funding on each of the program’s four services categories that correspond to those purpose areas (i.e., family support, family preservation, time-limited family reunification and adoption promotion and support services). However, a state may be permitted to spend less than 20% in a given services category if it can provide to HHS an “especially strong rationale” for doing this.¹³

For FY2014, states collectively planned to spend 25% of their federal PSSF funding for family support services, roughly the same amount (25%) for family preservation services, 21% for adoption promotion and support services, and 20% for time-limited family reunification services (i.e., services intended to enable children who have been in foster care for no more than 17 months to return safely to their homes). Remaining funds were to be spent for program administration (6%) or other program costs (2%).¹⁴

Reservation of PSSF Funds for Related Grants and Activities

Before funds are distributed to states and territories for provision of child and family services, certain PSSF funds must be set aside (reserved) for specific programs, grants, or activities. The law provides specific dollar or percentage amounts that must be set aside for each of these programs or activities. **Table 4** shows PSSF funding (both mandatory and discretionary) divided by purpose or activity for each of FY2012-FY2015. The amount shown as funding for services to children and families is what remains after required reservations were made.

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

Nominal dollars amounts are rounded to the nearest \$1,000; parts may not sum to total due to rounding

PSSF Program or Activity	FY2012	FY2013	FY2014	FY2015
TOTAL (mandatory and discretionary)	\$408,065,000	\$387,077,000	\$379,925,000	\$379,580,000
Services to children and families— Formula grants to states and territories	\$316,860,000	\$300,541,000	\$295,168,000	\$294,909,000
Tribal services to children and families— Formula grants to tribes	\$11,042,000	\$10,474,000	\$10,284,000	\$10,275,000
Court Improvement Program— Formula grants to state highest courts	\$31,081,000	\$29,490,000	\$28,884,000	\$28,855,000
Tribal Court Improvement— Competitive grants to tribal courts	\$1,000,000	\$949,000	\$928,000	\$927,000
Monthly Caseworker Visits— Formula grants to states and territories	\$20,000,000	\$18,980,000	\$18,560,000	\$18,540,000
Regional Partnership Grants— Competitive grants to regional partnerships to improve outcomes for children	\$20,000,000	\$18,980,000	\$18,560,000	\$18,540,000

¹³ HHS, ACF, ACYF, Children’s Bureau, Program Instructions to states for submitting Child and Family Services Plan (CFSP)/Annual Progress and Services Report (APSR), PI-14-03, March 5, 2014, p. 18, <http://www.acf.hhs.gov/sites/default/files/cb/pi1403.pdf>.

¹⁴ HHS, ACF, ACYF, Children’s Bureau, *Report to Congress on State Child Welfare Expenditures*, 2014, pp. 5-7. Percentages sum to less than 100% due to rounding. Collectively states report spending more than 20% in each of the four service categories but there is variation across states. According to HHS, states that spend less than 20% on a given category report doing so because other resources are available to provide those services.

PSSF Program or Activity	FY2012	FY2013	FY2014	FY2015
Evaluation, research, training, and technical assistance— Competitive grants, contracts, or agreements	\$8,081,000	7,663,000	\$7,540,000	\$7,534,000

Source: Table prepared by the Congressional Research Service. Some numbers have been revised from earlier versions of this report. For FY2013, both mandatory and discretionary PSSF funding was affected by sequestration. For FY2014 and FY2015, only the program’s mandatory funding was subject to sequestration. Sequestration applied to each program sub-purpose, which means that the effect of sequestration (i.e., the percentage reduction) was spread across each of the PSSF programs and activities.

Family Connection Grants

Section 427 of the Social Security Act authorizes Family Connection Grants to support four kinds of services, each intended to enable children in foster care, or at risk of entering care, to stay connected with their families. These services are

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

Out of annual program funding, HHS is required to reserve 3% of program funds (\$450,000) annually for evaluation and may reserve up to 2% (\$300,000) annually for technical assistance.¹⁵

Family Connection Grants were established as part of the Fostering Connections to Success and Improving Adoptions Act of 2008 (P.L. 110-351) and have never been funded via annual appropriations acts. Instead P.L. 110-351 appropriated \$15 million to support their initial five years of operation (FY2009-FY2013) and the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) appropriated \$15 million in FY2014 funding for these grants. As of early January 2015, Congress had not appropriated FY2015 funding for Family Connection grants (see **Table 5**).

¹⁵ Section 427(g) of the Social Security Act. In each of FY2009-FY2013, the statute further required HHS to spend no less than \$5 million of the annual appropriation for these grants to support of kinship navigator programs.

Table 5. Final Funding for Family Connection Grants

Nominal dollar amounts are rounded to the nearest \$1,000

Family Connection Grants	FY2012	FY2013	FY2014	FY2015
Competitive grants to eligible entities and to support evaluation	\$15,000,000	\$14,235,000	\$15,000,000 ^a	\$0

Source: Table prepared by the Congressional Research Service (CRS). The FY2013 funding shown reflects the final operating level after application of sequestration.

Note: Funding for this program was first authorized and *appropriated* via the Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351) and has never been included in annual appropriations acts.

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

Family Connection grants have been awarded to 48 grantees, including 10 public child welfare agencies (state, local, and tribal) and 38 private nonprofit agencies located in 23 states.¹⁶ The FY2014 funding was awarded on September 30, 2014, and was used to provide a third year of project funding for 17 of those grantees (each of which received initial support with FY2012 dollars, awarded on September 30, 2012). Projects supported with Family Connection Grant dollars have typically been funded for three years (the statute prohibits grant projects of a longer duration). Grantees must provide nonfederal matching funds (between 25% and 50% depending on the year of the grant) and must participate in coordinated evaluation activities. HHS has also awarded a separate evaluation contract related to these grants.

Child Welfare Research, Training, or Demonstration Projects

Section 426 of the Social Security Act, established in the early 1960s, authorizes HHS to make grants, or to enter into contracts or cooperative agreements, to support child welfare research or demonstration projects that have regional or national significance, advance the practice of child welfare, encourage the use of research-based experimental or special types of child welfare services, and advance training for child welfare workers (including through traineeships). Entities eligible to conduct this work include public or nonprofit institutions of higher education, public or nonprofit agencies that conduct research or child welfare-related activities, and state or local (public) child welfare agencies. HHS is granted broad authority to design and administer these grants, contracts, or cooperative agreements. According to HHS, this funding “promotes effective child welfare practice and supports leadership development and skill building to implement change.”¹⁷

Annual funding for these activities is authorized on a permanent (no year limit) basis at “such sums as Congress may determine necessary.” Final funding provided for this authority in FY2012-FY2015 is shown in **Table 6** below.

¹⁶ For more information on the grantees and their projects, see project descriptions and reports at <http://www.nrcpfc.org/grantees.html>.

¹⁷ HHS, ACF, *Justifications of Estimates for the Appropriations Committees, FY2015*, March 2014, p. 134.

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

Nominal dollar amounts are rounded to the nearest \$1,000

Child Welfare Research, Training and Demonstration	FY2012	FY2013	FY2014	FY2015
Competitive grants, contracts, and other arrangements to support child welfare workforce training and to advance practice of child welfare via research or demonstration.	\$26,092,000	\$24,416,000	\$24,984,000	\$15,984,000

Source: Table prepared by the Congressional Research Service (CRS). The FY2013 funding shown reflects the final operating level after application of sequestration.

- a. The Explanatory Statement accompanying the FY2015 appropriations bill (H.R. 83, enacted as P.L. 113-235) provides that the final “agreement includes funding within this program to resume the National Survey of Child and Adolescent Well-Being” (NSCAW). See *Congressional Record*, Book II, Dec. 11, 2014, p. H9838.

For more than 15 years, Congress provided between \$6.0 million and \$7.5 million under this account for workforce training and technical assistance initiatives. In recent years, this funding has supported curriculum development, leadership academies, and dissemination of best practices. For much of this same time period, Congress did not provide funding under this account for child welfare research or demonstration projects. Beginning with FY2010, however, Congress provided funding to launch the Permanency Innovations Initiative. Funding for the initiative, which is aimed at demonstrating and evaluating methods to reduce the number of children with long stays in foster care (i.e., three years or more) was requested by the Administration as part of its FY2010 budget request.¹⁸ Most of the work on the Permanency Innovations Initiative, which has supported six public and private grantees, is expected to be completed during a five-year project window, September 2010-September 2015 (using FY2010-FY2014 appropriations). During this period, the project has received annual support of between \$18 million and \$20 million.¹⁹

The Administration expects to use some FY2015 funding under this account (roughly \$2.0 million) to finish the cross-site evaluation for the Permanency Innovations Initiative.²⁰ It also plans to continue support for child welfare-related training initiatives using the FY2015 program funding and anticipates using some of the funding in this account for technical assistance to state agencies participating in the latest round of the federal conformity review, known as the Child and Family Service Review (CFSR).²¹ Additionally, the Explanatory Statement accompanying the FY2015 appropriations measure (H.R. 83, enacted as P.L. 113-235), notes that the final agreement “includes funding within this program to resume the National Survey of Child and Adolescent Well-Being” (NSCAW) and the Administration expects to use funding from this account to begin a third NSCAW.²²

¹⁸ HHS, ACF, *Justifications of Estimates for the Appropriations Committees, FY2010*, February 2009, pp. 137-138.

¹⁹ For more information about this Permanency Innovations Initiative, including the six grantees, their projects, and the related evaluation, see information at <http://www.acf.hhs.gov/programs/cb/resource/pii-project-resources>.

²⁰ HHS, ACF, ACYF, Children’s Bureau, e-mail communications with CRS, January 8, 2015.

²¹ Ibid. For more information on the third CFSR, scheduled for FY2015-FY2018, see “CFSR Technical Bulletin, No. 7” http://www.acf.hhs.gov/sites/default/files/cb/cfsr_tb7.pdf and other resources available on the Children’s Bureau website at <http://www.acf.hhs.gov/programs/cb/monitoring/child-family-services-reviews>.

²² Ibid. See Explanatory Statement at *Congressional Record*, Book II, Dec. 11, 2014, p. H9838

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

Section 429 of the Social Security Act requires HHS to conduct (directly or by contract) a nationally representative study of children who are at risk of child abuse or neglect, or are determined by the state to have been abused or neglected. The law requires the study to have a longitudinal component and to permit reliable state-level data analysis to the extent determined feasible by HHS.²³ In response to this 1996 legislative directive, the National Survey of Child and Adolescent Well-Being (NSCAW) was launched. Two surveys have been conducted gathering initial (“baseline”) information on a national sample of approximately 6,000 children living in families investigated for child abuse and neglect (in 1999 and again in 2008), along with follow up information on these children and their families collected at intervals (up to five years) following the initial surveys.²⁴

The survey data collected via NSCAW are unique from child welfare administrative data reported by state child welfare agencies.²⁵ NSCAW looks at a nationally representative sample of children in families investigated for child abuse and neglect—and without regard to whether child abuse or neglect was determined by a child protective services investigator to have occurred or whether a child entered foster care. Thus the survey provides a more complete portrait of the full spectrum of children and families served by child welfare agencies. Further, NSCAW gathers information from children, parents, and other caregivers, as well as teachers and caseworkers, to examine the socio-behavioral, education, health status, and other conditions of children and families served by child welfare agencies, and it uses a range of standardized questions (“instruments”) to do this. The information gathered from a variety of firsthand sources also permits a deeper understanding of child and family well-being. Additionally, the standardized instruments allow comparison of outcomes for the child welfare population to the larger, non-child welfare population, as well as to subpopulations of the child welfare group (e.g., in foster care, living informally with kin, living in-home following a substantiated report of maltreatment). Multiple reports, research briefs, and info-graphics have been produced for HHS from these survey data,²⁶ and many researchers have accessed the data for additional published analyses.²⁷

²³ Language requiring this study was added to the Social Security Act, as Section 429A, by the 1996 welfare reform law, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA, P.L. 104-193). The survey language was moved to Section 429 in 2006 by the Child and Family Services Improvement Act (P.L. 109-288).

²⁴ The initial NSCAW survey involved some 5,500 children (ages 0-15) in families investigated for child abuse and neglect between October 1999 and December 2000, as well as more than 700 children who had been in foster care for 12 months as of that timeframe. Subsequent data were collected on these same children (and their caregivers) at various intervals for five years following the first (baseline) data collection. The second NSCAW (referred to as NSCAW II) looked at a sample of close to 5,900 children (ages 0-17) in families investigated for child abuse and neglect between February 2008 and April 2009. Additional data were collected on these children and their families at two subsequent intervals for three years following the baseline data collected. Specific funding for NSCAW ended with FY2011; consequently, no further data were collected in the NSCAW II.

²⁵ Including annual data reported to HHS by states via the Adoption and Foster Care Analysis Reporting System (AFCARS) and, separately, the National Child Abuse and Neglect Data System, NCANDS.

²⁶ These resources are available from the HHS, ACF, Office of Planning Research and Evaluation (OPRE) website at <http://www.acf.hhs.gov/programs/opre/research/project/national-survey-of-child-and-adolescent-well-being-nscaw>.

²⁷ Several books derived from NSCAW data have been published, including Ron Haskins, Fred Wulczyn, and Mary Bruce Webb, editors, *Child Protection: Using Research to Improve Policy and Practice*, Brookings Institution Press, 2007, and Mary Bruce Webb, Kathryn Dowd, Brenda Jones Harden, John Landsverk, and Mark F. Testa, editors, *Child Welfare & Child Well-Being: New Perspectives from the National Survey of Child and Adolescent Well-Being*, Oxford University Press, 2010. Many journal articles based on NSCAW findings are available at <http://www.refworks.com/refworks2/?site=010271135918800000%2fRWWS5A10943%2fNSCAW>.

Funding for NSCAW

As noted earlier, funding provided for NSCAW from the Child Welfare Research, Training and Demonstration account (Section 426) is expected to be used to launch a third round of the NSCAW study. Congress last provided funding (\$6 million) for NSCAW in FY2011. That funding was appropriated, on a mandatory basis, to carry out “activities authorized by section 429 of the Social Security Act.”²⁸ Although Congress did not provide funding for NSCAW for any of FY2012, FY2013, or FY2014, the Administration continued to request support for this research. In its FY2015 budget request, the Administration called for an appropriation of discretionary funding (authorized under Section 1110 of the Social Security Act) to continue NSCAW, and noted that “continued funding will support enrollment of a new sample of children, so that the study can examine changes in the population served and in the child welfare system over time.”²⁹

Title IV-E of the Social Security Act

Title IV-E of the Social Security Act principally entitles states, tribes, and most territories with an approved Title IV-E plan³⁰ to reimbursement of part of their costs of providing foster care, adoption assistance, or kinship guardianship assistance on behalf of eligible children. All states have approved IV-E plans. Five tribes have an approved Title IV-E plan³¹ and Puerto Rico is the only territory with such a plan.³² Additionally, Title IV-E authorizes funds to any state, territory, or tribe with an approved Title IV-E plan for support of services to children who leave foster care because they “age out” of care rather than because they are returned home or placed in a new permanent family.³³ Finally, it also authorizes bonus payments to states and territories (with an approved Title IV-E plan) that increase adoptions, and, beginning in FY2014, legal guardianships, of children from foster care. Legislation authorizing these programs and activities is handled by the House Ways and Means Committee and the Senate Finance Committee.

²⁸ Section 132 of P.L. 111-242. Six years of funding for this study (\$6 million in each of FY1996-FY2002) was appropriated as part of the same 1996 legislation that authorized this study (Section 503 of P.L. 104-193). However, Congress rescinded this mandatory funding. Subsequently, it appropriated \$6 million in discretionary funding for the program for each of FY1997-FY2002, after which funding for Section 429 (\$6 million annually through FY2011) was provided on a mandatory basis as part of a series of acts that also extended funding for the Temporary Assistance for Needy Families (TANF) block grant.

²⁹ HHS, ACF, *Justifications of Estimates for the Appropriations Committees, FY2015*, March 2014, pp. 158-159.

³⁰ For information on Title IV-E plan requirements, see CRS Report R42794, *Child Welfare: State Plan Requirements under the Title IV-E Foster Care, Adoption Assistance, and Kinship Guardianship Assistance Program*, by Emilie Stoltzfus.

³¹ In June 2014, the Navajo Nation (Window Rock, AZ) was approved to operate a Title IV-E program, effective October 1, 2014. Other tribes with earlier approved Title IV-E plans are Port Gamble S’Klallam Tribe (Kingston, WA), Confederated Salish and Kootenai Tribes (Pablo, MT), South Puget Intertribal Planning Agency (Shelton, WA) and Keweenaw Bay Indian Community (Baraga, MI). Tribes first became eligible for *direct* Title IV-E program participation as of FY2010. As was true before FY2010, however, numerous tribes receive *indirect* Title IV-E funds, which are passed through by states under a cooperative Title IV-E agreement between the state and tribe.

³² The Northern Mariana Islands is not eligible to participate in Title IV-E. While the other four territories are eligible to participate in Title IV-E provided they have an approved plan, only Puerto Rico has such a plan.

³³ Tribes without a IV-E plan may also receive direct federal funding for services to youth aging out of foster care (Chafee program), if they have a Title IV-E agreement with a state.

Foster Care

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

Each state, tribe, or territory with an approved Title IV-E plan is entitled to partial federal reimbursement for every eligible cost related to providing foster care to children who meet federal Title IV-E eligibility criteria.^{34,35} Nationally, there are about 400,000 children in foster care on a given day, and during FY2013 there were fewer than 159,000 children receiving Title IV-E foster care maintenance payments in an average month. This suggests that less than half of all children in foster care met federal Title IV-E foster care eligibility criteria. In general, those criteria stipulate that the child must be removed from a home with very low income; require certain judicial determinations about the child's need to be in care; provide that a child must be living in a licensed foster family home or a "child care institution"; and require the child to be under age 18, or if the state, tribe, or territory has included assistance to older youth in its IV-E plan, under the age of 19, 20, or 21 (as elected by the state). (As of February 2015, 22 states have extended Title IV-E assistance for youth beyond their 18th birthday.)³⁶

Eligible Title IV-E costs include spending on foster care maintenance payments (for the child's "room and board"); caseworker time to perform required activities on behalf of eligible children in foster care (e.g., finding a foster care placement for a child and planning services needed to ensure a child is reunited with his or her parents, has a new permanent home, or is otherwise prepared to leave foster care); and program-related data collection, training, or other administrative costs. For the most part, the share of Title IV-E program costs that are reimbursed by the federal government is between 50% and 83% of eligible foster care maintenance payment costs (the percentage is re-determined annually and varies by state, with higher federal support going to states with lower per capita income); 75% of program training costs; and 50% of all other eligible program costs.³⁷

³⁴ For additional information see discussion of "Title IV-E Foster Care," in CRS Report R42792, *Child Welfare: A Detailed Overview of Program Eligibility and Funding for Foster Care, Adoption Assistance and Kinship Guardianship Assistance under Title IV-E of the Social Security Act*, by Emilie Stoltzfus.

³⁵ Unlike funding to states, all Title IV-E funding to territories is subject to a "social services" funding cap specified in Section 1108(a) and (c) of the Social Security Act.

³⁶ These states are Alabama, Arkansas, California, Connecticut, District of Columbia, Hawaii, Illinois, Indiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New York, North Dakota, Oregon, Pennsylvania, Tennessee, Texas, Washington, and West Virginia. States that choose to extend Title IV-E foster care assistance beyond a youth's 18th birthday must also provide this Title IV-E adoption assistance—and if the state provides it, Title IV-E kinship guardianship assistance—to the older age. Indiana extends IV-E assistance to a youth's 20th birthday; all others listed states currently extend IV-E assistance to a youth's 21st birthday.

³⁷ Tribes have a uniquely determined reimbursement rate for assistance payments. That rate may not be less than the rate for any state the tribe is located in, and may not be more than 83%.

As of September 30, 2014, 30 states and one tribe have an approved child welfare “waiver” project under which they are allowed to use Title IV-E foster care funds to provide services or assistance on behalf of children (and families) that would not ordinarily be eligible for Title IV-E funding. (However, not all states had implemented their projects as of that date.) Before granting this waiver authority, HHS, together with OMB, must determine a method to ensure that the state will not receive more funding under the approved waiver than it would have received in the absence of the waiver. For nearly all states this “cost neutrality” determination was based on a pre-negotiated capped allocation of a specific part of their federal Title IV-E foster care funding.³⁸

Title IV-E entitlement (or mandatory) funding for foster care is authorized on a permanent basis (no year limit) and is provided in annual appropriations acts. Congress typically provides the amount of Title IV-E foster care funding (or “budget authority”) that the Administration estimates will be necessary for it to provide state or other Title IV-E agencies with the promised level of federal reimbursement for all of their eligible Title IV-E foster care costs. (For federal Title IV-E funds obligated by HHS in FY2012-FY2015, see **Table 7** below.)

Adoption Assistance

Under Title IV-E of the Social Security Act, states, territories, or tribes with an approved Title IV-E plan are required to enter into an adoption assistance agreement with the adoptive parents of any child who is determined by the Title IV-E agency to have “special needs.” To determine that a child has “special needs,” that public agency must find that (1) the child cannot or should not be returned to his/her parents; (2) reasonable but unsuccessful efforts to place the child for adoption without assistance have been made (unless those efforts would not be in the child’s best interest); and (3) the child has a specific condition or factor making it unlikely that he/she would be adopted without provision of adoption assistance or medical assistance. Each state, territory, or tribe may establish their own “special needs” condition or factors and, as suggested in federal law, they frequently reference the child’s age; membership in a sibling group; physical, mental, or emotional disability/disorder; and/or membership in a racial/ethnic minority. Nearly all special needs adoptees were previously in foster care.³⁹

The adoption assistance agreement must specify the nature and amount of any payments, services, and assistance to be provided. For any child with special needs, federal reimbursement is available for a part of the cost of nonrecurring adoption expenses (i.e., one-time costs related to legally finalizing the adoptions). For children with special needs who meet additional federal requirements, federal reimbursement is also available for a part of the cost of providing ongoing (monthly) subsidies on behalf of adopted children. Under current law, the income and other characteristics of the home from which a child was removed (prior to the adoption) must be considered before some children determined to have special needs may be found eligible for Title

³⁸ Under current law, HHS is not authorized to grant any additional child welfare waivers after September 30, 2014, and no state may operate a waiver project after September 30, 2019. Jurisdictions with approved waiver projects as of September 30, 2014, are Arizona, Arkansas, California, Colorado, District of Columbia, Florida, Hawaii, Idaho, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Montana, Nebraska, Nevada, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Port Gamble S’Klallam Tribe, Rhode Island, Tennessee, Texas, Utah, Washington, West Virginia, and Wisconsin. Many waiver projects plan to operate only in certain counties or cities of a state, while some are statewide (or intend to expand).

³⁹ For additional information see discussion of “Title IV-E Adoption Assistance,” in CRS Report R42792, *Child Welfare: A Detailed Overview of Program Eligibility and Funding for Foster Care, Adoption Assistance and Kinship Guardianship Assistance under Title IV-E of the Social Security Act*, by Emilie Stoltzfus.

IV-E adoption assistance. However, those income and related requirements are being phased out, primarily based on age (and for any child in foster care for at least 60 continuous months).

For FY2015, those additional income and related requirements do not apply to any child determined to have special needs who is at least six years of age as of the date the state finalized an adoption assistance agreement with his/her prospective adoptive parents. Eligibility for children with special needs who are siblings of those meeting the age or length of time in care (60 continuous months) requirement must also be determined without use of any income or related criteria, provided they are placed in the same adoptive family with the sibling. As of the first day of FY2018 (October 1, 2017), the additional income and related requirements will no longer apply to the eligibility determination of *any* special needs child for federal Title IV-E adoption assistance.

States, territories, or tribes with a Title IV-E plan approved by HHS may seek federal reimbursement for a part of the cost of making payments agreed to under Title IV-E adoption assistance agreements and for related program administration costs, including training. During FY2013, about 432,000 children received Title IV-E adoption assistance on an average monthly basis. As with Title IV-E foster care funding, Title IV-E adoption assistance funding is authorized on a permanent (no year limit) basis and Congress typically provides the amount of annual funding for this open-ended entitlement that HHS estimates will be necessary to reimburse states for all eligible program costs. (For federal Title IV-E adoption assistance funds obligated in FY2012-FY2015, see **Table 7** below.)

Kinship Guardianship Assistance

Beginning in FY2009, states, territories, or tribes with an approved Title IV-E plan were allowed to include provision of kinship guardianship assistance in those plans, although this is not mandatory. By the end of FY2014, 32 states and 5 tribes had incorporated this kind of assistance in their Title IV-E plan.⁴⁰ One additional state (Minnesota) had submitted a kinship guardianship amendment to its Title IV-E plan that, as of early 2015, was under review by HHS/ACF. These states and tribes may seek federal reimbursement for a part of the cost of providing ongoing kinship guardianship assistance payments on behalf of every eligible child. To be eligible for Title IV-E kinship guardianship, a child must have previously been in foster care and must have been eligible to receive Title IV-E foster care maintenance payments (while living in the home of the prospective legal relative guardian).

As with other Title IV-E program components, funding is authorized on a permanent basis (no year limit). States with an approved Title IV-E plan that includes the kinship guardianship assistance option are entitled to reimbursement for a part of the program costs, including guardianship assistance payments and program administration, including training costs.⁴¹ During FY2013, states received federal support under Title IV-E for a part of the cost of providing

⁴⁰ The states are Alabama, Alaska, Arkansas, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Louisiana, Maine, Maryland, Massachusetts, Michigan, Missouri, Montana, Nebraska, New Jersey, New York, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Vermont, and Washington, West Virginia, and Wisconsin. The tribes are the Port Gamble S'Klallam Tribe, the Confederated Salish and Kootenai Tribe, the South Puget Intertribal Planning agency, the Keweenaw Bay Indian Community, and the Navajo Nation.

⁴¹ Additionally states may seek Title IV-E kinship guardianship assistance support for children who were in a subsidized guardianship under an approved Title IV-E waiver (demonstration project) as of December 30, 2008.

kinship guardianship assistance to more than 17,000 children on an average monthly basis. (For federal Title IV-E kinship guardianship funds obligated in FY2012-FY2015, see **Table 7** below.)

Obligations of Funds by Title IV-E Program Component

Table 7 shows the amount of funding obligated by HHS in each of FY2012-FY2015 for Title IV-E foster care, adoption assistance, and kinship guardianship assistance. (The FY2015 figure is an estimate of the full year obligation.) There is no upper or lower dollar limit for this Title IV-E funding, which is described as “open-ended entitlement funding.” In each annual appropriations act, Congress provides “definite budget authority” (a certain amount of funds) that enables HHS to reimburse states, territories, and tribes for their eligible Title IV-E costs (within a certain time frame). The amount needed for this purpose is estimated in the annual budget request of the President and this is typically the amount of definite budget authority provided by Congress. In any year that Congress authorizes more funding than needed to make these reimbursements, the extra funding authority will eventually lapse (no longer be available). By contrast, if the definite budget authority provided is not enough to provide the federal share (reimbursement) of the eligible Title IV-E program costs submitted by states, territories, or tribes, the annual appropriations acts typically also include an “indefinite budget authority.” This authority allows HHS to access additional funds (within a specific time frame) to make necessary reimbursements.⁴²

Table 7. Funding Obligated Under the Title IV-E Program
Dollar amounts rounded to nearest \$1,000; amount shown are obligations

Title IV-E Program	FY2012	FY2013	FY2014	FY2015
Foster Care	\$4,179,915,000	\$4,132,147,000	\$4,746,164,000	\$4,580,794,000
Adoption Assistance	\$2,296,095,000	\$2,278,135,000	\$2,449,853,000	\$2,510,422,000
Kinship Guardianship Assistance	\$73,804,000	\$77,099,000	\$89,707,000	\$108,708,000

Source: Congressional Research Service (CRS). The mandatory funding provided in this program is exempt from sequestration. However, any funding in the account for federal “administrative expenses” is subject to sequestration.

Notes: The funding shown in this table is based on most current information on program “obligations” made by HHS under each program component. This information is included in the President’s annual budget request. Previous versions of this table showed definite budget authority for each Title IV-E program component and those amounts varied from the obligation amounts shown here.

Tribal Title IV-E Plan Development and Technical Assistance

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

⁴² The additional “indefinite budget authority” is usually limited to the latter part of the fiscal year and has been included in the annual Title IV-E program appropriations beginning with appropriations of FY2003.

awards these grants annually, on a competitive basis. Through the last day of FY2014 (September 30, 2014), 26 tribes (or tribal consortia) had received a plan development grant⁴³ and 5 tribes (or consortia) had approved Title IV-E plans.

Additionally, Section 476(c) requires HHS to provide “information, advice, educational materials, and technical assistance” to tribes regarding providing services and assistance to tribal children under the child welfare programs authorized in Title IV-B and Title IV-E of the Social Security Act. This technical assistance must also be available for states regarding working with tribes to develop cooperative agreements (under which some IV-E funding received by the state is provided to the tribe) as well as consulting with tribes on the state’s plan to comply with the Indian Child Welfare Act (ICWA). As part of responding to this requirement, HHS initially funded the National Resource Center for Tribes; as of September 30, 2014, it is instead funding the National Child Welfare Capacity Building Center for Tribes.⁴⁴

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

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

Dollar amounts are rounded to the nearest \$1,000

Tribal IV-E Plan Development and TA	FY2012	FY2013	FY2014	FY2015
Competitive grant funding for tribal IV-E plan development and technical assistance	\$3,000,000	\$2,975,000	\$2,961,000	\$2,959,000

Source: Table prepared by the Congressional Research Service (CRS). This funding is included in the “exempt” Title IV-E account. However, FY2013, FY2014, and FY2015 funding is less than the previously appropriated \$3 million due to the effect of sequestration on a part of this funding used for federal administrative purposes.

Chafee Foster Care Independence Program

The John H. Chafee Foster Care Independence Program (CFCIP) (Section 477 of the Social Security Act) authorizes funding for states, territories, and tribes to provide services to youth to help those youth make a successful transition from foster care to adulthood.⁴⁵ Under the program, states are expected to identify children or youth likely to remain in foster care until their 18th birthday and to help prepare them for self-sufficiency;⁴⁶ provide financial, housing, counseling, education, employment, and other appropriate supports to former foster youth ages 18 to 21 years; and promote and support mentoring or other connections with dedicated adults for youth

⁴³ See Tribal Title IV-E Plan Development grants awarded in each of FY2009-FY2014 at <http://www.acf.hhs.gov/programs/cb/resource/cb-discretionary-grant-awards>.

⁴⁴ Funding for this center (expected to be between \$2.5 million and \$3.4 million annually for five years) was awarded to the Colorado Seminary, which owns and operates the University of Denver. See HHS-2014-ACF-ACYF-CZ-0815 at <http://www.acf.hhs.gov/programs/cb/resource/cb-discretionary-grant-awards>.

⁴⁵ For more information on this program see CRS Report RL34499, *Youth Transitioning from Foster Care: Background and Federal Programs*, by Adrienne L. Fernandes-Alcantara.

⁴⁶ Section 111(c) of the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) amends Section 477 of the Social Security Act to provide (effective, generally, on September 29, 2015) an additional purpose for the CFCIP: to “ensure children who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally-appropriate activities.”

served by the program. CFCIP services may also be made available to youth who, after reaching their 16th birthday, leave foster care for adoption or legal guardianship. The CFCIP requires states to assure that the youth served are actively involved in decisions about the services they receive.

States (including Puerto Rico) have recently begun to report to HHS on “independent living services” that were paid for by the agency that administers the CFCIP program. During FY2013, close to 100,000 youth (ages 14-26 years) received at least one such service and many of those youth (58%) received three or more services. The most common services received were academic support, career preparation, and education about housing and home management.⁴⁷

Funding for this program is authorized on a permanent basis (no year limit) as a capped entitlement to states and territories, provided they have an approved Title IV-E plan. (Tribes may also receive direct federal support under this program, with or without an approved Title IV-E plan.)⁴⁸ The authorized amount of funds, \$140 million, is provided in annual appropriations bills.⁴⁹ (These mandatory funds are considered a part of the Title IV-E program and, apart from a small portion used for federal program administration, are not subject to sequestration.) (See **Table 9**.)

Chafee Educational and Training Vouchers

An additional purpose of the CFCIP is to provide Educational and Training Vouchers (ETVs) (Section 477(i) of the Social Security Act) to defray the cost of postsecondary education or training for any youth who is eligible for CFCIP general services.⁵⁰ ETVs may be valued at up to \$5,000 a year and may be used for the “cost of attendance” (including tuition, fees, books, room and board, supplies, and other items) at an “institution of higher education” (including public or private, nonprofit two- and four-year colleges and universities, as well as proprietary or for-profit schools offering technical training programs, among others).⁵¹ Youth are eligible to receive ETVs until age 21, except that youth receiving a voucher at age 21 may continue to participate in the voucher program until age 23 if they are enrolled in a postsecondary education or training program and are making satisfactory progress toward completion of that program. Discretionary funding for ETVs is authorized on a permanent (no year limit) basis and program appropriations are distributed based on a state’s relative share of children in foster care. Final funding provided for FY2012-FY2015 is shown in **Table 9**.

Final Funding for the CFCIP Program, Including ETVs

HHS is required to reserve 1.5% of the funding appropriated for CFCIP, including ETV funding, to support evaluations, technical assistance, performance measurement, and data collection

⁴⁷ For more information see CRS Report R43752, *Child Welfare: Profiles of Current and Former Older Foster Youth Based on the National Youth in Transition Database (NYTD)*, by Adrienne L. Fernandes-Alcantara.

⁴⁸ Tribes may be eligible to receive direct federal CFCIP funding, provided they have an approved Title IV-E plan or have an agreement with a state to provide Title IV-E foster care to tribal children in foster care.

⁴⁹ Section 111(c) of the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) raises this mandatory funding authority to \$143 million beginning with FY2020.

⁵⁰ For more information see CRS Report RL34499, *Youth Transitioning from Foster Care: Background and Federal Programs*, by Adrienne L. Fernandes-Alcantara.

⁵¹ For purposes of the ETV program, the terms “cost of attendance” and “institution of higher learning” are defined in Section 472 and Section 102, respectively, of the Higher Education Act.

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

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

Dollar amounts are rounded to the nearest \$1,000

CFCIP	FY2012	FY2013	FY2014	FY2015
General Program	\$140,000,000	\$139,999,000	\$139,960,000	\$139,960,000
Educational and Training Vouchers (ETV)	\$45,174,000	\$42,273,000	\$43,257,000	\$43,257,000

Source: Table prepared by the Congressional Research Service (CRS). CFCIP general program (mandatory) funding is considered a part of the Title IV-E account and is therefore exempt from sequestration. However a small portion of these funds are considered federal program administration dollars and were subject to mandatory sequestration in each of FY2013, FY2014 and FY2015. In addition, ETV funding under the program is discretionary and nonexempt. The FY2013 funding shown for the ETV program reflects the final operating level after application of sequestration.

Adoption and Legal Guardianship Incentive Payments

The Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) extended funding authorization for Adoption Incentive Payments for three years (FY2014-FY2016), revised the categories under which states may earn an incentive payment and, effective with October 1, 2014, renamed them as Adoption and Legal Guardianship Incentive Payments (Section 473A of the Social Security Act). Under the prior law for Adoption Incentive Payments, any state or territory with an approved Title IV-E plan was eligible to receive federal incentive payments for increasing the number of children who are adopted from foster care overall, as well as the number of adoptions of older children (age 9 or more) and of those with “special needs” who are under the age of nine. Under the revised program, eligible states may earn an incentive for improving the rate (or percentage) of children who (1) are adopted (any age); (2) leave foster care for legal guardianship (any age); (3) are pre-adolescents (ages 9 through 13) and leave foster care for adoption or legal guardianship; or (4) are older (14 years of age or older) and leave foster care for adoption or legal guardianship.⁵² Adoption Incentive Payments were established in 1997, as part of a package of reforms (included in the Adoption and Safe Families Act, P.L. 105-89) that were intended to ensure children’s safe and expeditious exit from foster care to a permanent home, including through adoption whenever appropriate. Funding is currently authorized on a discretionary basis at \$43 million annually through FY2016. (See **Table 10** for final funding in each of FY2012-FY2015.)

⁵² For more information see CRS Report R43025, *Child Welfare: The Adoption Incentive Program and Its Reauthorization*, by Emilie Stoltzfus. For adoptions and legal guardianships completed in FY2014, states will earn awards based in part on the prior incentive structure and in part on the new incentive structure. The new incentive structure will be fully in place for adoptions and legal guardianship completed in FY2015.

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

Dollar amounts are rounded to the nearest \$1,000

Incentives	FY2012	FY2013	FY2014	FY2015
Funds to make incentive payments	\$39,346,000	\$37,230,000	\$37,943,000	\$37,943,000

Source: Table prepared by the Congressional Research Service (CRS). The FY2013 funding shown reflects the final operating level after application of sequestration.

Note: The name of this program was changed to include “legal guardianship” effective with the first day of FY2015, which is the first year in which states are able to receive these incentive payments for legal guardianships.

Child Abuse Prevention and Treatment Act (CAPTA)

CAPTA was enacted in 1974 (P.L. 93-247) at a time of growing awareness and concern about abuse of children in their own homes. It has been reauthorized many times since then, most recently by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). CAPTA authorizes formula grant funding to states to improve their child protective services; competitively awarded funds to support research, technical assistance, and demonstration projects related to prevention, assessment, and treatment of child abuse and neglect; and funding to all states for support of community-based activities to prevent child abuse and neglect.⁵³ Further, it incorporates program authority for what are known as “Children’s Justice Act grants.” Legislation authorizing these programs and activities in CAPTA is handled by the House Education and the Workforce Committee and the Senate Health, Education, Labor and Pensions (HELP) Committee.

CAPTA State Grants

The focus of CAPTA is on providing a primarily social service response to abuse or neglect of children by their parents or other caretakers. Under CAPTA State Grants (Section 106 of CAPTA), each state and territory may receive funds to make improvements to its child protective services (CPS). To receive these funds each state, including Puerto Rico, must assure HHS that it has a statewide system in place to receive and screen reports of child abuse or neglect and to provide appropriate responses that ensure children’s safety; state laws that mandate specific individuals to make reports of known or suspected child abuse or neglect and provide immunity from prosecution for individuals who make these reports in good faith; a technology system that allows the state to track reports of child abuse and neglect (from intake to final disposition); and statewide procedures that, among other things, maintain the confidentiality of child abuse and neglect records, offer training to CPS workers, and provide an appropriately trained guardian ad litem or advocate for each child abuse or neglect victim involved in judicial proceedings; and provide for cooperation between state law enforcement agencies, appropriate state human services agencies, and courts in the investigation, assessment, prosecution, and treatment of child abuse and neglect. In addition, states, including Puerto Rico, must establish and support Citizen Review Panels to evaluate the effectiveness of their CPS policies and practices and they must, “to the maximum extent practicable,” submit annual data to HHS regarding child abuse and neglect in their state.⁵⁴

⁵³ To see CAPTA as it is included in current law, see the HHS, ACF,ACYF, Children’s Bureau website <http://www.acf.hhs.gov/sites/default/files/cb/capta2010.pdf>.

⁵⁴ HHS provides an annual report based on these data, which are reported via the National Child Abuse and Neglect (continued...)

In FY2013, state and local CPS agencies received 3.5 million calls or other referrals alleging abuse or neglect involving an estimated 6.4 million children. After screening those referrals they determined a CPS response (investigation or assessment) was warranted for 2.1 million of the referrals, involving an estimated 3.2 million children.⁵⁵ The bulk of the cost to receive and respond to these child abuse or neglect allegations is assumed to be borne by states and localities. CAPTA state grant money, which on a national basis supplies roughly \$12 per each CPS investigation, is available for states to make improvements to these systems.

There are 14 potential areas of CPS program improvement listed in the law. The large majority of states (85%) reported their intention to use their CAPTA grant funds to improve the intake, assessment, screening, and investigation of reports of child abuse or neglect. Close to three-fourths (73%) intended to use the funds to develop, improve, and implement risk and safety assessment tools and protocols, including use of differential response, and about two-thirds (65%) intended to use the funds to improve case management, ongoing case monitoring, and delivery of services and treatment provided to families.⁵⁶

The CAPTA Reauthorization Act of 2010 (P.L. 111-320) extended annual discretionary funding for these grants through FY2015 (i.e., until September 30, 2015). States and territories do not need to provide nonfederal matching funds to receive this grant money. Each state and territory receives a base allotment of \$50,000, and the remaining funds are distributed among the states and territories based on their relative share of the child (under age 18) population.⁵⁷ Final funding for CAPTA state grants in each of FY2012-FY2015 is shown in **Table 11** below.

CAPTA Discretionary Activities

With the enactment of CAPTA, Congress sought to ensure a federal focal point regarding efforts to prevent, identify, and treat child abuse and neglect. Under current law HHS is required to maintain a national clearinghouse for child abuse and neglect information to include, among other things, information on best practices and effective programs that prevent and/or respond to child abuse and neglect. Further, it must collect and annually publish data on child maltreatment; provide technical assistance to state and local public and private agencies related to preventing and responding to child abuse and neglect; fund field-initiated and inter-disciplinary research on protecting children from abuse and neglect and improving their well-being; and support the study of the national incidence of child abuse and neglect. In addition, current law permits HHS to establish an office on child abuse and neglect for the purpose of carrying out CAPTA and to ensure inter- and intra-departmental coordination of activities related to child abuse and neglect;

(...continued)

Data System (NCANDS). To link to the FY2013 report (released in January 2015), or earlier reports, go to <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

⁵⁵ HHS, ACF, ACYF, Children's Bureau, *Child Maltreatment 2013*, (January 2015), Exhibit S-1.

⁵⁶ See HHS, ACF, ACYF, Children's Bureau, "Report to Congress on the Effectiveness of CAPTA State Programs and Technical Assistance," (August 2013) available at http://www.acf.hhs.gov/sites/default/files/cb/capta_effectiveness_rptcongress.pdf.

⁵⁷ The CAPTA Reauthorization Act of 2010 (P.L. 111-320) provides that in any year that annual funding for state grants exceeds the FY2009 appropriation (\$26,535,000) by at least \$1 million, a minimum allotment (for each state and Puerto Rico) must take effect. Specifically, if funding is greater than the FY2009 appropriation by at least \$1 million but less than \$2 million, then that minimum allotment equals \$100,000; if it exceeds that appropriation by at least \$2 million, but less than \$3 million, then the minimum allotment equals \$125,000; if it exceeds that appropriation by \$3 million or more, then the minimum allotment equals \$150,000.

create an advisory board on child abuse and neglect; and fund demonstration projects or grants on a range of suggested topics.

The Office of Child Abuse and Neglect (OCAN), within the Children's Bureau at HHS carries out CAPTA and works to coordinate child abuse prevention and treatment activities within HHS and across federal agencies, including through its leadership of the Federal Interagency Work Group on Child Abuse and Neglect.⁵⁸ The OCAN uses CAPTA discretionary funds to support inclusion of child abuse and neglect-related information on the online portal, Child Welfare Information Gateway (<http://www.childwelfare.gov>), collection of state data via the National Child Abuse and Neglect Data System (NCANDS), and publication of annual reports (*Child Maltreatment*) based on those data.⁵⁹ These CAPTA dollars also fund efforts to build the capacity of public child welfare agency workers (and the public or private agencies they work with) to carry out their work using continuous quality improvement techniques; planning grants for developing a model intervention for youth with child welfare involvement who are at-risk of homelessness; and partnerships to demonstrate the effectiveness of supportive housing for families in the child welfare system. Further, in recent years they were used to field the fourth National Incidence Survey on child abuse and neglect (NIS-4),⁶⁰ and to establish two national quality improvement centers (to improve knowledge and practice related to preventing child abuse and neglect among infants and toddlers and improving use of differential response by child protective services).

The CAPTA Reauthorization Act of 2010 (P.L. 111-320) extended annual discretionary funding for CAPTA's discretionary activities through FY2015 (i.e., until September 30, 2015). Funding is used directly by HHS or awarded competitively to carry out the required or authorized CAPTA activities. The Explanatory Statement accompanying the FY2014 final funding measure (P.L. 113-76) specified that out of the \$28.7 million provided for the account, \$3 million was to be used for "implementation of research-based court team models that include the court system, child welfare agency, and community organizations in order to better meet the needs of infants and toddlers in foster care."⁶¹ In response, HHS awarded \$3 million to the ZERO to THREE organization (working with several partners) to support the Quality Improvement Center for Research-Based Infant-Toddler Court Teams.⁶² The overall funding for this account remains unchanged for FY2015 and the Explanatory Statement accompanying the final FY2015 funding measure (P.L. 113-235) notes that the "agreement includes funding to continue the Quality Improvement Center for Research Based Infant and Toddler Court Teams"; it does not specify the level of funding.⁶³ See **Table 11** below.

⁵⁸ See HHS, ACF, ACYF, Children's Bureau, "Report on Efforts to Coordinate Programs and Activities Related to Child Abuse and Neglect," January 31, 2014. In addition, for more on the Federal Interagency Workgroup on Child Abuse and Neglect see <http://www.acf.hhs.gov/programs/cb/resource/fediawg>.

⁵⁹ The most recent *Child Maltreatment* report (including data for FY2012) and reports from earlier years, are available online at <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

⁶⁰ For more information see <http://www.acf.hhs.gov/programs/opre/research/project/national-incidence-study-of-child-abuse-and-neglect-nis-4-2004-2009>.

⁶¹ Explanatory Statement, Division H, as included in *Congressional Record*, Book II, January 15, 2014, p. H1041. Section 4 of P.L. 113-76 provides that this explanatory statement is to have the same effect on allocation of funds and implementation of Divisions A-L of the act as would a joint explanatory agreement of a conference committee.

⁶² See <http://www.zerotothree.org/maltreatment/safe-babies-court-team/12-16-14-slides-for-rfp-webinar-all-combined.pdf>.

⁶³ Explanatory Statement, Division G, as included in *Congressional Record*, Book II, December 11, 2014, p. H9838. Section 4 of P.L. 113-235 provides that this explanatory statement is to have the same effect on allocation of funds and implementation of Divisions A-L of the act as would a joint explanatory agreement of a conference committee.

Community-Based Grants to Prevent Child Abuse and Neglect

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

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

The CAPTA Reauthorization Act of 2010 (P.L. 111-320) extended annual discretionary funding for CBCAP through FY2015 (i.e., until September 30, 2015). There are no matching requirements to receive CBCAP funds. However, each state’s allocation of CBCAP funds is based in part on the amount of nonfederal money leveraged by the state for child abuse prevention activities. Specifically, 70% of the grant funding is distributed to each state and territory based on its relative share of children (individuals under age 18) in the nation (except that by statute no state may receive less than \$175,000).⁶⁴ The remaining 30% of the grant funding is distributed to each state (including Puerto Rico) based on the relative share of all nonfederal (private, state, local) funds that were directed through the state’s lead entity to fund community-based child abuse prevention services and activities. Final funding for CBCAP grants, for each of FY2012-FY2015, is shown in **Table 11** below.

⁶⁴ The statute provides that no state may receive less than \$175,000. Beginning with FY2005, HHS has ensured that each state receives a minimum allotment of \$200,000.

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

Dollar amounts shown are rounded to the nearest 1,000

CAPTA	FY2012	FY2013	FY2014	FY2015
TOTAL appropriation	\$93,703,000	\$87,865,000	\$93,818,000	\$93,818,000
CAPTA State Grants —Formula grants to states and territories	\$26,432,000	\$24,734,000	\$25,310,000	\$25,310,000
CAPTA Discretionary Activities —Competitive grants, contracts or agreements to eligible entities	\$25,744,000	\$24,091,000	\$28,744,000 ^a	\$28,744,000 ^b
Community-Based Grants to Prevent Child Abuse and Neglect —Formula grants to states and territories, includes support for technical assistance and 1% set aside for tribal/migrant programs	\$41,527,000	\$38,860,000	\$39,764,000	\$39,764,000

Source: Table prepared by the Congressional Research Service (CRS). The FY2013 funding shown reflects the final operating level after application of sequestration (which was applicable to each of these CAPTA accounts).

Notes: Section 107 of CAPTA includes program authority for Children’s Justice Act grants. However, no funding is authorized to be provided for those grants under CAPTA. Instead, those funds, as discussed in the body of the report below, are provided annually out of the Crime Victims Fund.

- a. The Explanatory Statement accompanying the bill that provided final FY2014 funding (enacted as P.L. 113-76) provided that \$3 million of this funding was to be used to support “implementation of research-based court team models that include the court system, child welfare agency, and community organizations in order to better meet the needs of infants and toddlers in foster care.” See *Congressional Record*, Book II, January 15, 2014, p. H1041.
- b. The Explanatory Statement accompanying the bill providing final FY2015 funding (enacted as P.L. 113-235) provides that this amount includes “funding to continue the Quality Improvement Center for Research Based Infant-Toddler Court Teams program” and adds that these funds “support efforts that bring together the court system, child welfare agencies, health professionals, and community leaders to improve current practices in the child welfare system and make better informed decisions on behalf of children.” See *Congressional Record*, Book II, December 11, 2014, p. H9838.

Children’s Justice Act Grants

Children’s Justice Act grants administered by HHS are provided to help states and territories improve the assessment, investigation, and/or prosecution of child abuse and neglect cases—particularly cases involving suspected sexual abuse and exploitation of children, child fatalities suspected to be caused by abuse or neglect, and those involving children who are disabled and children with serious health disorders. Among other things, the improvements must aim to limit additional trauma to a child and/or child’s family. (Children’s Justice Act funding is made available, separately, to tribes for related purposes. This funding is administered by DOJ.)

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

While the program authority for these is contained in CAPTA, that law does not authorize funding for them. Instead, as provided in Section 1404A of the Victims of Crime Act, up to \$20 million annually is set aside for Children’s Justice Act grants out of the Crime Victims Fund. The Crime Victims Fund consists primarily of criminal fines and fees paid to the federal government. It is administered by the Office for Victims of Crime within the Department of Justice (DOJ).⁶⁵ As provided for in the Victims of Crime Act, each year the DOJ sends up to \$17 million in Crime Victims Funds to HHS, which distributes these funds to each state and Puerto Rico.⁶⁶ Up to \$3 million in funding is retained by DOJ for competitive grants to tribal entities. FY2012-FY2015 funding for Children’s Justice Act Grants is shown in **Table 12**.

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

Funding for these grants is not appropriated but is provided annually out of the Crime Victims Fund.

Children’s Justice Act Grants	FY2012	FY2013	FY2014	FY2015
Formula grants to states and territories	\$17,000,000	\$17,000,000	\$17,000,000	\$17,000,000
Competitive grants to tribes	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000

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

Note: For FY2013, certain funding provided from the Crime Victims Fund was subject to sequestration. However, this did not affect the level of funding set aside for Children’s Justice Act grants. This table assumes the same treatment of this funding for FY2014 and FY2015

Victims of Child Abuse Act

Title II of the Crime Control Act of 1990 (P.L. 101-647) created the Victims of Child Abuse Act. That act authorizes several child welfare programs that are administered by the Office of Juvenile Justice and Delinquency Programs (OJJDP), an agency within the Office of Justice Programs (OJP) at the Department of Justice (DOJ).⁶⁷ The legislation creating these programs was handled by the Senate and House Judiciary committees.

Improving Investigation and Prosecution of Child Abuse Cases

Subtitle A (Sections 211-214B) of the Victims of Child Abuse Act⁶⁸ supports the expansion and improvement of Children’s Advocacy Centers. Children’s Advocacy Centers (CACs) are intended

⁶⁵ For more information about this fund see CRS Report R42672, *The Crime Victims Fund: Federal Support for Victims of Crime*, by Lisa N. Sacco.

⁶⁶ There is not a formula for distribution in the statute. HHS provides each state and Puerto Rico a base allotment of \$50,000 and distributes the remaining funds based on a jurisdiction’s relative share of the national population of children (individuals under 18 years of age).

⁶⁷ In addition to the three programs discussed here, the VCAA includes provisions requiring specified professionals to report suspected child abuse or neglect that they learn about while carrying out their profession on federal land or in federally operated facilities and it provides criminal penalties for those failing to make reports as required (42 U.S.C. §13031 and 18 U.S.C. §2258). Further, the VCAA includes provisions requiring federal agencies, and agencies operated or contracted to operate by the federal government, to ensure criminal background checks are conducted for any individual hired by the agency or facility to provide a wide range of care or services to children (42 U.S.C. §13041).

⁶⁸ 42 U.S.C. §13001, §13001a, §13001b, §13002, and §13003.

to coordinate a multi-disciplinary response to child abuse (e.g., law enforcement, child protection/social service, medical, mental health) in a manner that ensures child abuse victims (and any non-offending family members) receive the support services they need and do not experience the investigation of child abuse as an added trauma. CACs are widespread. Nationally there are some 775 centers (606 that are accredited) located in all 50 states and the District of Columbia. In 15 states CACs serve all counties; however, nationally about one-third of the counties are not served by CACs.⁶⁹ About 295,000 children were served at CACs in 2013, close to three-fourths (74%) of whom were 12 years of age or younger. Sexual abuse was the most commonly reported abuse, involving 62% of the children served at CACs in 2013. Children served may have experienced more than one type of abuse. Other abuses reported among children served were physical abuse (17%), neglect (7%), child witnesses to violence (5%), child drug endangerment (3%), or “other” (5%). The large majority of children served (90%) knew their abuser.⁷⁰

The law authorizes funds to directly support establishment and operation of local children’s advocacy centers as well as training and technical assistance. Annually, the DOJ awards the bulk of the CAC funding to the National Children’s Alliance, which makes sub grants to support the work of local children’s advocacy centers, establishes standards and provides accreditation to local and state chapter CACs, and offers other training and technical assistance.⁷¹ Federal law also requires the establishment and support of four regional children’s advocacy centers to increase the number of communities with CACs, help improve their practice, and support development of state chapter organizations for CACs, including by serving as resource and training centers for those local CACs and state chapters.⁷² Currently the four regional centers are located in Huntsville, AL; Philadelphia, PA; St. Paul, MN; and Colorado Springs, CO.⁷³ Finally, the law seeks to improve the prosecution of child abuse cases by authorizing additional funds specifically for training and technical assistance to attorneys and others involved in criminal prosecution of child abuse. Funding to support this purpose has frequently been awarded to the National Center for the Prosecution of Child Abuse.⁷⁴

Legislation approved by Congress in the summer of 2014 (S. 1799, enacted as P.L. 113-163) extends annual discretionary funding authority to support regional and local CACs (\$15 million) and training and technical assistance to improve criminal prosecution of child abuse (\$5 million) for each of five years (FY2014-FY2018). That funding authority had previously expired on the last day of FY2005.⁷⁵ However, Congress continued to appropriate annual funding for the program in each year. (See **Table 13**, below, for FY2012-FY2015 final funding.)

⁶⁹ National Children’s Alliance, *2013 Annual Report*, 2014. For coverage by state see the CAC coverage maps at <http://www.nationalchildrensalliance.org/cac-coverage-maps>.

⁷⁰ National Children’s Alliance, “2013 NCA National Statistics” <http://www.nationalchildrensalliance.org/sites/default/files/download-files/2013National.pdf>.

⁷¹ For more information on the National Children’s Alliance support for local and state CACs see <http://www.nationalchildrensalliance.org/funding-cacs-chapters>.

⁷² Support for community-based “multi-disciplinary” responses to child abuse and neglect cases was included in the original 1990 Victims of Child Abuse Act. However, the term “children’s advocacy centers” and the requirement for regional children’s advocacy centers were not added to the act until 1992 (as part of legislation primarily designed to reauthorize the Juvenile Justice and Delinquency Prevention Act and enacted as P.L. 102-586).

⁷³ For links to regional CAC websites see <http://www.mrcac.org/about-mrcac/our-partners/>.

⁷⁴ For more information about NCPCA see <http://www.ndaa.org/ncpca.html>.

⁷⁵ As part of the FY2015 DOJ/OJP budget, the Administration sought \$11 million in funding for Children’s Advocacy Centers (\$8 million less than funding Congress provided for them in FY2014). As part of its FY2013 and FY2014 (continued...)

Court-Appointed Special Advocates

Subtitle B (Sections 215-219) of the Victims of Child Abuse Act⁷⁶ provides funding to support access to advocates for victims of child abuse or neglect. Court Appointed Special Advocates (CASAs)—sometimes called guardians *ad litem*—are volunteers who are appointed by judges and who work to ensure that a child’s best interest is presented to the judge in court proceedings related to child abuse and neglect.

The first CASA pilot program began in Seattle and the National Court Appointed Special Advocate Association (NCASAA) was founded in 1982 to help replicate and support CASA programs across the nation. In 1984 when the association incorporated, there were 107 state and local CASA programs in 26 states.⁷⁷ As of 2013, some 951 state, local, and tribal CASA programs located in 50 states, including the District of Columbia, were a part of the National CASA Association.⁷⁸

As early as 1974, when Congress enacted CAPTA, it sought to ensure that every child who was a part of court proceedings because of child abuse and neglect had a guardian ad litem to represent their best interest.⁷⁹ However, 16 years later, when it authorized funds specifically for CASA (as part of the 1990 Victims of Child Abuse Act), Congress found that only a small fraction of children in child abuse and neglect proceedings received CASA representation. It stated then that the purpose of the funding dedicated to CASA was to ensure that each of these children would have a CASA made available to them.⁸⁰ In 2013, more than 238,500 children were served by approximately 75,000 CASA volunteers. Children in foster care have typically experienced abuse or neglect and most children served by CASAs are in foster care.⁸¹ During FY2013, 641,000 children spent at least one day (24 hours) in foster care and on the last day of that fiscal year (September 30, 2013) some 402,000 children remained in foster care.⁸² Of those children, more than half (210,000) had been in foster care for 12 months or more.⁸³

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

(...continued)

budgets, the Administration requested no specific funding under this program authority. However, Congress continued to appropriate funds under this authority.

⁷⁶ 42 U.S.C. §§13011, 13012, 13013, 13013a, and 13014.

⁷⁷ Department of Justice, Office of the Inspector General, *National Court-Appointed Special Advocate Program*, Audit Report 07-04 (December 2006), Executive Summary, <http://www.justice.gov/oig/reports/OJP/a0704/exec.htm/>.

⁷⁸ According to the DOJ, OIG report cited above, North Dakota uses paid advocates and is the only state that does not have a member CASA organization. NCASAA, *2013 National CASA Annual Report*, (2014), <http://nc.casaforchildren.org/apps/annualreport2013/index.html#by-the-numbers/>.

⁷⁹ Section 4(b)(2) of CAPTA (P.L. 93-247, 1974) required states receiving certain funds under the act to provide a guardian ad litem in every case involving a victim of child abuse or neglect that resulted in judicial proceedings. Current law requires states to assure they have a statewide program for appointment of an appropriately trained CASA or guardian ad litem in each such case. (Section 106(b)(2)(B)(xiii) of CAPTA (42 U.S.C. §5106a(b)(2)(B)(xiii)).

⁸⁰ See Findings as included in Subchapter B, Victims of Child Abuse Act of 1990 (Title II of P.L. 101-647).

⁸¹ See NCASAA, *2013 National CASA Annual Report*, (2014), <http://nc.casaforchildren.org/apps/annualreport2013/index.html#by-the-numbers/>.

⁸² HHS, ACF, ACYF, Children’s Bureau, “Trends in Foster Care and Adoption, FY2002-FY2013.”

⁸³ HHS, ACF, ACYF, Children’s Bureau, *The AFCARS Report, No. 21*, preliminary FY2013 estimates based on data reported by states as of July 2014.

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

Funding for CASA, which was more than \$12 million in FY2011, fell steeply in FY2012. At the same time, since the early 1990s Congress has annually appropriated funding for the program (with or without current funding authorization), despite several years in which the President's budget sought to eliminate specific funding for this program.⁸⁴ As part of the reauthorization of the Violence Against Women Act (P.L. 113-4), Congress extended annual discretionary funding authority for the CASA program at \$12 million for each of FY2014-FY2018. Final federal funding appropriated for the CASA program in each of FY2012-FY2015 is shown in **Table 13**.

Child Abuse Training for Judicial Personnel and Practitioners

Sections 221-224 of the Victims of Child Abuse Act of 1990⁸⁵ required the Department of Justice's OJJDP to make grants to improve the judicial system's handling of child abuse and neglect cases. The statute authorizes grants to be made to national organizations to develop model technical assistance and training programs.⁸⁶ Beginning with FY1992, funding appropriated under this authority has been awarded to the National Council of Juvenile and Family Court Judges (NCJFCJ). Drawing on the experience and reform initiatives it has funded in 36 "model courts" across the nation, NCJFCJ has developed resource guidelines and provides technical assistance and training aimed at improving how courts handle child abuse and neglect cases.⁸⁷

Since the early 1990s, Congress has provided annual funding dedicated to this training program (with or without current funding authority)⁸⁸ and in early 2013, as part of reauthorization of the Violence Against Women Act (P.L. 113-4), it extended annual discretionary funding authority for the program at \$2.3 million for each of FY2014-FY2018. Final federal funding appropriated for Child Abuse Training for Judicial Personnel and Practitioners in each of FY2012-FY2015 is shown in **Table 13**.

⁸⁴ For three years (each of FY2012-FY2014), the Administration requested no specific funding for this program in its DOJ/OJP budget. However, Congress continued to appropriate funds and the Administration requested \$6 million in funding for CASA in its FY2015 budget.

⁸⁵ 42 U.S.C. §§13021, 13022, 13023, and 13024.

⁸⁶ The act also authorizes grants to be made to state courts for training and technical assistance of judges and attorneys in juvenile and family courts. No funds have been appropriated for this purpose under this authority. However, in 1993 (P.L. 103-66) Congress established the Court Improvement Program (CIP) which is administered by HHS and provides mandatory grants to the highest court in each state to improve its handling of child welfare proceedings (including child abuse and neglect proceedings). The statutory authority for CIP is included at Section 438 of the Social Security Act.

⁸⁷ Most model court initiatives operate in a single court, but at least two operate on a statewide level. For more information see <http://www.ncjfcj.org/our-work/model-courts>.

⁸⁸ In its DOJ/OJP budget requests for each of FY2012-FY2014, the Administration requested no funding under this program authority. However, for FY2015, the DOJ/OJP budget seeks \$1.5 million for this training program.

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

VOCAA Funding	FY2012	FY2013	FY2014	FY2015
Children’s Advocacy Centers (and related training and technical assistance)	\$18,000,000	\$17,739,000	\$19,000,000	\$19,000,000
Court Appointed Special Advocates	\$4,500,000	\$5,579,000	\$6,000,000	\$6,000,000
Child Abuse Training for Judicial Personnel and Practitioners	\$1,500,000	\$1,400,000	\$1,500,000	\$1,500,000

Source: Table prepared by the Congressional Research Service (CRS). The FY2013 funding shown reflects the final operating level after application of sequestration.

Other Programs

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

Adoption Opportunities

First enacted in 1978,⁸⁹ the Adoption Opportunities program⁹⁰ requires HHS to have an administrative structure that allows for centralized planning across all departmental programs and activities affecting foster care and adoption. It requires HHS to support adoption recruitment activities, including through a “national adoption information exchange” and to support a national resource center on special needs adoptions. Additionally, it authorizes federal funds to support projects or other activities that encourage and facilitate adoption of older children, children who are members of minority groups, and others with “special needs”; aim to eliminate barriers to cross-jurisdictional (including interstate) placement of children in need of adoption; and provide post-adoption supports. Post-adoption supports are described by the law as including individual, group, and family counseling; respite care; day treatment; case management; assistance to support groups for adoptive parents, adopted children, and siblings of adopted children; assistance to adoptive parent organizations; and training of public and private child welfare personnel, mental health professionals, and others to provide post-adoption services.

Some of the Adoption Opportunities “major” program activities,” as cited by HHS, Administration for Children and Families (ACF),⁹¹ include

- developing and implementing a national adoption information exchange system (which includes an online web portal known as AdoptUSKids featuring a

⁸⁹ Title II of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (P.L. 95-266). Title I of the 1978 law reauthorized funding for CAPTA, and funding for Adoption Opportunities is traditionally extended as part of legislation that also extends funding authority for CAPTA.

⁹⁰ 42 U.S.C. §5111, §5113, §5114, and §5115.

⁹¹ HHS, ACF, *Justification of Estimates for Appropriations Committees*, FY2015 (March 2014), p. 137.

- national photo listing of children available for adoption as well as information about prospective foster or adoptive parents);
- developing and implementing an adoption training and technical assistance program (various resource centers, including the National Resource Center on Adoption, some quality improvement centers, and a part of Child Welfare Information Gateway, have been or are now being funded);
 - conducting ongoing, extensive recruitment efforts on a national level—to encourage the adoption of older children, minority children, and special needs children (including support for the National Resource Center for Diligent Recruitment of Foster and Adoptive Parents);
 - increasing states' effective use of public and private agencies for the recruitment of adoptive and foster families and assistance in placement of children;
 - promoting programs to increase the number of older children adopted from foster care; providing for programs aimed at increasing the number of minority children (in foster care and with the goal of adoption) who are placed in adoptive families, with a special emphasis on recruitment of minority families;
 - providing for post-adoption services for families who have adopted children with special needs, and promoting programs that effectively meet the mental health needs of children in foster care, including addressing the effects of trauma.

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

Beginning with FY2011, annual funding provided for the Infant Adoption Awareness and Special Needs Adoption Awareness program (Sections 330F and 330G of the Public Health Service Act) was transferred to the Adoption Opportunities account. Authority to appropriate Adoption Awareness program funding expired with FY2005, but Congress had continued to appropriate roughly \$13 million annually for the program.⁹² The Administration sought this consolidation of funding, noting that where the Adoption Awareness program was “more narrowly targeted,” the Adoption Opportunities program granted “broad authority” to support adoption projects, including projects similar to those supported by Adoption Awareness. It further argued that “consolidating these funds will provide a more efficient mechanism for financing on-going projects.”⁹³

Annual discretionary funding for the Adoption Opportunities program was authorized at \$40 million for FY2010 and “such sums as necessary” for each of FY2011 through FY2015 (i.e., until September 30, 2015). For FY2011, the first year Adoption Awareness funding was transferred to

⁹² The Adoption Awareness provisions were added to the PHSA by the Children’s Health Act of 2000 (P.L. 106-310), handled in the House Energy and Commerce Committee and the Senate HELP Committee. The 2000 Act authorized funding for each of FY2001-FY2005 for (1) Infant Adoption Awareness grants (42 U.S.C. §254c-6) to adoption organizations for training about adoption and adoption referrals for staff of public or private nonprofit health centers serving pregnant women, development of best practice guidelines on adoption counseling, and evaluation; and (2) Special Needs Adoption Awareness grants (42 U.S.C. §254c-7) to nonprofits for planning, developing and carrying out a national campaign to inform the public about adoption of children with special needs, including through public service announcements, billboards and other methods.

⁹³ HHS, ACF, *Justification of Estimates for Appropriations Committees*, FY2011 (2010), p. 150.

this account, funding for Adoption Opportunities grew to \$39.3 million (from FY2010 funding of \$27.4 million). (See **Table 14** for final Adoption Opportunities funding in FY2012-FY2015.)

Table 14. Final Funding for Adoption Opportunities

Adoption Opportunities	FY2012	FY2013	FY2014	FY2015
Competitively awarded funds for national initiatives, state or local projects, and other activities to reduce barriers to special needs adoptions	\$39,179,000	\$36,662,000	\$40,622,000 ^a	\$39,100,000

Source: Table prepared by the Congressional Research Service (CRS). The FY2013 funding shown reflects the final operating level after application of sequestration.

- a. Out of this funding, the Explanatory Statement accompanying the bill that became the Consolidated Appropriations Act, 2014 (P.L. 113-76), states that \$4 million must be for “discretionary grants to test intensive and exhaustive child-focused adoptive parent recruitment strategies for children in foster care.”

The Explanatory Statement to the Consolidated Appropriations Act, 2014 (P.L. 113-76) stipulated that \$4 million of the Adoption Opportunities funding must be used for “discretionary grants to test intensive and exhaustive child-focused adoptive parent recruitment strategies for children in foster care,” in accordance with the Senate Appropriations Committee report that accompanied an earlier version of FY2014 appropriations for the program.⁹⁴ That report called for support of child-focused recruitment efforts of adoptive parents for “children that are hardest to place because of age, disability, or sibling group membership” and “encouraged HHS to provide guidance to State child welfare agencies on the use of title IV-E Foster Care and Adoption Assistance training funds for the implementation of intensive child-focused recruitment strategies and other evidence-based models that have been shown to increase the rate of placement of children in foster care, particularly older children, into adoptive families.”⁹⁵ Additionally, the 2014 Senate Appropriations Committee report⁹⁶ noted the committee’s continued concern “about the availability of post-adoption services for children and their adoptive families” and it “strongly” encouraged increased use of the program funding for purposes related to such services.⁹⁷

⁹⁴ Explanatory Statement, Division H, as included in *Congressional Record*, Book II, January 15, 2014, p. H1041. Section 4 of P.L. 113-76 provides that this explanatory statement is to have the same effect on allocation of funds and implementation of Divisions A-L of the act as would a joint explanatory agreement of a conference committee.

⁹⁵ S.Rept. 113-71 to accompany S. 1284, pp. 135-136. S.Rept. 113-71 noted this type of recruitment strategy had been shown to be more effective than “traditional” efforts to find adoptive parents. One such method that has been evaluated is known as Wendy’s Wonderful Kids Initiative. See Karim Malm, et al. *Evaluation Report Summary: The Wendy’s Wonderful Kids Initiative*, Child Trends, (2011). http://www.childtrends.org/wp-content/uploads/2011/10/WWKEvalRpt_Summary.pdf

⁹⁶ According to Division H of the explanatory text accompanying the bill that became the Consolidated Appropriations Act, 2014 (P.L. 113-76), when implementing that FY2014 funding HHS must (unless specifically instructed otherwise) be guided by the language of S.Rept. 113-71, to accompany S. 1284.

⁹⁷ S.Rept. 113-71 to accompany S. 1284, p. 136. In an initial response, and as part of its FY2015 budget request (released in Marcy 2014), HHS noted that it had used (and continued to use) Adoption Opportunities funds to support varied efforts related to recruitment of adoptive, foster, and kinship caregiving families. “Effective models,” it noted, are “multi-faceted, multi-dimensional and include general, targeted, and child specific recruitment efforts.” Additionally, it noted that FY2013 program funding had been used to support cooperative agreements related to meeting the needs of children with plans for adoption/or adopted—including through screening and assessment intended to identify and respond to mental or behavioral health issues—to promote permanency and prevent adoption disruption. HHS, ACF, *Justifications of Estimates for Appropriations Committees, FY2015* (March 2014), pp. 384-385.

In late September 2014, HHS awarded up to \$500,000 in FY2014 Adoption Opportunities funding to each of eight public and private agencies for “intensive child-focused adoptive parent recruitment.” This project funding is available to each grantee for up to 17-months.⁹⁸ At the same time, it announced additional FY2014 Adoption Opportunities funding for support of (1) a National Adoption Competency Mental Health Training Initiative to improve the ability of child welfare staff and mental health practitioners to meet needs of children with a permanency goal of adoption/guardianship, or who have already been placed for adoption or guardianship (up to \$1 million in first project year with expectation of up to \$2 million in funding for each of following four years) and for (2) the National Quality Improvement Center for Adoption/Guardianship Support to develop, among other things, evidence-based service models to improve behavioral health of children and youth in adoptive/guardianship families (up to \$3.4 million in FY2014 funding with expectation of up to \$5 million for each of the following four fiscal years).⁹⁹

Abandoned Infants Assistance

The Abandoned Infants Assistance Act of 1988 (P.L. 100-505) responded to congressional concerns about the number of infants who remained in hospital care beyond their medical need to do so and who, often because of parental drug use, were born with exposure to drugs and/or HIV.¹⁰⁰ The act currently authorizes funding for local demonstration projects to prevent and respond to the abandonment of infants and young children. When used in this act, the terms “abandoned” and “abandonment” of infants or young children refer to infants or young children who are “medically cleared for discharge from acute-care hospital settings, but remain hospitalized because of a lack of appropriate out-of-hospital placement alternatives.” To address the needs of these infants and young children it authorizes local demonstration projects to

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

⁹⁸ See grantees for HHS-2014-ACYF-CO-0828 at <http://www.acf.hhs.gov/programs/cb/resource/discretionary-grant-awards-2014>. See also HHS, ACF, *Justifications of Estimates for Appropriations Committees, FY2015* (March 2014), pp. 384-385.

⁹⁹ See grantees for HHS-2014-ACYF-CO-0797 and HHS-2014-ACYF-CO-0798 at <http://www.acf.hhs.gov/programs/cb/resource/discretionary-grant-awards-2014>.

¹⁰⁰ 42 U.S.C. §5117aa, §5117a-11, §5117aa-12, §5117aa-21, §5117aa-22.

- recruit and train health and social services personnel to work with families, foster care providers, and residential care programs serving abandoned infants and young children.

HHS awards funds to public and private nonprofits seeking to carry out these local projects. Grantees must agree to give priority for services to abandoned infants or young children who are infected with HIV, had perinatal exposure to HIV or a controlled substance, or who have a life-threatening illness or other special medical need. Since 1991, HHS has funded the National Abandoned Infants Assistance Resource Center, which disseminates findings from evaluations of the project (as required by the act) and offers training and technical assistance to local project grantees.

Survey data suggest that the number of infants who remain in hospital care beyond their date of medical discharge, as well as the number of infants in hospitals who are not yet medically cleared to leave the hospital but who are considered unlikely to do so with their biological parent(s), has declined. In 2006, the combined national estimate of such infants was a little less than 12,900. This was significantly fewer than the estimates of more than 30,600 such infants in 1998, and 21,600 in 1991.¹⁰¹ However, the 2006 survey found that while these infants used to be concentrated in urban area hospitals, they were now more widely dispersed across the nation, appearing in hospitals serving suburban and rural counties as well as those in urban areas. The 2006 survey concluded that positive trends it identified, including a decline in the number of infants “boarded” in the hospital and reduced lengths of stay for those who did stay beyond their medical need to do so, might be attributable to hospitals and child welfare agencies becoming more responsive to needs of these infants, including through better inter-agency coordination.

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

Beginning with its extension in 1996, funding for Abandoned Infants Assistance has been a part of legislation that reauthorizes CAPTA. Most recently the CAPTA Reauthorization Act of 2010 (P.L. 111-320) extended discretionary funding authority for the program at \$45 million for FY2010 and “such sums as may be necessary” for each of FY2011 through FY2015 (i.e., until September 30, 2015). Final annual funding in recent years has been around \$11 million. (See **Table 15.**)

¹⁰¹ HHS, Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF), Children’s Bureau, *Report to Congress: 2006 National Estimates of the Number of Boarder Babies, Abandoned Infants, Discarded Infants, and Infant Homicides*, James Bell Associates, transmitted to Congress May 31, 2011.

Table 15. Final Funding for Abandoned Infants Assistance

Dollar amounts are rounded to the nearest 1,000

Abandoned Infants Assistance	FY2012	FY2013	FY2014	FY2015
Competitive grants, contracts, or agreements to eligible entities for services, technical assistance and training	\$11,533,000	\$10,811,000	\$11,063,000	\$11,063,000

Source: Table prepared by the Congressional Research Service (CRS). The FY2013 funding shown reflects the final operating level after application of sequestration.

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

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

For FY2013, OMB determined that sequestration of appropriated funding was required for discretionary and mandatory accounts. The sequestration percentage for nonexempt, nondefense discretionary-funded program accounts was 5.0% and for nonexempt, nondefense mandatory-funded program accounts was 5.1%.

For FY2014, OMB determined that discretionary appropriations did not exceed the discretionary spending caps for nondefense programs. Therefore, sequestration was not required for these discretionary programs, regardless of whether they are classified as exempt or nonexempt. However, sequestration was required for nondefense, nonexempt mandatory-funded programs, pursuant to the Budget Control Act (BCA), as amended. The President issued a sequestration order for FY2014 mandatory spending on April 10, 2013. The order took effect on October 1, 2013. According to OMB, spending for each nonexempt, nondefense mandatory program account was reduced by 7.2% for FY2014.

For FY2015, OMB determined that discretionary appropriations included in P.L. 113-235, which provides full FY2015 funding for most government agencies, did not exceed the discretionary spending caps for nondefense programs. Therefore, no sequestration is expected to be required for these discretionary programs, regardless of whether they are classified as exempt or nonexempt. However, a final determination on discretionary spending can only be made once full-year FY2015 funding has been appropriated for the Department of Homeland Security. (P.L. 113-235 provided funding for that department only through February 27, 2015). Further, for FY2015 sequestration continued to be required for nondefense, nonexempt mandatory programs, pursuant to the Budget Control Act (BCA), as amended. The President issued a sequestration order for FY2015 mandatory spending on March 10, 2014. The order took effect on October 1, 2014. According to OMB, spending for each nonexempt, nondefense mandatory program account was reduced by 7.3% for FY2015.

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

Program	Type of Funding Authority	Program Subject to Sequestration if Determined Necessary?	Sequestration Determined Necessary for Nonexempt Programs (%)		
			FY2013	FY2014	FY2015
Title IV-E Foster Care, Adoption Assistance and Kinship Guardianship Assistance; Tribal Technical Assistance and IV-E Plan Development Grants	Mandatory	No (exempt) ^a	Not applicable		
Chafee Foster Care Independence Program (general program)	Mandatory	No (exempt) ^a	Not applicable		
Chafee Educational and Training Vouchers	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No
Promoting Safe and Stable Families Program (includes funding for state, territorial, and tribal child and family services, the Court Improvement Program, research and evaluation, Regional Partnership Grants and Monthly Caseworker Visit Grants)	Mandatory	Yes (nonexempt)	Yes (5.1%)	Yes (7.2%)	Yes (7.3%)
Promoting Safe and Stable Families Program (includes funding for state, territorial, and tribal child and family services, the Court Improvement Program, and research and evaluation)	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No
Stephanie Tubbs Jones Child Welfare Services Program	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No
Family Connection Grants	Mandatory	Yes (nonexempt)	Yes (5.1%)	b	b
Child Welfare Research, Demonstrations, and Training	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No
Child Abuse Prevention and Treatment Act (CAPTA), including State Grants, Discretionary Activities, and Community-Based Grants to Prevent Child Abuse and Neglect	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No
Adoption Incentives, Adoption Opportunities, Abandoned Infants Assistance	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No
Victims of Child Abuse Act Programs (Court Appointed Special Advocates, Children's Advocacy Centers, and Child Abuse Training for Judicial Personnel)	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No
Children's Justice Act Grants (Funded as a set aside from the Crime Victims Fund.)	Mandatory	No ^c	No ^c		

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

- a. Although the statute provides that mandatory Title IV-E funding is generally exempt (including all dollars authorized to be paid to states), a very small portion of this funding is considered as a cost of federal program administration and is subject to sequestration.
- b. Family Connection Grants are not exempt and were subject to sequestration in FY2013. However, they were not a part of the authorized mandatory funding in FY2014 (used by OMB in early 2014 to determine whether the spending cap had been exceeded and by how much). Therefore, no sequestration applied to

- their FY2014 funding, which was provided, via P.L. 113-183, on September 29, 2014. As of early January 2015, Congress had not provided FY2015 funding for this program.
- c. Funding provided by the Crime Victims Fund is subject to sequestration. However, for FY2013, the statutory set-aside from the fund that is used to support Children's Justice Act Grants was not subject to sequestration. This table assumes this same policy applied for FY2014 and FY2015.

Author Contact Information

Emilie Stoltzfus
Specialist in Social Policy
estoltzfus@crs.loc.gov, 7-2324