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

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Summary

Child welfare services are intended to prevent the abuse or neglect of children; ensure that children have safe, permanent homes; and promote the well-being of children and their families. As the U.S. Constitution has been interpreted, states bear the primary responsibility for ensuring the welfare of children and their families. In recent years, Congress has annually appropriated roughly \$8 billion to \$9 billion in federal support dedicated to child welfare purposes. Nearly all of those dollars (97%) were provided to state, tribal, or territorial child welfare agencies (via formula grants or as federal reimbursement for a part of all eligible program costs). 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 FY2016 child welfare funding (\$8.689 billion) was appropriated as part of the Consolidated Appropriations Act, 2016 (P.L. 114-113). Child welfare support is provided via multiple federal programs, the largest of which are included in the Social Security Act. 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 and, separately, funding for research, demonstration projects, and training. 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 funding appropriated for child welfare programs has 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. The largest amount of federal child welfare funding is provided through *mandatory* funding authorized under Title IV-E of the Social Security Act for support of foster care, adoption assistance, kinship guardianship assistance, and services to youth aging out of foster care. This funding is statutorily exempted from sequestration in every year. A few additional child welfare programs receive mandatory funding and have been subject to sequestration in each of FY2013-

FY2016. Principally, this includes the Promoting Safe and Stable Families (PSSF) program, including the various programs that are funded via set-asides of PSSF (e.g., the Court Improvement Program and Regional Partnership Grants to improve outcomes for children affected by parental substance abuse). Total funding appropriated for PSSF (mandatory plus discretionary) in the final FY2016 spending measure (P.L. 114-113) was \$405 million. However, total PSSF funding made available for FY2016 was reduced to \$381 million because the mandatory portion of this PSSF funding was subject to a 6.8% reduction (i.e., the FY2016 sequestration percentage for mandatory-funded programs classified as “nondefense and nonexempt.”) Many child welfare programs receive discretionary appropriations. Each of these program appropriations were subject to sequestration in FY2013, but in each subsequent year, including FY2016, the total final funding provided on a *discretionary* basis has been determined to be within the established spending caps. This means the discretionary funding provided for child welfare programs has not been affected (reduced) by sequestration.

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Introduction

Child welfare services are intended to prevent the abuse or neglect of children; ensure that children have safe, permanent homes; and promote the well-being of children and their families. As the U.S. Constitution has been interpreted, states have the primary obligation to ensure the welfare of children and their families. At the state level, the child welfare “system” consists of public and private child protection and child welfare workers, public and private social services workers, state and local judges, prosecutors, and law enforcement personnel. These 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 children’s safety;
- supervising and administering payments for children placed in foster care;
- ensuring regular case review and permanency planning for children in foster care;
- helping children leave foster care to permanent families via reunification with parents or, when that is not possible, via adoption or legal guardianship;
- offering post-permanency services and supports; and
- helping older children in foster care, and youth who leave care without placement in a permanent family, to become successful adults.

In the most recent years, Congress has provided more than \$8 billion in federal support dedicated to child welfare purposes (see **Table 1**).

Table 1. Final Funding for Child Welfare Programs

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

Child Welfare Programs	FY2012	FY2013	FY2014	FY2015	FY2016
TOTAL—dedicated funding	\$7,696	\$7,578	\$8,390	\$8,279	\$8,689
Title IV-B – all programs	\$730	\$688	\$689	\$664	\$668
Title IV-E – all programs	\$6,777	\$6,710	\$7,510	\$7,424	\$7,833
All other programs	\$188	\$180	\$192	\$190	\$188

Source: Table prepared by the Congressional Research Service (CRS). Final funding amounts reflect any effects of sequestration. For funding details of programs included in Title IV-B, Title IV-E, and All other programs, see **Appendix A**.

Notes: Title IV-B and Title IV-E are parts of the Social Security Act. Funding amounts for Title IV-E mandatory dollars are based on federal obligations made/expected (as provided in relevant U.S. Department of Health and Human Services [HHS], Administration for Children and Families [ACF] Justifications for the Appropriations Committee). The Title IV-E amounts shown in this table may vary from earlier versions of this report because obligation levels reported may change and/or because earlier versions of this table reported the Title IV-E funding as the amount of “definite budget authority” provided.

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. As a condition of receiving these foster care and other child welfare program funds, states must typically provide nonfederal resources of between 20% and 50% of the program costs, and they are required to abide by a series of federal child welfare policies. Those policies are designed to

ensure the safety and well-being of all children and families served. However, the most specific and extensive federal requirements concern the protection of children in foster care, especially to ensure them a safe and permanent home.¹

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 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 FY2016 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-FY2016) funding levels.

FY2016 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 provided on both a mandatory and a discretionary basis and are administered by the federal Children’s Bureau, which is a part of the HHS, ACF, Administration on Children, Youth and Families (ACYF). Separately, discretionary funding for several child welfare programs authorized by the Victims of Child Abuse Act is provided in the annual appropriations bill for the Departments of Commerce and Justice. Those program funds are administered at the federal level by the Department of Justice (DOJ) within its Office of Justice Programs (OJP).

The Consolidated Appropriations Act, 2016 (H.R. 2029, as enacted) provides final FY2016 funding levels for federal agencies and activities, including the child welfare programs and activities administered by HHS (Division H) and DOJ (Division B). The omnibus appropriations measure passed the House (316 to 119) and the Senate (65 to 33) on December 18, 2015; it was signed into law by the President on that same day (P.L. 114-113).

To allow uninterrupted funding for federal programs and activities from October 1, 2015—the first day of FY2016—through December 18, 2015, when P.L. 114-113 was signed, Congress

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 (name redacted).

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 (name redacted); for more information on SSBG, see CRS Report 94-953, *Social Services Block Grant: Background and Funding*, by (name redacted); and for more information on Medicaid, see CRS Report R43357, *Medicaid: An Overview*, coordinated by (name redacted).

passed two temporary measures (enacted as P.L. 114-53 and P.L. 114-96) that provided interim funding.

Effect of Sequestration on FY2016 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 Act of 2015 (P.L. 114-74) amended the level of discretionary spending permitted for both FY2016 and FY2017. For FY2016, 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) to be consistent with the FY2016 spending cap established by the Bipartisan Budget Act of 2015. Therefore, no sequestration of discretionary funds provided for FY2016 is necessary,⁵ which means that the level of funding included in P.L. 114-113 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 2015 budget act (P.L. 114-74) did not reverse the sequestration of mandatory spending required under the BCA, as amended; instead it extended that time period by one additional year (through FY2025).⁶ The President issued the required sequestration order for FY2016 mandatory spending programs on March 10, 2015. This order took effect on October 1, 2015. For FY2016, OMB specified that nonexempt, nondefense mandatory program funding would be reduced by 6.8%.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 automatic reduction. However, some smaller authorizations of mandatory funding (principally mandatory funding provided for the Promoting Safe and Stable Families Program (PSSF)) are subject to the 6.8% sequestration of their FY2016 funding. (A table showing child welfare programs by their type of funding authority and status as “exempt” or “nonexempt” is included in the **Appendix B**.)

⁴ See CRS Report R42050, *Budget “Sequestration” and Selected Program Exemptions and Special Rules*, coordinated by (name redacted)

⁵ *OMB Final Sequestration Report to the President and Congress*, January 4, 2016, https://www.whitehouse.gov/sites/default/files/omb/assets/legislative_reports/sequestration/sequestration_final_january_2016_potus.pdf.

⁶ As enacted in 2011, the Budget Control Act (BCA; P.L. 112-25) required sequestration of mandatory funding in each of FY2013-FY2021 (absent congressional action to reduce this spending in some other ways). Prior to the December 2015 budget bill, the BCA was amended to extend that time period through FY2023 by the Bipartisan Budget Agreement of 2013 (Div. A., P.L. 113-67) and through FY2024 by the Temporary Debt Limit Extension (P.L. 113-83).

⁷ *OMB Report to the Congress on the Joint Committee Reductions for Fiscal Year 2016*, (February 2015), https://www.whitehouse.gov/sites/default/files/omb/assets/legislative_reports/sequestration/2016_jc_sequestration_report_speaker.pdf.

Federal Child Welfare Programs

Descriptions of federal child welfare programs, including their purposes, final funding levels in each of FY2012-FY2016, 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-FY2016

Funding amounts for each of FY2012-FY2016 shown in this report are based first on the relevant final appropriations laws for each fiscal year (P.L. 112-74, P.L. 113-6, P.L. 113-76, P.L. 113-235, P.L. 114-113), 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 for the year (as included in HHS ACF budget justifications). In addition, for FY2013, most 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 through FY2016, the 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). See **Appendix B** for more information about sequestration and federal child welfare funding.

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

There are no federal eligibility criteria for recipients. Instead, states may elect to fund services and activities to meet these goals on behalf of any child or family that they determine to be in need of them. To receive these funds, states must meet federal requirements, many of which are

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.

designed to ensure all children in foster care (regardless of whether they are eligible for federal Title IV-E assistance) receive certain protections.⁹

While state spending patterns vary, for FY2015, the states collectively planned to spend 39% of this federal CWS 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 26% of this funding on family preservation services (intended to enable children to remain safely in their own homes or to 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: 8% for family support or prevention services (intended to strengthen intact families to promote child and family well-being); 10% for foster care maintenance payments (to pay the 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.¹⁰

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-FY2016.

Table 2. Final Funding for Stephanie Tubbs Jones Child Welfare Services Program
(nominal dollars in millions)

Child Welfare Services	FY2012	FY2013	FY2014	FY2015	FY2016
Formula grants to states, territories, and tribes	\$280.6	\$262.6	\$268.7	\$268.7	\$268.7

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

Distribution

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.¹¹ (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.)

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*, by (name redacted).

HHS, ACF, ACYF, Children’s Bureau, *Report to Congress on State Child Welfare Expenditures*, 2015 (July 2015).

¹¹ States are required to provide a greater share of program costs to receive this funding if they complete less than 95% of the expected monthly caseworker visits, and/or less than 50% of the visits occur where the child lives. For more (continued...)

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.¹²

For FY2015, states collectively planned to spend 25% of their federal PSSF funding for family support services, roughly the same amount (25%) for family preservation services, 20% for adoption promotion and support services, and 22% for time-limited family reunification services (i.e., services intended to enable children who have been in foster care for no more than 17 months to return safely to their homes). Remaining funds were to be spent for program administration (6%) or other program costs (2%).¹³

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. PSSF program funding has been subject to sequestration in each of FY2013-FY2016. The amounts sequestered during those four years have reduced the program’s appropriated funding by a combined \$94.6 million, most of this in mandatory funds.

Table 3 shows actual program funding (i.e., the amount made available after sequestration) for each of FY2012-FY2016.

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

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

PSSF Funding	FY2012	FY2013	FY2014	FY2015	FY2016
TOTAL (mandatory and discretionary)	\$408.1	\$387.1	\$379.9	\$379.6	\$381.3
Mandatory funding	\$345.0	\$327.4	\$320.2	\$319.8	\$321.5
Discretionary funding	\$63.1	\$59.7	\$59.8	\$59.8	\$59.8

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 through FY2016 applied to the mandatory portion of PSSF funding only.

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information see, “Grants to Improve Monthly Caseworker Visits” in CRS Report R41860, *Child Welfare: Funding for Child and Family Services Authorized Under Title IV-B of the Social Security Act*, by (name redacted).

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*, by (name redacted).

¹³ HHS, ACF, ACYF, Children’s Bureau, *Report to Congress on State Child Welfare Expenditures*, 2015 (July 2015), p.5. 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.

Distribution of PSSF Child and Family Services Funding

PSSF funds for child and family services are distributed to states based on their relative share of the national population of children receiving Supplemental Nutrition Assistance Program (SNAP) benefits. 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 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.¹⁴

Reservation and Distribution of PSSF Funds for Court Improvement, Regional Partnership Grants, Monthly Caseworker Visits, and Other Program Activities

Apart from funding child and family services, the statute requires specified amounts of PSSF funding to be reserved each year for related programs and activities. These include the Court Improvement Program, Regional Partnership Grants (to improve outcomes for children affected by parental substance abuse), Monthly Caseworker Grants, and program-related evaluation and research. Therefore, before funds are distributed to states and territories for provision of child and family services, the law provides specific dollar or percentage amounts that must be set aside for each of these programs or activities.¹⁵

Table 4 shows PSSF funding (both mandatory and discretionary) divided by purpose or activity for each of FY2012-FY2016. 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 in millions; parts may not sum to total due to rounding)

PSSF Program or Activity	FY2012	FY2013	FY2014	FY2015	FY2016
TOTAL (mandatory and discretionary)	\$408.1	\$387.1	\$379.9	\$379.6	\$381.3
Services to children and families— Formula grants to states and territories	\$316.9	\$300.5	\$295.2	\$294.9	\$296.0
Tribal services to children and families— Formula grants to tribes	\$11.0	\$10.5	\$10.3	\$10.3	\$10.5
State Court Improvement Program— Formula grants to state highest courts	\$31.1	\$29.5	\$28.9	\$28.9	\$29.0
Tribal Court Improvement Program Competitive grants for tribal courts ^a	\$1.0	\$1.0	\$1.0	\$1.0	\$1.0

¹⁴ 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 31, 2015, p. 9.

¹⁵ For a description of the Court Improvement Program, Regional Partnership Grants, and Monthly Caseworker Visit Grants, see the sections corresponding to those program names in CRS Report R41860, *Child Welfare: Funding for Child and Family Services Authorized Under Title IV-B of the Social Security Act*, by (name redacted).

PSSF Program or Activity	FY2012	FY2013	FY2014	FY2015	FY2016
Monthly Caseworker Visits— Formula grants to states and territories	\$20.0	\$19.0	\$18.6	\$18.5	\$18.6
Regional Partnership Grants— Competitive grants to regional partnerships to improve outcomes for children	\$20.0	\$19.0	\$18.6	\$18.5	\$18.6
Evaluation, research, training, and technical assistance— Competitive grants, contracts, or agreements	\$8.1	\$7.7	\$7.5	\$7.5	\$7.6

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 through FY2016, only the program’s mandatory funding was subject to sequestration. Sequestration applied to each program sub-purpose, which means that the effect of sequestration (i.e., the percentage reduction) was spread across each of the PSSF programs and activities.

- a. Like other PSSF set-asides funded with mandatory dollars, the annual tribal Court Improvement set-aside amount (\$1 million) was subject to sequestration in each of FY2013-FY2016. However, the effect of the sequestration (which produced funding levels ranging from a low of \$927,000 to a high of \$949,000 during those years) is not seen in this table because of rounding.

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.¹⁶

Family Connection grants have been awarded to 49 grantees, including 11 public child welfare agencies (state, local, and tribal) and 38 private nonprofit agencies located in 23 states.¹⁷ The

¹⁶ 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. This language was removed effective with FY2014 (via P.L. 113-183).

¹⁷ Some grantees receive more than one grant. For more information on the FY2009-FY2014 grantees and their projects, see project descriptions and reports at <http://www.nrcpfc.org/grantees.html>. For FY2015 awards, see “Building the Evidence Base for Family Group Decisionmaking,” <http://www.acf.hhs.gov/programs/cb/resource/discretionary-grant-awards-2015>.

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

These 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. Congress did not appropriate any Family Connection Grants funding in FY2015 and, as of February 2016, has not appropriated any FY2016 funding for the grants (see **Table 5**).

Table 5. Final Funding for Family Connection Grants
(nominal dollars in millions)

Family Connection Grants	FY2012	FY2013	FY2014	FY2015	FY2016
Competitive grants to eligible entities and to support evaluation	\$15.0	\$14.2	\$15.0 ^a	\$0	\$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.

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 research, demonstration, and training funding “promotes effective child welfare practices and skill building and supports leadership development and skill building to implement change.”¹⁸ The funding is used for a range of activities intended to help child welfare leaders effectively manage change to improve the work of their agencies, support workforce

¹⁸ HHS, ACF, *Justifications of Estimates for the Appropriations Committees, FY2017*, February 2016, p. 158.

development, and connect with and learn from their peers through leadership academies and a national peer network for professional development. The funds also support online training for frontline supervisors, the administration of awards to colleges and universities for child welfare professional education stipends, and the dissemination of effective and promising workforce practices.

Beginning with FY2010, funding from this account was used to initiate and support a diverse set of “Permanency Innovation” grantees, all of whom worked to demonstrate effective ways to reduce the number of children with long stays (two years or more) in foster care.¹⁹ The five-year grant period has ended, but HHS continues to use funding from this account to evaluate practices carried out by the grantees and to work to integrate research knowledge about good practices into actual, broader practice. This work includes a web-based training and technical assistance platform designed to provide users with a systematic approach to implementing, sustaining, and measuring new practices that improve outcomes for children and families served.²⁰

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-FY2016 is shown in **Table 6** below.

Table 6. Final Funding for Child Welfare Research, Training, or Demonstration Projects
(nominal dollars in millions)

Child Welfare Research, Training and Demonstration	FY2012	FY2013	FY2014	FY2015	FY2016
Competitive grants, contracts, and other arrangements to support child welfare workforce training and to advance practice of child welfare via research or demonstration.	\$26.1	\$24.4	\$25.0	\$16.0	\$18.0

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

For FY2015 and FY2016, Congress has stipulated that funds in this account are available to support the National Survey of Child and Adolescent Well-Being (NSCAW),²¹ although it has not clearly appropriated the full \$6 million requested for the survey by HHS.²² For more information about this survey, see the following NSCAW discussion.

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

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, *Justifications of Estimates for the Appropriations Committees, FY2017*, February 2016, p. 159.

²¹ For FY2015, see explanatory statement at *Congressional Record*, Book II, Dec. 11, 2014, p. H9838. For FY2016, see explanatory statement at *Congressional Record*, Book III, Dec. 18, 2015, p. H10289.

²² Congress provided \$6 million in each of FY1997-FY2011 for NSCAW. Although Congress did not provide funding for NSCAW for any of FY2012, FY2013, or FY2014, the Administration continued to request \$6 million in support for this research in each year. It also redirected funds from other research accounts to permit completion of some of the work of the second survey (NSCAW II), although, according to HHS, the lack of funding meant fewer waves of data were collected or analyzed in that wave. HHS continues to request a full \$6 million for the survey in each year.

longitudinal component and to permit reliable state-level data analysis to the extent determined feasible by HHS. 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.²³ HHS has begun planning for a third NSCAW survey, which, following recruitment of participating agencies, would be expected to begin initial data collection by 2017. (This third survey, unlike the first two, is being supported with funds from the Child Welfare Research, Training, and Demonstration account, described in the preceding section.)

The survey data collected via NSCAW are unique from child welfare administrative data reported by state child welfare agencies to HHS.²⁴ 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,²⁵ and many researchers have accessed the data for additional published analyses.²⁶

Title IV-E of the Social Security Act

Title IV-E of the Social Security Act principally entitles states, tribes, and territories with an approved Title IV-E plan²⁷ to reimbursement of part of their costs of providing foster care,

²³ 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.

²⁴ 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.

²⁵ 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>.

²⁶ Several books derived from NSCAW data have been published, including Ron Haskins, Fred Wolczyn, 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.

²⁷ 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 (continued...)

adoption assistance, or kinship guardianship assistance on behalf of eligible children. All states have approved IV-E plans; seven tribes have an approved Title IV-E plan,²⁸ and Puerto Rico is the only territory with such a plan.²⁹ Additionally, Title IV-E provides funding for technical assistance to tribes and it 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.³⁰ Finally, it also authorizes bonus payments to states and territories (with an approved Title IV-E plan) that increase adoptions and/or legal guardianships of children from foster care. Legislation authorizing these programs and activities is handled by the House Ways and Means Committee and the Senate Finance Committee.

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.

Eligible Individuals and Eligible Costs

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.³¹ Nationally, there were 415,000 children in foster care on the last day of FY2014, and during that same fiscal year, some 164,000 children received Title IV-E foster care maintenance payments in an average month. These figures suggest that considerably less than half of all children in foster care met federal Title IV-E foster care eligibility criteria. In general, those criteria

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²⁸ Port Gamble S’Klallam Tribe (Kingston, WA), Confederated Salish and Kootenai Tribes (Pablo, MT), South Puget Intertribal Planning Agency (Shelton, WA), Keweenaw Bay Indian Community (Baraga, MI), Navajo National (Window Rock, AZ), Chickasaw Nation (Ada, Oklahoma), and the Eastern Band of Cherokee Indians (Cherokee, North Carolina). Tribes first became eligible for *direct* Title IV-E program participation in FY2010. As was true before FY2010, however, numerous tribes receive *indirect* Title IV-E funds, which are passed through by states under tribal-state Title IV-E agreements. For additional information, see Jack Trope and Shannon Keller O’Loughlin, “A Survey and Analysis of Selected Tribal-State Title IV-E Agreements,” March 2014, http://icwa.narf.org/wordpress/wp-content/uploads/2014/03/20140320_title_iv-e_report.pdf.

²⁹ The Northern Mariana Islands is not eligible to participate in Title IV-E. The other four territories (American Samoa, Guam, Puerto Rico, and the U.S. Virgin Islands) are eligible to participate in Title IV-E provided they have an approved plan. However, only Puerto Rico has such a plan.

³⁰ 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.

³¹ 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.

- stipulate that the child must be removed from a home with very low income (i.e., less than 50% of federal poverty level in the majority of states);³²
- require a judge to make certain determinations related to 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 the age of 18 or, if the state, tribe, or territory has included assistance to older youth in its IV-E plan, under the age of 19, 20, or 21 (as elected by the state).³³

(As of September 2015, 23 states have extended Title IV-E assistance for youth beyond their 18th birthday.)³⁴

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 or children at imminent risk of entering foster care (e.g., finding a foster care placement for a child and planning services needed to ensure a child does not need to enter care, is reunited with his or her parents, has a new permanent home, or is otherwise prepared to leave foster care); and
- program-related data system development and operation, training, and recruitment of foster care providers; and
- other program administration costs.

For the most part, the share of these 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

³² CRS calculation based on a comparison of the FY2016 federal poverty guideline (for a family of three) to the applicable monthly “need standard” (for a family of three) in each state. The federal poverty guideline is provided as an annual number, so the need standard was multiplied by 12 for comparison. The need standard is specific to each state and is the maximum amount of countable income a family could have and still be considered “needy” (as of July 1996) for purposes of the prior law case welfare program, known as the Aid to Families with Dependent Children (AFDC). Each state developed its own need standard under that program, and the 1996 standards (as well as income counting rules from AFDC) remain applicable to the Title IV-E foster eligibility determination. Thirty-nine states have a need standard for a family of three that (on an annualized basis) is 50% or less than the FY2016 federal poverty guideline for a family of that size. Thirty-one states had *gross income* AFDC income limits for a family of three that were 75% or less than the FY2016 federal poverty guideline, including ten that were 50% or less than that federal poverty guideline.

³³ 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 (name redacted).

³⁴ 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. Indiana extends IV-E assistance to a youth’s 20th birthday; all other listed states currently extend IV-E assistance to a youth’s 21st birthday. States that choose to extend Title IV-E foster care assistance beyond a youth’s 18th birthday must also provide Title IV-E adoption assistance and Title IV-E kinship guardianship assistance (if the state offers that kind of IV-E assistance) to the same older age for any child who was aged 16 or older when he or she left foster care for adoption or guardianship.

states with lower per capita income); 75% of program training costs; and 50% of all other eligible program costs.³⁵

Waivers

Currently, 29 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 ordinarily would not be eligible for Title IV-E funding.³⁶ Most approved waiver projects seek to use Title IV-E funds to demonstrate use of services or supports that will

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

Fewer projects address other issues, such as preventing or reducing the use of group (“congregate”) care placement settings for children in foster care; addressing behavioral health needs of children; addressing needs of caregivers with substance use disorders; and reducing placement instability for children in foster care.³⁷

Before approving a Title IV-E waiver project, 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.) While states are able to use these funds more flexibly (i.e., on more services and for different populations than would be allowed generally under IV-E), they also must continue—out of this same funding—to provide any needed foster care services and to meet all applicable federal child protections for those children (e.g., case planning and review).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 under current law. (For federal Title IV-E funds obligated by HHS in FY2012-FY2016, see **Table 7** below.) (The FY2016 data reflect expected full fiscal year obligations.)

³⁵ 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%.

³⁶ 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, 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 to be statewide).

³⁷ *Summary of the Title IV-E Child Welfare Waiver Demonstrations*, prepared for Children’s Bureau,ACYF, ACF, HHS by James Bell Associates, Inc., August 2015.

³⁸ Section 1130(b) prohibits HHS from waiving these federal child protections for children in foster care.

Adoption Assistance

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

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

- the child cannot or should not be returned to his/her parents;
- reasonable but unsuccessful efforts to place the child for adoption without assistance have been made (unless those efforts would not be in the child’s best interest); and
- 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 Nationally, states reported that more than 80% of children adopted from foster care in FY2014 were determined by the state to have special needs, and the large majority of states (32) reported that between 90% and 100% of these children were determined to have special needs.⁴⁰

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

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 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 FY2016, the additional income and related requirements do not apply to any child determined to have special needs who is at least four 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

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 (name redacted).

⁴⁰ HHS, ACF,ACYF, Children’s Bureau, “Child Identified as Special Needs Adoption,” reported by states as of July 2015. The percentages shown are related to all adoptions with public child welfare agency involvement. A very small number of these adoptions may be of children who were not previously in foster care.

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 FY2014, about 437,000 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-FY2016, see **Table 7** below.) (The FY2016 data reflect expected full fiscal year obligations.)

Kinship Guardianship Assistance

Beginning in FY2009, states or territories (and, as of FY2010, tribes) with an approved Title IV-E plan were permitted (but not required) to include provision of kinship guardianship assistance in those Title IV-E plans. As of January 2016, 33 states and 6 tribes had incorporated this kind of assistance in their Title IV-E plans.⁴¹ 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).⁴²

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.⁴³ During FY2014, states received federal support under Title IV-E for a part of the cost of providing kinship guardianship assistance to more than 19,000 children on an average monthly basis. (For federal Title IV-E kinship guardianship funds obligated in FY2012-FY2016, see **Table 7** below.) (The FY2016 data reflect expected full fiscal year obligations.)

Obligations of Funds by Title IV-E Program Component

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

⁴¹ The states are Alabama, Alaska, Arkansas, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Louisiana, Maine, Maryland, Massachusetts, Michigan, Missouri, Minnesota, Montana, Nebraska, New Jersey, New York, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Vermont, 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, the Navajo Nation and the Eastern Band of the Cherokee.

⁴² For additional eligibility criteria see, “Kinship Guardianship Assistance,” in CRS Report R42792, *Child Welfare: A Detailed Overview of Program Eligibility and Funding for Foster Care, Adoption Assistance and Kinship Guardianship Assistance under Title IV-E of the Social Security Act*, by (name redacted).

⁴³ 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.

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 from the federal Treasury). Alternatively, if the definite budget authority provided is not enough to provide the federal share (reimbursement) of the eligible Title IV-E program costs submitted by states, territories, or tribes, the annual appropriations acts typically also include an “indefinite budget authority.” This authority allows HHS to access additional funds (within a specific time frame) to meet the statutory commitment to reimburse states for a part of every eligible program cost.⁴⁴

Table 7 shows the amount of funding obligated by HHS in each of FY2012-FY2016 for Title IV-E foster care, adoption assistance, and kinship guardianship assistance. (The FY2016 figure is an estimate of the full year obligation.)

Table 7. Funding Obligated Under the Title IV-E Program
(nominal dollars in millions; amounts shown are obligations)

Title IV-E Program	FY2012	FY2013	FY2014	FY2015	FY2016
TOTAL^a	\$6,550	\$6,487	\$7,286	\$7,200	\$7,609
Foster Care	\$4,180	\$4,132	\$4,746	\$4,581	\$4,800
Adoption Assistance	\$2,296	\$2,278	\$2,450	\$2,510	\$2,674
Kinship Guardianship Assistance	\$74	\$77	\$90	\$109	\$135

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.

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

Tribal Title IV-E Plan Development and Technical Assistance

Section 476(c) of the Social Security Act authorizes HHS to make grants to tribes, valued at up to \$300,000, to assist them with the cost of preparing a Title IV-E plan for HHS approval. Among other things, this may include costs related to the development of a tribal data collection system, a cost allocation methodology (which is needed to seek federal reimbursement for any Title IV-E cost that is not an assistance payment), and agency and tribal court procedures necessary to meet the case review system requirements under the Title IV-E program. The grants are to be provided only to tribes that intend to submit a Title IV-E plan for HHS approval within 24 months. HHS awards these grants annually, on a competitive basis. Through the last day of FY2015 (September

⁴⁴ The additional “indefinite budget authority” is usually limited to the latter part of the fiscal year and has been included in the annual Title IV-E program appropriations beginning with appropriations of FY2003.

30, 2015), 31 tribes (or tribal consortia) had received a plan development grant⁴⁵ and 7 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.⁴⁶

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

Table 8. Final Funding for Tribal Title IV-E Plan Development and Technical Assistance (TA)
(nominal dollar amounts in millions)

Tribal IV-E Plan Development and TA	FY2012	FY2013	FY2014	FY2015	FY2016
Competitive grant funding for tribal IV-E plan development and technical assistance	\$3.00	\$2.98	\$2.96	\$2.96	\$2.96

Source: Table prepared by the Congressional Research Service (CRS). This funding is included in the “exempt” Title IV-E account. However, funding in each of FY2013-FY2016 is a little 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.⁴⁷ Under the program, states are expected to identify children or youth likely to remain in foster care until their 18th birthday to ensure that they have regular and ongoing opportunities to engage in age- or developmentally-appropriate activities and to help prepare them for self-sufficiency.⁴⁸ States are also expected to provide financial, housing, counseling, education, employment, and other appropriate supports to former foster youth between the ages of 18 and 21 years and to promote and support mentoring or other connections with dedicated adults for youth served by the program. CFCIP services may also be made available to youth who, after reaching their 16th

⁴⁵ See Tribal Title IV-E Plan Development grants awarded in each of FY2009-FY2015 at <http://www.acf.hhs.gov/programs/cb/resource/cb-discretionary-grant-awards>.

⁴⁶ 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>.

⁴⁷ For more information on this program see CRS Report RL34499, *Youth Transitioning from Foster Care: Background and Federal Programs*, by (name redacted)

⁴⁸ The CFCIP purpose related to ensuring that certain youth expected to age out of care have regular, ongoing opportunities to engage in age- or developmentally-appropriate activities was added to the CFCIP program by Section 111(c) of the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) and became effective on September 29, 2015).

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.⁴⁹

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.⁵⁰ The authorized amount of funds, \$140 million, is provided in annual appropriations bills.⁵¹ (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.⁵² 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).⁵³ 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-FY2016 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 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)—

⁴⁹ 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 (name redacted).

⁵⁰ 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.

⁵¹ 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.

⁵² For more information see CRS Report RL34499, *Youth Transitioning from Foster Care: Background and Federal Programs*, by (name redacted).

⁵³ 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.

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

Chafee Foster Care Independence Program	FY2012	FY2013	FY2014	FY2015	FY2016
TOTAL	\$185.2	\$182.3	\$183.2	\$183.2	\$183.2
General Program	\$140.0	\$140.0	\$140.0	\$140.0	\$140.0
Educational and Training Vouchers (ETV)	\$45.2	\$42.3	\$43.3	\$43.3	\$43.3

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 have been subject to mandatory sequestration. Mandatory general program CFCIP funding was reduced by \$1,000 in FY2013 and between \$37,000 and \$40,000 in each of FY2014-FY2016 because of sequestration. Chafee 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 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.⁵⁴ The incentive structure included in the 2014 reauthorization legislation (P.L. 113-183) will be fully phased in with the incentive payments made at the end of this fiscal year (FY2016) for adoptions or legal guardianship completed in the previous year (FY2015). For awards made in FY2015 (concerning adoptions and legal guardianship earned in FY2014), P.L. 113-183 stipulated that one-half of the payment was to be based on the prior law incentive structure (numbers of adoptions) and one-half was to be based on the new structure (rates of adoption and legal guardianship).⁵⁵

Adoption Incentive Payments were established in 1997, as part of a package of policy changes (included in the Adoption and Safe Families Act, P.L. 105-89) that were intended to ensure

⁵⁴ For more information see CRS Report R43025, *Child Welfare: The Adoption Incentive Program and Its Reauthorization*, by (name redacted). For adoptions and legal guardianships completed in FY2014, states earned 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.

⁵⁵ Under the most recent prior law incentive structure, 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 (aged nine or older) and of those with “special needs” who are under the age of nine. The amount of increase was determined by comparing the state’s performance on a given category in the current year with its performance in that same category in FY2007.

children’s safe and expeditious exit from foster care to a permanent home, including through adoption whenever appropriate. The most recent reauthorization added recognition of state success at finding permanent families for children (who otherwise would remain in foster care) through legal guardianship. This is consistent with the new federal Title IV-E support authorized for kinship guardianship assistance as part of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351).

Funding is currently authorized on a discretionary basis at \$43 million annually through FY2016. In recent years, states have consistently earned more than funding appropriated to pay these incentives. For example, in recent years states have earned between \$44 million and \$47 million in incentive payments each year while annual funding has remained below \$40 million.⁵⁶ As a result, HHS typically pays out incentive payments earned in one year across two years of appropriations. In this way, states generally receive the full incentive amount earned, but not in one payment. (See **Table 10** for final funding in each of FY2012-FY2016.)

Table 10. Final Funding for Adoption and Legal Guardianship Incentive Payments
(nominal dollars in millions)

Incentive Payments	FY2012	FY2013	FY2014	FY2015	FY2016
Funds to make incentive payments	\$39.3	\$37.2	\$37.9	\$37.9	\$37.9

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

Notes: The name of this program was changed to include “legal guardianship” effective with the first day of FY2015. Awards made in FY2015 (for adoptions and/or legal guardianships completed in FY2014) were determined by the average of (1) the award a state would have earned if the payments were based on the adoption incentive structure in law before the most recent reauthorization and (2) the new adoption and legal guardianship incentive payments. Incentive payments expected to be made late in FY2016 (for adoptions and/or legal guardianship completed in FY2015) will be based wholly on the new incentive structure.

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.⁵⁷ Further, it incorporates program authority for what are commonly referred to as “Children’s Justice Act grants.” Legislation authorizing these programs and activities in CAPTA is handled by the House Education and the Workforce Committee and the Senate Health, Education, Labor and Pensions (HELP) Committee.

⁵⁶ For awards by year, see http://www.acf.hhs.gov/sites/default/files/cb/adoption_incentive_history.pdf.

⁵⁷ To see CAPTA with amendments through the CAPTA Reauthorization of 2010, see the HHS, ACF, ACYF, Children’s Bureau website <http://www.acf.hhs.gov/sites/default/files/cb/capta2010.pdf>.

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. The Justice for Victims of Trafficking Act of 2015 (P.L. 114-22) amended CAPTA to require (as of May 29, 2017) that children identified a victims of sex trafficking (regardless of whether the trafficker is considered their “caretaker”) must also be given access to social services.⁵⁸

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

In addition, states, including 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.⁵⁹

Effective May 29, 2017, the Justice for Victims of Trafficking Act additionally requires a state to assure (as part of its CAPTA state plan) that it has (1) procedures for the identification and assessment of all reports involving known or suspected child victims of sex trafficking and (2) provisions relating to training CPS workers to do this work and to provide services to victims of sex trafficking, including through coordination with other social service agencies.⁶⁰

In FY2014, state and local CPS agencies received 3.6 million calls or other referrals alleging abuse or neglect involving an estimated 6.6 million children. After screening those referrals they

⁵⁸ See Section 802 of P.L. 114-22. Section 802 of P.L. 114-22 added a special rule to CAPTA stipulating that any child identified by a state or local agency worker as a victim of sex trafficking must be considered a victim of child abuse and neglect (including sexual abuse), without regard to whether the child’s trafficker is considered the child’s “caretaker.” For purposes of the P.L. 114-22 amendments to CAPTA, states may define *child* as an individual who is not yet 24 years of age. These provisions are effective as of May 29, 2017.

⁵⁹ HHS provides an annual report based on these data, which are reported via the National Child Abuse and Neglect 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>.

⁶⁰ Section 802 of P.L. 114-22.

determined a CPS response (investigation or assessment) was warranted for 2.2 million of the referrals, involving an estimated 3.2 million children.⁶¹ 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 less than \$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.⁶²

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). (Congress chose to continue funding the grants in FY2016.) 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.⁶³ Final funding for CAPTA state grants in each of FY2012-FY2016 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; 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

⁶¹ HHS, ACF, ACYF, Children's Bureau, *Child Maltreatment 2014*, (January 2016).

⁶² 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.

⁶³ 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.

on Child Abuse and Neglect.⁶⁴ 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.⁶⁵ 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. Currently, planning is under way to field the fifth National Incidence Survey on child abuse and neglect.⁶⁶

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). Congress chose to continue to provide this CAPTA funding in FY2016 and also increased its funding level (by \$4 million) for the year to \$33 million (P.L. 114-113).⁶⁷

The final explanatory statement accompanying the FY2016 bill does not explicitly discuss why the increase was provided. However, it does reference report findings by the Institute of Medicine (IOM) and the National Research Council (NRC) in *New Directions in Child Abuse and Neglect Research*—which called for a high-level, coordinated federal response to the “public health” problem of child abuse and neglect—to encourage ACF to work with the National Institutes of Health and the Substance Abuse and Mental Health Services Administration to synthesize available research and to develop a peer-reviewed approach to address research gaps related to understanding, preventing, and treating child abuse and neglect.⁶⁸ The 2014 IOM/NRC report notes that although in the past two decades much has been learned about the scope of child abuse and neglect, its lifelong effects, and general preventive measures, research gaps remain in our understanding of specific *causes* of child abuse and neglect (as opposed to risk factors *associated* with child abuse and neglect), differential individual sensitivity to apparently similar experiences of abuse or neglect, and specific causes of what appears to be a significant decline in physical and sexual abuse of children but not in their neglect.⁶⁹

Funding provided for this account is awarded competitively by HHS to carry out the required and/or authorized CAPTA activities. Beginning with the FY2014 funding, Congress has annually used report language or the final explanatory statement accompanying final appropriations bills to call for a part of this CAPTA funding to be used for “implementation of research-based court team models that include the court system, child welfare agency, and community organizations in

⁶⁴ 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>.

⁶⁵ The most recent *Child Maltreatment* report (including data for FY2014) and reports from earlier years, are available online at <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

⁶⁶ The NIS was most recently fielded (NIS-4) in the middle 2000s. See <http://www.acf.hhs.gov/programs/opre/research/project/national-incidence-study-of-child-abuse-and-neglect-nis-4-2004-2009>.

⁶⁷ The Administration's FY2016 budget request had sought addition funds in this account (\$20 million) to fund research related to improved child protective services investigations and for support related to implementing new child welfare provisions requiring a child welfare response to sex trafficking of children. The final FY2016 bill and accompanying explanatory statement, however, do not cite either of these proposals with regard to this increase.

⁶⁸ Explanatory statement accompanying H.R. 2029 (enacted as P.L. 114-113); see *Congressional Record*, December 17, 2015, p. H10289.

⁶⁹ IOM/NRC, *New Directions in Child Abuse and Neglect Research*, National Academies Press (2014), pp. 1-6.

order to better meet the needs of infants and toddlers in foster care.” HHS responded by funding the Quality Improvement Center on Court Teams for Research-Based Infant-Toddler Court Teams. For CAPTA discretionary activities funding, see **Table 11** below.

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). Congress chose to continue to provide this CAPTA funding in FY2016.

Final funding for CBCAP grants, for each of FY2012-FY2016, is shown in **Table 11**, below. To receive its allotment under the program, a state lead agency must assure that it will provide nonfederal resources of no less than 20% for the program.⁷⁰ Further, each state’s allocation of CBCAP funds is based in part on the amount of nonfederal money leveraged by the state for child abuse prevention activities. Specifically, 70% of the grant funding is distributed to each state and territory based on its relative share of children (individuals under age 18) in the nation (except that by statute no state may receive less than \$175,000).⁷¹ 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.

⁷⁰ Section 204(4) of CAPTA.

⁷¹ The statute provides that no state may receive less than \$175,000. Beginning with FY2005 (when Congress provided a jump in CBCAP funding, which, at the nominal dollar level, has mostly been maintained), 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)
(nominal dollars in millions; parts may not sum to total due to rounding)

CAPTA	FY2012	FY2013	FY2014	FY2015	FY2016
TOTAL appropriation	\$93.7	\$87.9	\$93.8	\$93.8	\$98.1
CAPTA State Grants —Formula grants to states and territories	\$26.4	\$24.7	\$25.3	\$25.3	\$25.3
CAPTA Discretionary Activities —Competitive grants, contracts or agreements to eligible entities.	\$25.7	\$24.1	\$28.7 ^a	\$28.7 ^a	\$33.0 ⁰
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	\$41.5	\$38.9	\$39.8	\$39.8	\$39.8

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 a succeeding section of this report, are provided annually out of the Crime Victims Fund.

- a. The explanatory statement accompanying the final funding for FY2014 (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.” Comparable statements (or report language) accompanying FY2015 (P.L. 113-235) and FY2016 (P.L. 114-113) final funding measures have indicated that support for this purpose should be continued from this account.

The explanatory statement accompanying the final funding for FY2016 (P.L. 114-113) encourages ACF to coordinate child abuse and neglect-related research with the Substance Abuse and Mental Health Services Administration and the National Institutes of Health.⁷²

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.⁷³

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).

⁷² See *Congressional Record*, December 17, 2015, p. H10289.

⁷³ Children’s Justice Act funding is made available, separately, to tribes for related purposes. This funding is administered by DOJ. See <http://www.justice.gov/jmd/file/822366/download#page=65>.

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).⁷⁴ 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.⁷⁵ Up to \$3 million in funding is retained by DOJ for competitive grants to tribal entities. FY2012-FY2016 funding for Children’s Justice Act Grants is shown in **Table 12**.

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

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

Children’s Justice Act Grants	FY2012	FY2013	FY2014	FY2015	FY2016
TOTAL (set-aside out of CVF)	\$20.0	\$20.0	\$20.0	\$20.0	\$20.0
Formula grants to states and territories (administered by HHS)	\$17.0	\$17.0	\$17.0	\$17.0	\$17.0
Competitive grants to tribes (administered by DOJ)	\$3.0	\$3.0	\$3.0	\$3.0	\$3.0

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

Note: For FY2013, certain funding provided from the Crime Victims Fund was subject to sequestration. However, this did not affect the level of funding set aside for Children’s Justice Act grants. This table assumes the same treatment of this funding for each of FY2014-FY2016.

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).⁷⁶ The legislation creating these programs was handled by the Senate and House Judiciary committees.

⁷⁴ For more information about this fund see CRS Report R42672, *The Crime Victims Fund: Federal Support for Victims of Crime*, by (name redacted)

⁷⁵ 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).

⁷⁶ 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).

Improving Investigation and Prosecution of Child Abuse Cases

Subtitle A (Sections 211-214B) of the Victims of Child Abuse Act (VCAA)⁷⁷ supports the expansion and improvement of Children’s Advocacy Centers (CACs). These centers are intended to coordinate a multidisciplinary response to child abuse (e.g., law enforcement, child protection/social service, medical, mental health) in a manner that ensures child abuse victims (and any 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. The VCAA authorizes funds to directly support establishment and operation of local and regional children’s advocacy centers, as well as training and technical assistance related to improving the investigation and prosecution of child abuse and neglect.

Nationally there are some 775 CACs (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.⁷⁸ About 306,000 children were served at CACs during 2015, close to three-fourths (74%) of whom were 12 years of age or younger. Sexual abuse was the most commonly reported abuse, involving about two-thirds (66.4%) of the children served at CACs in 2015. Children served may have experienced more than one type of abuse. Other abuses reported among children served were physical abuse (19.0%), neglect (7.1%), child witnesses to violence (6.7%), child drug endangerment (3.3%), or “other” (5.7%). Most of the alleged abusers were related to the child, including close to 6 in 10 (58.7%) who were the child’s parent, step-parent, or other relative.⁷⁹

For purposes of the CAC’s work (and related technical training and assistance), “child abuse” is defined to mean “physical or sexual abuse or neglect of a child.” As provided in the Justice for Victims of Trafficking Act of 2015 (P.L. 114-22), this includes “human trafficking and the production of child pornography.” That law also authorized grants to develop and implement specialized programs to identify and provide direct services to victims of child pornography.⁸⁰ Further, it established a Domestic Trafficking Victims Fund—to consist of financial penalties collected for certain human trafficking-related violations and other specified funds—and directed that a part of those dollars must be used (in each of FY2016-FY2019) to support those grants or enhance the programming related to responding to child pornography.⁸¹

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.⁸² Federal law also requires the establishment and support of four regional children’s advocacy centers to increase the number of communities with CACs, help

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

⁷⁸ 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>.

⁷⁹ National Children’s Alliance, “NCA National Statistic- Statistical Report, 2015” <http://www.nationalchildrensalliance.org/sites/default/files/2015NationalAnnual.pdf>.

⁸⁰ Section 104 of P.L. 114-22. See also CRS Report R44315, *Justice for Victims of Trafficking Act of 2015: Changes to Domestic Human Trafficking Policies*, by (name redacted), (name redacted), and (name redacted).

⁸¹ Section 101 of P.L. 114-22. The act requires no less than \$2 million annually to be devoted to grants related to victims of child pornography, provided this amount is available from certain dollars that are to be transferred to the fund.

⁸² For more information on the National Children’s Alliance support for local and state CACs see <http://www.nationalchildrensalliance.org/funding-cacs-chapters>.

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.⁸³ Currently the four regional centers are located in Huntsville, AL; Philadelphia, PA; St. Paul, MN; and Colorado Springs, CO.⁸⁴ Additionally, 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.⁸⁵

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). (See **Table 13**, below, for FY2012-FY2016 final funding.)

Court-Appointed Special Advocates

Subtitle B (Sections 215-219) of the Victims of Child Abuse Act⁸⁶ 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.⁸⁷ As of 2014, some 949 state, local, and tribal CASA programs located in 50 states, including the District of Columbia, were a part of the National CASA Association.⁸⁸

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.⁸⁹ 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.⁹⁰ In 2014, more than 251,000 children were served by

⁸³ 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).

⁸⁴ For links to regional CAC websites see <http://www.mrcac.org/about-mrcac/our-partners/>.

⁸⁵ For more information about NCPCA see <http://www.ndaa.org/ncpca.html>.

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

⁸⁷ 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/>.

⁸⁸ 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, *2014 National CASA Annual Report*, (2015).

⁸⁹ 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)).

⁹⁰ See Findings as included in Subchapter B, Victims of Child Abuse Act of 1990 (Title II of P.L. 101-647).

more than 76,000 CASA volunteers. Children in foster care have typically experienced abuse or neglect and most children served by CASAs are in foster care.⁹¹ On the last day of FY2014 (September 30, 2014), some 415,000 children remained in foster care, and of those children, more than half (some 215,000) had been in foster care for 12 months or more.⁹²

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 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.⁹³ 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-FY2016 is shown in **Table 13**.

Child Abuse Training for Judicial Personnel and Practitioners

Sections 221-224 of the Victims of Child Abuse Act of 1990⁹⁴ 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.⁹⁵ 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.⁹⁶

Since the early 1990s, Congress has provided annual funding dedicated to this training program (with or without current funding authority)⁹⁷ 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-FY2016 is shown in **Table 13**.

⁹¹ See NCASAA, *2014 National CASA Annual Report*, (2015).

⁹² HHS, ACF, ACYF, Children's Bureau, *The AFCARS Report, No. 22*, preliminary FY2014 estimates based on data reported by states as of July 2015.

⁹³ 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.

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

⁹⁵ 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.

⁹⁶ 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>.

⁹⁷ In its DOJ/OJP budget requests for each of FY2012-FY2014, the Administration requested no funding under this program authority.

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

VCAA Funding	FY2012	FY2013	FY2014	FY2015	FY2016
Children’s Advocacy Centers (and related training and technical assistance)	\$18.0	\$17.7	\$19.0	\$19.0	\$20.0
Court Appointed Special Advocates	\$4.5	\$5.6	\$6.0	\$6.0	\$9.0
Child Abuse Training for Judicial Personnel and Practitioners	\$1.5	\$1.4	\$1.5	\$1.5	\$2.0

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 1978,⁹⁸ the Adoption Opportunities program⁹⁹ 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.

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.¹⁰⁰ Some of the Adoption Opportunities “major” program activities, as cited by HHS, Administration for Children and Families (ACF),¹⁰¹ include

⁹⁸ 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.

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

¹⁰⁰ Beginning with 2011, funding that had been provided for “Adoption Awareness” (Sections 330F and 330G of the Public Health Service Act, as added by the Children’s Health Act of 2000) was combined with Adoption Opportunities funding. The Obama Administration sought this consolidation of funding, noting that where the Adoption Awareness program was “more narrowly targeted,” the Adoption Opportunities program granted “broad authority” to support (continued...)

- developing and implementing a national adoption information exchange system (which includes an online web portal known as AdoptUSKids featuring a national photo listing of children available for adoption as well as information about prospective foster or adoptive parents);
- developing and implementing an adoption training and technical assistance program (current projects include the Quality Improvement Center on Adoption/Guardianship Support and Preservation and support for adoption related information on the Child Welfare Information Gateway);
- conducting ongoing, extensive recruitment efforts on a national level—to encourage the adoption of older children, minority children, and special needs children (current work includes support for the National Resource Center for Diligent Recruitment of Foster and Adoptive Parents and a series of Public Service Announcements intended to encourage adoption of children, especially older children and children who are part of sibling groups);
- increasing states’ effective use of public and private agencies for the recruitment of adoptive and foster families and assistance in placement of children;
- promoting programs to increase the number of older children adopted from foster care; providing for programs aimed at increasing the number of minority children (in foster care and with the goal of adoption) who are placed in adoptive families, with a special emphasis on recruitment of minority families;
- 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.

Reducing interstate barriers to placement of children has been a long-running concern of the program, and HHS has recently used Adoption Opportunities funding to extend support for the National Electronic Interstate Compact Enterprise (NEICE) project for three years. Six states initially participated in a NEICE pilot, which enabled electronic exchange of data needed to process interstate placement of children. Evaluation of the pilot found reduced placement time and other improved efficiencies. By funding a continuation of this project for three years, HHS hopes to extend use of the system to all states.¹⁰²

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). Congress chose to continue appropriations for the program in FY2016. (See **Table 14** for final Adoption Opportunities funding in FY2012-FY2016.)

(...continued)

adoption projects, including projects similar to those supported by Adoption Awareness. It further argued that “consolidating these funds will provide a more efficient mechanism for financing on-going projects. See HHS, ACF, *Justification of Estimates for Appropriations Committees*, FY2011 (2010), p. 150.

¹⁰¹ HHS, ACF, *Justification of Estimates for Appropriations Committees*, FY2017 (February 2016), p. 162.

¹⁰² Ibid. “Supporting Permanent Placements of Children in Foster Care Through Electronic Data Exchange for the American Public Human Services Association (APHSA) by WRMA. See also website of the NEICE project <http://www.aphsa.org/content/AAICPC/en/actions/NEICE.html>.

Table 14. Final Funding for Adoption Opportunities

(nominal dollars in millions)

Adoption Opportunities	FY2012	FY2013	FY2014	FY2015	FY2016
Competitively awarded funds for national initiatives, state or local projects, and other activities to reduce barriers to special needs adoptions	\$39.2	\$36.7	\$40.6 ^a	\$39.1	\$39.1

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 Senate Appropriations Committee report, incorporated in that statement, also noted continued concern “about the availability of post-adoption services for children and their adoptive families” and “strongly” encouraged increased use of the program funding for purposes related to such services. HHS responded by awarding eight 17-month grants to public and private agencies related to child-focused recruitment of adoptive parents, announcing a National Adoption Competency Mental Health Training Initiative to improve the ability of child welfare staff and mental health practitioners to meet needs of children with a permanency goal of adoption/ guardianship or those who have already been placed for adoption or guardianship; and awarding support for a National Quality Improvement Center for Adoption/Guardianship Support to develop evidence-based service models to improve behavioral health of children and youth in adoptive/guardianship families, among other things.

Abandoned Infants Assistance

The Abandoned Infants Assistance Act of 1988 (P.L. 100-505) responded to congressional concerns about the number of infants who remained in hospital care beyond their medical need to do so and who, often because of parental drug use, were born with exposure to drugs and/or HIV.¹⁰³ The act authorized 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;

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

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

HHS 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.¹⁰⁴

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 1991.¹⁰⁵ 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),¹⁰⁶ 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). Congress did not choose to continue funding for this program in FY2016. (See **Table 15**.)

¹⁰⁴ The resource center maintains resources and program information at its website, <http://aia.berkeley.edu>.

¹⁰⁵ 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.

¹⁰⁶ For information about early implementation efforts see National AIA Resource Center, *Substance Exposed Infants: Noteworthy Policy and Practices*, Issue Brief 3, September 2006.

Table 15. Final Funding for Abandoned Infants Assistance
(nominal dollars in millions)

Abandoned Infants Assistance	FY2012	FY2013	FY2014	FY2015	FY2016
Competitive grants, contracts, or agreements to eligible entities for services, technical assistance and training	\$11.5	\$10.8	\$11.1	\$11.1	\$0

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

While noting the program’s success, the Obama Administration in its FY2016 budget sought authority to use these program funds on behalf of a broader range of at-risk infants and toddlers.¹⁰⁷ Congress, instead, chose not to provide funding for this program for FY2016. The Senate Appropriations Committee in its report on Labor-HHS-Education appropriations for FY2016¹⁰⁸ stated that

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

¹⁰⁷ HHS, ACF, *Justification of Estimates for the Appropriations Committees, FY2016* (2015), p. 165. As part of this request, the Administration sought to rename the program “Protecting Abandoned and At Risk Infants and Toddlers.”

¹⁰⁸ S.Rept. 114-74, to accompany S. 1695, which was incorporated into the explanatory statement accompanying the legislation (H.R. 2029) that became the final FY2016 appropriations act (P.L. 114-113).

Appendix A. Recent Funding by Program

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

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

Table A-1. Child Welfare Program Funding by Fiscal Year
(nominal dollars in millions; parts may not sum to total due to rounding)

Program	FY2012	FY2013	FY2014	FY2015	FY2016
TOTAL	\$7,696	\$7,578	\$8,390	\$8,279	\$8,689
TITLE IV-B OF THE SOCIAL SECURITY ACT	\$730	\$688	\$689	\$664	\$668
Stephanie Tubbs Jones Child Welfare Services (CVS)	\$281	\$262	\$269	\$269	\$269
Promoting Safe and Stable Families (PSSF) (Total: mandatory and discretionary funds, all activities)	\$408	\$387	\$380	\$380	\$381
Child Welfare Research, Training, and Demonstration	\$26	\$24	\$25	\$16	\$18
Family Connection Grants	\$15	\$14	\$15	\$0	\$0
TITLE IV-E OF THE SOCIAL SECURITY ACT	\$6,777	\$6,710	\$7,510	\$7,424	\$7,833
Title IV-E Foster Care, Adoption and Guardianship (Total for all three components with open-ended funding)	\$6,550	\$6,487	\$7,286	\$7,200	\$7,609
Tribal IV-E Plan Development and Technical Assistance	\$3	\$3	\$3	\$3	\$3
Chafee Foster Care Independence Program (CFCIP) (Total: Basic program and Education and Training Vouchers)	\$185	\$182	\$183	\$183	\$183
Adoption and Legal Guardianship Incentive Payments	\$39	\$37	\$38	\$38	\$38
OTHER PROGRAMS	\$188	\$180	\$192	\$190	\$188
Child Abuse Prevention and Treatment Act (CAPTA) (Total: State Grants, Discretionary Activities and Community-Based Grants to Prevent Child Abuse and Neglect)	\$94	\$88	\$94	\$94	\$98
Children’s Justice Act Grants	\$20	\$20	\$20	\$20	\$20
Adoption Opportunities	\$39	\$37	\$41	\$39	\$39
Abandoned Infants Assistance	\$12	\$11	\$11	\$11	\$0
Victims of Child Abuse Act (VCAA) (Total for Children’s Advocacy Centers, Court Appointed Special Advocates, and Child Abuse Training for Judicial Personnel)	\$24	\$25	\$27	\$27	\$31

Source: Table prepared by Congressional Research Service. For funding of program components or parts and for additional notes about these amounts, see individual program funding tables in the body of this report.

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

Table B-1 lists each child welfare program described in this report by its type of funding authority (mandatory or discretionary) and notes whether program funds *may be* subject to sequestration. If the program is listed as one that may be subject to sequestration, it is referred to as “nonexempt” and is subject to automatic spending cuts *in any fiscal year for which 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 final funding bills for the year (P.L. 113-235 and P.L. 114-4) did not exceed the discretionary spending caps for nondefense programs. Therefore, no sequestration was required for these discretionary programs, regardless of whether they are classified as exempt or nonexempt. Further, for FY2015, sequestration continued to be required for nondefense, nonexempt mandatory programs, pursuant to the BCA. 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.

For FY2016, OMB determined that discretionary appropriations included in the final funding bill for that year (P.L. 114-113) did not exceed the discretionary spending caps for nondefense programs. Therefore, no sequestration was required for these discretionary programs, regardless of whether they are classified as exempt or nonexempt. However, for FY2016, sequestration continued to be required for nondefense, nonexempt mandatory programs, pursuant to the BCA. The President issued a sequestration order for FY2016 mandatory spending on February 2, 2015, and the order took effect on October 1, 2015 (the first day of FY2016). According to OMB, spending for each nonexempt, nondefense mandatory program account was reduced by 6.9% for FY2016.

Table B-I. 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	FY2016
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	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%)	Yes (6.8%)
Promoting Safe and Stable Families Program (includes funding for state, territorial, and tribal child and family services, the Court Improvement Program, and research and evaluation)	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No
Stephanie Tubbs Jones Child Welfare Services Program	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No
Family Connection Grants	Mandatory	Yes (nonexempt)	Yes (5.1%)	b	b	b
Child Welfare Research, Demonstrations, and Training	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No
Child Abuse Prevention and Treatment Act (CAPTA), including State Grants, Discretionary Activities, and Community-Based Grants to Prevent Child Abuse and Neglect	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No
Adoption Incentives, Adoption Opportunities, Abandoned Infants Assistance	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No ^c
Victims of Child Abuse Act Programs (Court Appointed Special Advocates, Children's Advocacy Centers, and Child Abuse Training for Judicial Personnel)	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No
Children's Justice Act Grants (Funded as a set aside from the Crime Victims Fund.)	Mandatory	No ^d	No ^d	No ^d	No ^d	No ^d

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

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

- their FY2014 funding, which was provided, via P.L. 113-183, on September 29, 2014. Congress did not provide funding for these grants in FY2015 and as of February 18, 2016, had not provided FY2016 funding.
- c. For FY2016, Congress did not provide any funding for Abandoned Infants Assistance.
 - d. Funding provided by the Crime Victims Fund is subject to sequestration. However, for FY2013, the statutory set-aside from the fund that is used to support Children's Justice Act Grants was not subject to sequestration. This table assumes this same policy applied for FY2014, FY2015, and FY2016.

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