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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 between $7.6 billion and $8.7 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 (3%) 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).

Federal child welfare support is provided via multiple programs, the largest of which are included in the Social Security Act. Title IV-B of the Social Security Act primarily authorizes funding to states, territories, and tribes to support their provision of a broad range of child welfare-related services to children and their families. Title IV-E of the Social Security Act entitles states to federal reimbursement for a part of the cost of providing foster care, adoption assistance, and (in states electing to provide this kind of support) kinship guardianship assistance on behalf of each child who meets federal eligibility criteria. Title IV-E also authorizes funding to support 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, including research and demonstration funding, is authorized or otherwise supported in the Child Abuse Prevention and Treatment Act (CAPTA) and the Adoption Opportunities program. 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

Final FY2016 child welfare funding ($8.689 billion) was appropriated as part of the Consolidated Appropriations Act, 2016 (P.L. 114-113). FY2017 began on October 1, 2016, before passage of final FY2017 appropriations. To allow for continuation of most federal programs and operations, Congress approved a short-term continuing resolution (Division C of P.L. 114-223), which provides funding through the earlier of December 9, 2016, or the date on which final full-year appropriations are enacted. The continuing resolution funds each of the child welfare programs discussed in this report through that date. Each child welfare program that receives discretionary funding is extended the same level of funding provided in FY2016 *minus* an "across-the-board" amount of just less than one-half of one percent (0.496%). For programs receiving mandatory funding, P.L. 114-223 stipulates that funding is available on the same basis and at the same authorized level as provided for FY2016.

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-FY2017. Principally, this includes the Promoting Safe and Stable Families (PSSF) program. All federal child welfare programs that receive *discretionary* funding may be subject to sequestration. Through FY2016, however, FY2013 is the only year in which this occurred. A final determination regarding sequestration of discretionary funding for FY2017 can only be made after final appropriations for that fiscal year are enacted.

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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

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

In the most recent years, Congress has provided between $7.6 billion and $8.7 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 level by each program included in the "Title IV-B," "Title IV-E," and the "All other programs," categories 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 and 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]

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

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 $5.0 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 discussion of the status of FY2017 appropriations, which had not been finalized as of mid-November 2016, and then reviews federal appropriations activity in FY2016. The remainder, and bulk, of the report is comprised of brief descriptions of each federal child welfare program, including its purpose and recent (FY2012-FY2016) final funding levels.

Status of FY2017 Appropriations

FY2017 began on October 1, 2016, before passage of final FY2017 appropriations legislation. To allow for continuation of most federal programs and operations, Congress approved a short-term continuing resolution (Division C of P.L. 114-223). Enacted on September 29, 2016, this continuing resolution (CR) provides funding through the earlier of December 9, 2016, or the date on which final full-year appropriations are enacted for the child welfare programs described in this report.

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

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

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

For those programs receiving mandatory funding, P.L. 114-223 stipulates that funding is available on the same basis and under the same authorized level as provided for FY2016. Principally, the child welfare programs receiving some or all of their funding on an appropriated mandatory basis are the federal Title IV-E foster care, adoption assistance, and kinship guardianship assistance program, the Promoting Safe and Stable Families Program, and the Chafee Foster Care Independence Program (CFCIP) basic grants.

For each of the remaining child welfare programs that receive discretionary funding, the short-term FY2017 funding provided in the CR (P.L. 114-223) is the program's FY2016 appropriation reduced by an "across-the-board" amount of just less than one-half of one percent (0.496%). Discretionary child welfare funding provided for FY2016 totaled close to $596 million; on an annualized basis, a 0.496% reduction of that overall sum would reduce that level by a little less than $3 million (spread proportionately across all those child welfare programs with discretionary funding).

Effect of Sequestration on FY2017 Child Welfare Funding

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 required automatic reduction of appropriations. However, some smaller authorizations of mandatory funding are *nonexempt* (principally this is the mandatory funding provided for the Promoting Safe and Stable Families Program (PSSF)) and thus are subject to the earlier announced FY2017 sequestration percentage of 6.9% for nonexempt, non-defense mandatory spending.[4] If the final FY2017 mandatory PSSF funding is ultimately provided at last year's level, this sequestration percentage would be expected to reduce that appropriation by about $23.8 million (i.e., from the $345 million to about $321.2 million).

Any final funding legislation for FY2017 may adjust the level of discretionary or mandatory funding ultimately provided. As noted above, the 6.9% sequestration of nonexempt, non-defense mandatory funding, which became effective October 1, 2016, is expected to apply to whatever final funding is provided in that category. With regard to discretionary spending, the Congressional Budget Office (CBO) has estimated that the non-defense discretionary funding provided in P.L. 114-223 (if provided on a full-year basis) would exceed the overall cap for this spending as established for FY2017 in the Budget Control Act (P.L. 112-25, as amended). Congress may choose to address this issue in any final and full-year funding legislation in a variety of ways, which may include reducing each discretionary funding account by a greater percentage, reducing specific funding for specific programs by larger amounts, or making adjustments to the overall discretionary spending caps.

For a description of sequestration by year and a table showing child welfare programs by their type of funding authority and status as "exempt" or "nonexempt," see **Appendix B**.

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

Federal Child Welfare Programs

Federal child welfare programs are described below. Each description includes program purposes, the final funding level in each of FY2012-FY2016, and the type and status of the program's funding authority.

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. Final funding for FY2017 had not yet been provided as of mid-November 2016, and therefore program level funding is not shown for that year.

Funding for Title IV-E foster care, adoption assistance, and kinship guardianship assistance is authorized on an open-ended basis. Funding amounts shown in this report are based on federal obligations made for the year (as included in the most recently available HHS ACF budget justifications with information for the year).

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).

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

Stephanie Tubbs Jones Child Welfare Services

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

[5] Title IV-B contains funding authority for the Mentoring Children of Prisoners program (Section 439), which is not discussed further in the body of this report. The program, last funded by Congress in FY2010 ($49 million) was established by the Promoting Safe and Stable Families Amendments of 2001 (P.L. 107-133).

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

There are no federal eligibility criteria for recipients. Instead, states may elect to fund services and activities to meet these goals on behalf of any child or family that they determine to be in need of them. To receive these funds, states must meet federal requirements, many of which are designed to ensure all children in foster care (regardless of whether they are eligible for federal Title IV-E assistance) receive certain protections.[6]

Planned Use of Funds

While state spending patterns vary, for FY2016, states collectively planned to spend the largest part of their federal Child Welfare Services funding (45%) on child protective services. These services 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 a combined 32% of this funding on three categories of services: family support, family preservation, and time-limited family reunification services. These services are intended to strengthen families to promote family and child well-being, as well as to enable children to remain safely at home, or if they have entered foster care, to be returned safely home.

Collectively states expected to spend remaining federal FY2016 CWS funds as follows: 10% for foster care maintenance payments (to pay the room and board cost of a child's stay in foster care); 6% for program administration; 5% for services to promote and support adoption and for adoption and guardianship subsidies; and 3% for other activities, services, or planning, including training and foster and adoptive parent recruitment.[7]

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 (individuals under age 21), with a higher per child federal funding level provided to states with lower per capita income. Generally, to receive its full federal allotment of Child Welfare Services funding, each state must provide nonfederal resources equaling no less than 25% of all funds spent under this program.[8] (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.)

Funding

Funding for Child Welfare Services was first authorized in 1935 as part of the original Social Security Act and is currently included at Title IV-B, Subpart 1 of that act. Annual discretionary funding of $325 million was authorized for the program through FY2016 (i.e., until September

[6] 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*.

[7] HHS, ACF, ACYF, Children's Bureau, *Report to Congress on State Child Welfare Expenditures*, 2016 (August 2016). Percentages sum to more than 100 because of rounding.

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

30, 2016). Actual final funding appropriated for the CWS program has never reached that authorization level (first established for FY1990). Congress may choose to extend CWS funding without explicit funding authorization. P.L. 114-223 extends federal support for this program through no later than December 9, 2016, at the FY2016 level minus 0.496% (i.e., $267.4 million on an annualized basis). Final FY2017 funding may vary based on changes to the underlying appropriation level or sequestration. **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.

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

Planned Use of Funds

States receiving PSSF funds are required to spend a "significant" portion of this federal funding (generally interpreted in guidance as at least 20% of the federal dollars) on each of the four defined service categories. For FY2016, states collectively planned to spend 25% of their federal PSSF funding for family support services, roughly the same amount (25%) for family preservation services, 22% for adoption promotion and support services, and 21% 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, including planning (2%).[10]

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

[10] HHS, ACF, ACYF, Children's Bureau, *Report to Congress on State Child Welfare Expenditures*, 2016 (August 2016), p.5. Percentages total more than 100 due to rounding. Collectively, states report spending more than 20% in each of the four service categories, but there is variation across states. According to HHS, states that spend less than 20% on a given category report doing so because other resources are available to provide those services.

Funding

The PSSF program was added to the Social Security Act (Title IV-B, Subpart 2) in 1993 (P.L. 103-66). Total PSSF funding was 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 reduced the program's appropriated funding by a little less than $24 million annually, for a combined $94.6 million.)

Congress may choose to extend PSSF funding (both discretionary and mandatory) without explicitly extending the funding authorizations. The short-term CR (P.L. 114-223) extends federal support for the PSSF program through (at the latest) December 9, 2016.[11] Calculated on a full year basis, the combined mandatory and discretionary funding for FY2017 made available for PSSF would be $380.7 million. This reflects $59.5 million in discretionary funding (i.e., the FY2016 level minus the across the board reduction of 0.496% included in P.L. 114-223) plus $321.2 million in mandatory funding (i.e., FY2016 authorized level of $345 million minus sequestration required under the Budget Control Act). Final full-year FY2017 funding for the PSSF could vary based on changes to the underlying discretionary and mandatory funding appropriated. The mandatory sequestration percentage of 6.9%, however, became effective on October 1, 2016 (first day of FY2017) and is not subject to change.[12]

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.

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)

[11] However, if both the mandatory funding authorization and the mandatory funds themselves are allowed to lapse, the funding may be dropped from CBO's projected "baseline." If that occurred, and Congress subsequently sought to restore mandatory PSSF funding to its prior level, legislative provisions that would accomplish this would be treated by CBO as new mandatory spending (and therefore subject to applicable budget enforcement rules, such as PAYGO).

[12] CBO understands the statute (Title IV-B, Subpart 2 of the Social Security) as dropping the mandatory funding for PSSF to $325 million effective with FY2017. Accordingly, although on an annualized basis the PSSF mandatory funding included in P.L. 114-223 ($345 million, pre-sequestration) is the same as the mandatory PSSF funding provided for FY2016 (pre-sequestration), it was projected by CBO as an increase in direct federal spending.

benefits (three-year average). To receive its full federal allotment of this PSSF funding, each state must provide non-federal resources equaling no less than 25% of funds spent under this program.

Reservation and Distribution of PSSF Funds for Other Grants and Activities

Apart from funding child and family services, the statute requires specified amounts of PSSF funding to be reserved each year for related programs and activities. These include the Court Improvement Program, Regional Partnership Grants (to improve outcomes for children affected by parental substance abuse), Monthly Caseworker Grants, and program-related evaluation and research. Therefore, before 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.[13] **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 the required reservations.

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
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 affected by parental substance abuse	$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.

[13] 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 Emilie Stoltzfus.

Family Connection Grants

Section 427 of the Social Security Act authorizes Family Connection Grants. Congress last provided funding for these grants in September 2014. Family Connection Grants were used 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.[14] 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 while continuing to live with their children.

Family Connection grants were awarded to 49 grantees, including 11 public child welfare agencies (state, local, and tribal) and 38 private nonprofit agencies located in 23 states.[15] Projects supported with Family Connection Grant dollars have typically been funded for three years, grantees were required to provide nonfederal matching funds (between 25% and 50% depending on the year of the grant), and to participate in coordinated evaluation activities. HHS has also awarded a separate evaluation contract related to these grants.[16]

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 for FY2015 or FY2016, and, as of November 2016, has not appropriated any FY2017 funding for the grants (see **Table 5**).

[14] Section 427(g) of the Social Security Act requires HHS to reserve 3% of program funds ($450,000) annually for evaluation and permits it to reserve an additional 2% ($300,000) annually for technical assistance. 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 kinship navigator programs. This language was removed effective with FY2014 (via P.L. 113-183).

[15] 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. Some remaining funds were awarded in FY2015 awards, see "Building the Evidence Base for Family Group Decisionmaking," http://www.acf.hhs.gov/programs/cb/resource/discretionary-grant-awards-2015.

[16] A report summarizing cross-site evaluation findings and recommendations from the initial (2009-2011) grantees is available at http://nrcpfc.org/grantees_public/2009/Fam%20Conn%20Summary%20and%20Recommendations%206-17-13%20Stand-Alone%20Final.pdf. For evaluations of later grantees work regarding Family Group Decisionmaking see, http://www.acf.hhs.gov/sites/default/files/cb/family_connection_fgdm_2011_exesum.pdf

The funding provided in September 2014 was appropriated for FY2014 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.

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 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."[17] 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 development, and connect with and learn from their peers through leadership academies and a national peer network for professional development. The funds also support the administration of child welfare professional education stipends (awarded to colleges and universities); online training for frontline supervisors; and dissemination of effective and promising workforce practices, which includes a web-based training and technical assistance platform designed to provide users with a systematic approach to implementing, sustaining, and measuring the effects of new practices.[18] For FY2015 and FY2016, Congress has stipulated that funds in this Section 426 account are available to support the National Survey of Child and Adolescent Well-Being (NSCAW),[19] although it has not clearly appropriated the full $6 million requested for the survey by HHS. For more information about this survey, see the following NSCAW discussion.

Annual funding for Section 426 research, demonstration, and training activities is authorized on a permanent (no year limit) basis at "such sums as Congress may determine necessary." P.L. 114-223 continues funding under this authority through no later than December 9, 2016, at the level

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

[18] Ibid, p. 159. For FY2010-FY2014, funding from this account was used to support six "Permanency Innovation" grantees, all of whom worked to demonstrate effective ways to reduce the number of children who spend more than two years in foster care. See http://www.acf.hhs.gov/programs/cb/resource/pii-project-resources. Findings from the project continue to inform Section 426 activities, including the web-based training and technical assistance platform.

[19] For FY2015, see explanatory statement at *Congressional Record*, Book II, December 11, 2014, p. H9838. For FY2016, see explanatory statement at *Congressional Record*, Book III, December 18, 2015, p. H10289.

provided in FY2016, reduced by 0.496%. 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.

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

Section 429 of the Social Security Act requires HHS to conduct (directly or by contract) a nationally representative study of children who are at risk of child abuse or neglect, or are determined by the state to have been abused or neglected. In response to this 1996 legislative directive, 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.[20] HHS has begun planning for a third NSCAW survey, which, following recruitment of participating agencies, is expected to begin initial data collection during 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.)[21]

The survey data collected via NSCAW are unique from other child welfare administrative data reported by state child welfare agencies to HHS.[22] 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

[20] 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.

[21] Congress provided $6 million in each of FY1997-FY2011 for NSCAW but since then (through FY2016) has not provided specific NSCAW funding. To permit completion of some of the work begun with NSCAW II, HHS redirected funds from other research accounts in each of FY2012-FY2014, although the lack of funding meant fewer waves of data were collected or analyzed in the second iteration of the survey. Beginning with FY2015, Congress has directed HHS to use Section 426 research funds to support NSCAW, but it did not increase funding for that account and HHS has continued annually to request a full $6 million for the survey (now in its third iteration).

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

portrait of the full spectrum of children and families served by child welfare agencies. Further, NSCAW gathers information from children, parents, and other caregivers, as well as teachers and caseworkers, to examine the socio-behavioral, education, health status, and other conditions of children and families served by child welfare agencies, and it uses a range of standardized questions ("instruments") to do this. Multiple reports, research briefs, and info-graphics have been produced for HHS from these survey data,[23] and many researchers have accessed the data for additional published analyses.[24]

Title IV-E of the Social Security Act

Title IV-E of the Social Security Act principally entitles states, tribes, and territories with an approved Title IV-E plan[25] to reimbursement of part of their costs of providing foster care, adoption assistance, or kinship guardianship assistance on behalf of eligible children. All states have approved IV-E plans; eight tribes have an approved Title IV-E plan (see **Appendix C** for list);[26] and Puerto Rico is the only territory with such a plan.[27] Title IV-E also authorizes funding 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; this funding is available to any state, tribe, or territory with a Title IV-E plan.[28] Additionally, it provides annual funding for technical assistance related to providing child welfare services to tribal children, and this includes competitive grants to tribes to support development of a Title IV-E plan. Finally, provisions included in Title IV-E also authorize incentive payments to states and territories (with an approved Title IV-E plan) that increase adoptions and/or legal guardianships of children from foster care. Legislation authorizing these programs and activities is handled by the House Committee on Ways and Means and the Senate Committee on Finance.

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

[23] 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.

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

[25] 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*.

[26] 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.

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

[28] 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.

program, the public child welfare agency must work to ensure that each child who enters foster care is safely returned to his/her parents, or—if this is determined not possible or appropriate (by a court)—to find a new permanent home for the child via adoption, legal guardianship, or placement with a fit and willing relative.

The number of children in foster care declined from a reported high of 567,000 on the last day of FY1999 to fewer than 400,000 on the last day of FY2010, but it has trended up since then, reaching close to 428,000 children on the last day of FY2015.[29]

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.[30] Nationally, there were 428,000 children in foster care on the last day of FY2015, and during that same fiscal year, close to 165,500 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

- 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);[31]
- 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).[32]

As of October 2016, 26 jurisdictions (including 22 states, the District of Columbia, and 3 tribes) have approval to provide Title IV-E assistance for youth beyond their 18th birthday. (See **Appendix D** for list.)

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);

[29] U.S. Committee on Ways and Means, *2014 Green Book,* Chapter 11, "Child Welfare," Additional Tables and Figures, Table 11-4; and HHS, ACF, ACYF, Children's Bureau, *Trends in Foster Care and Adoption,* June 2016.

[30] 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.

[31] CRS calculation based on a comparison of the FY2016 federal poverty guideline (for a family of three) to an annualized version of the applicable monthly "need standard" (for a family of three) in each state.

[32] See also 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*.

- program-related data system development and operation, training, and recruitment of foster care providers; and
- other program administration costs.

Federal support for these Title IV-E program costs is 75% of a state's IV-E program training costs, 50% of all other eligible program administration costs, and ranges between 50% and 83% of eligible foster care maintenance payment costs (the percentage is re-determined annually and varies by state, with higher federal support going to states with lower per capita income).[33]

Waivers

Currently 28 jurisdictions (26 states, the District of Columbia and the Port Gamble S'Klallam Tribe) have approved child welfare demonstration projects (i.e., "IV-E waivers"). Under the terms and conditions of their specific waiver agreement, each of these jurisdictions is permitted to use Title IV-E foster care funds to provide services or assistance to children (and their families)—even if those children or those services or assistance would not normally be considered eligible. Under current law, HHS is not authorized to grant any new child welfare waivers, and no state may operate a waiver project after September 30, 2019. [34] (**Appendix E** shows jurisdictions with current Title IV-E waiver projects, including implementation date).

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

Title IV-E waiver projects vary significantly in geographic and program scope. Some operate (or plan to) on a statewide basis, others are limited to specific regions or counties in the state. The interventions may focus on different age groups (e.g., children age 0-5 years; children ages 12-17) and different service needs or circumstances (e.g., children entering care for the first time; children at risk of entering care; children transitioning from group care to home; children with substance-abusing parents).[35] At the same time, most of the approved waiver projects seek to use Title IV-E funds to demonstrate services or support that achieve one or more of the following:

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

Additional focus, in a smaller number of projects, addresses other issues, such as preventing or reducing the use of group ("congregate") care for children in foster care; addressing behavioral

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

[34] Section 1130(a)(2) and (d)(2) of the Social Security Act.

[35] *Summary of Child Welfare Waiver Demonstration by Jurisdictions*, June 2016. Available on the Children's Bureau website at http://www.acf.hhs.gov/sites/default/files/cb/waiver_summary_table_active.pdf.

health needs of children; addressing needs of caregivers with substance use disorders; and reducing placement instability for children in foster care.[36]

Before approving a Title IV-E waiver project, HHS, together with the Office of Management and Budget (OMB), must determine a method to ensure that the state will not receive more funding under the approved waiver than it would have received in the absence of the waiver. For most 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. In some of those states, the cap applied to funding across the entire state and for nearly all foster care costs; in others the cap applied only to one or more counties/cities or for specific kinds of costs (e.g., cost of congregate care). In places without a cap, cost neutrality might rely on providing the same average per child cost for "usual care" as is provided for "treatment" care.

While states are able to use waiver funds for more activities and to serve different populations than would be allowed generally under the Title IV-E program, they also must continue—out of this same funding—to provide any needed foster care services and to meet all applicable federal child protections for those children (e.g., case planning and review).[37] Additionally, to receive funding under the waiver each jurisdiction must continue to provide the non-federal (state) share of program funding, which varies by type of program cost and may also vary by state (based on the amount of maintenance payment spending included in the cap). The state's share is always 50% for program administrative costs that are included in the capped funding (e.g., spending on case planning and management) and may not be more than 50% nor less than 17% for maintenance payments costs that are included in the cap.

A survey of state child welfare spending in state fiscal year 2014 found that among 18 states that reported spending under the waiver project of more than $1 billion, most of this funding continued to be used to provide foster care to children who were eligible for Title IV-E foster care (58%, $614 million) or was spent on those same foster care costs for children in foster care who did not meet Title IV-E eligibility (32%, $339 million). The remainder was spent primarily on other services and activities, whether for Title IV-E eligible or non-eligible children (9%, $75 million) and for program development or evaluation (1%, $26 million).

Foster Care Funding Authorized

Title IV-E entitlement (or mandatory) funding for foster care is authorized on a permanent basis (no year limit) and is provided in annual appropriations acts. Congress typically provides the amount of Title IV-E foster care funding (or "budget authority") that the Administration estimates will be necessary for it to provide state or other Title IV-E agencies with the promised level of federal reimbursement for all of their eligible Title IV-E foster care costs under current law. Under the continuing resolution (P.L. 114-223), HHS is authorized (through December 9, 2016, at the latest) to provide whatever level of Title IV-E foster care support is needed to meet the federal commitments spelled out in current law. For federal Title IV-E funds obligated by HHS in FY2012-FY2016, see **Table 7** below.

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

[37] 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.[38] Nationally, states reported that some 82% of children adopted from foster care in FY2015 were determined by the state to have special needs and the primary special needs identified were membership in a sibling group (32%); medical condition or physical, mental, or emotional disability (21%); "other—Title IV-E agency defined factor" (21%); age (16%); or race/ethnicity (9%).[39]

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

For any child with special needs, federal reimbursement is available to states for a part of the cost of paying the adoptive parent's *nonrecurring* adoption expenses (i.e., one-time costs related to legally finalizing the adoptions). [40] Federal reimbursement is also available for a part of the cost of providing *ongoing* (monthly) subsidies to adoptive parents on behalf of children with special needs. Under current law, some children with special needs are required to meet additional income and other criteria to be eligible for this ongoing assistance, but those additional rules are being phased out, primarily based on age of the special needs child in the fiscal year the adoption assistance agreement is finalized.[41] During FY2015, Title IV-E support was provided for non-

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

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

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

[41] For children on whose behalf an adoption assistance agreement is entered into at any time during FY2017 (i.e., October 1, 2016, through September 30, 2017), the additional income and related requirements (applied to the home the child was removed from, *not the adoptive home*) must only be used in instances when the special needs adoptee will not reach his or her 2nd birthday as of the end of that fiscal year (i.e., as of September 30, 2017). Eligibility for children with special needs who are siblings of those meeting the age or length of time in care (60 continuous months) criteria must also be determined eligible for Title IV-E adoption assistance without use of any income or related requirements, provided those siblings are placed in the same adoptive family with the sibling. As of the first day of FY2018 (October 1, 2017), the additional income and related requirements will no longer apply to the eligibility determination of any (continued...)

recurring costs in close to 6,100 adoptive placements and ongoing monthly Title IV-E adoption assistance payments were paid on behalf of close to 441,000 children on an average monthly basis.[42]

States, territories, or tribes with a Title IV-E plan approved by HHS may seek federal reimbursement for a part of the cost of making payments agreed to under Title IV-E adoption assistance agreements and for related program administration costs, including training. As with Title IV-E foster care funding, Title IV-E adoption assistance funding is authorized on a permanent (no year limit) basis and Congress typically provides the amount of annual funding for this open-ended entitlement that HHS estimates will be necessary to reimburse states for all eligible program costs. Under the continuing resolution (P.L. 114-223), Title IV-E adoption assistance funding is continued at the level needed to meet the federal share of program costs as authorized in law through December 9, 2016, at the latest. For federal Title IV-E adoption assistance funds obligated in FY2012-FY2016, see **Table 7** below.

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 November 2016, 40 jurisdictions, including 32 states, the District of Columbia, and 7 tribes, had incorporated this kind of assistance in their Title IV-E plans. (For a list of these jurisdictions, see **Appendix F**.) Accordingly, these states and tribes may seek federal reimbursement for a part of the cost of providing ongoing kinship guardianship assistance payments on behalf of every eligible child.

To be eligible for Title IV-E kinship guardianship, a child must have previously been in foster care and must have been eligible to receive Title IV-E foster care maintenance payments (while living in the home of the prospective legal relative guardian).[43] During FY2015, these jurisdictions received federal support under Title IV-E for a part of the cost of providing kinship guardianship assistance to more than 22,000 children on an average monthly basis.[44]

As with other Title IV-E program components, funding is authorized on a permanent basis (no year limit). Jurisdictions with an approved Title IV-E plan that includes the kinship guardianship assistance option are entitled to reimbursement for a part of the program costs, including guardianship assistance payments paid to legal relative guardians on behalf of eligible children, and for related program administration, including training.[45] Under the continuing resolution (P.L. 114-223), this funding is continued at the same level it was authorized for FY2016 (i.e., whatever

(...continued)

special needs child for federal Title IV-E adoption assistance. See §§ 473(a)(2(A)(ii) and 473(e) of the Social Security Act.

[42] Based on state submitted Title IV-E adoption assistance expenditure claims for FY2015 as compiled by HHS, ACF, Office of Legislative Affairs and Budget (OLAB), May 2016.

[43] 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 Emilie Stoltzfus.

[44] Based on state submitted Title IV-E kinship guardianship assistance expenditure claims for FY2015, as compiled by HHS, ACF, OLAB, May 2016. The total number of children assisted on an average monthly basis includes more than 1,000 who were eligible for this assistance because they were receiving it under an approved child welfare demonstration (waiver) project, as of December 30, 2008. See §474(g) of the Social Security Act.

[45] 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.

funding is needed to pay federal share of program costs as currently authorized in the law) through December 9, 2016, at the latest. (For federal Title IV-E kinship guardianship funds obligated in FY2012-FY2016, see **Table 7** below.)

Obligations of Funds by Title IV-E Program Component

Title IV-E funding is described as an "open-ended entitlement" because the law (Section 474 of the Social Security Act) provides that a state is entitled to reimbursement for a particular share (or percentage) of every eligible program cost incurred by a state or tribe operating a Title IV-E program.[46] To meet this commitment in each annual appropriations act, Congress provides "definite budget authority" (a certain amount of funds) that enables HHS to reimburse states, territories, and tribes for their eligible Title IV-E costs. The amount needed for this purpose is estimated in the annual budget request of the President and this is typically the amount of definite budget authority provided by Congress. In any year that Congress authorizes more funding than needed to make these reimbursements, the extra funding authority will eventually lapse (no longer be available from the federal Treasury). Alternatively, if the definite budget authority provided is not enough to provide the federal share (reimbursement) of the eligible Title IV-E program costs submitted by states, territories, or tribes, the annual appropriations acts typically also include an "indefinite budget authority." This authority allows HHS to access additional funds (within a specific time frame) to meet the statutory commitment to reimburse a part of every eligible program cost.[47] **Table 7** shows the amount of funding (actual or estimated) obligated by HHS in each of FY2012-FY2016 for Title IV-E foster care, adoption assistance, and kinship guardianship assistance.

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 the 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.

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

[47] 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.

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 FY2016 (September 30, 2016), 34 tribes (or tribal consortia) had received a plan development grant[48] 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 is currently funding the National Child Welfare Capacity Building Center for Tribes.[49]

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 help youth make a successful transition from foster care to adulthood.[50] 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-

[48] See Tribal Title IV-E Plan Development grants awarded in each of FY2009-FY2016 at http://www.acf.hhs.gov/programs/cb/resource/cb-discretionary-grant-awards.

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

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

appropriate activities and to help prepare them for self-sufficiency. States are also expected to provide financial, housing, counseling, education, employment, and other appropriate supports to former foster youth 18, 19 or 20 years of age and to promote and support mentoring or other connections with dedicated adults for youth served by the program. CFCIP services may also be made available to youth who, after reaching 16 years of age, 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.[51]

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.[52]The authorized amount of funds, $140 million, is provided in annual appropriations bills.[53] (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.[54] 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).[55] Discretionary funding for ETVs is authorized on a permanent (no year limit) basis and program appropriations are distributed based on a state's relative share of children in foster care.

Final funding provided for CFCIP, including Educational and Training Vouchers for each of FY2012-FY2016, is shown in **Table 9**. P.L. 114-223 extends funding for both through December 9, 2016, at the latest. The CFCIP mandatory funding is continued at same level as authorized in FY2016; ETVs funding, which is discretionary, is continued at the FY2016 level less 0.496%.

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

[52] 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.

[53] 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.

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

[55] 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.

Funding and Distribution for the CFCIP Program, Including ETVs

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

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

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 children's safe and expeditious exit from foster care to permanent homes, including through adoption. The most recent reauthorization added recognition of state success at finding permanent families for children through legal guardianship and renamed the program as Adoption and Legal Guardianship Incentive Payments.

As part of that reauthorization, P.L. 113-183 (2014) revised the incentive structure so that eligible states may earn an incentive for improving the rate (or percentage) of children who leave foster care—for adoption at any age ($5,000 for each adoption resulting from the increased rate); for legal guardianship at any age ($4,000 for each legal guardianship resulting from the increased rate); for adoption or legal guardianship as pre-adolescents (ages 9-13) ($7,500 for each adoption or guardianship resulting from the increased rate); or for adoption or legal guardianship as older children (14 years of age or older) ($10,000 for each adoption or guardianship resulting from the increased rate).[56] A state is found to have an increased rate if during the fiscal year the percentage

[56] For more information, see CRS Report R43025, *Child Welfare: The Adoption Incentive Program and Its Reauthorization*, by Emilie Stoltzfus. For adoptions and legal guardianships completed in FY2014, states earned awards based in part on the prior incentive structure and in part on the new incentive structure. The new incentive (continued...)

of children leaving foster care in one or more of these categories exceeds the comparable percentage for either the most recent previous year or the average percentage for the three most recent previous years.[57]

In recent years, the amount of incentive payments earned by states in a single fiscal year has consistently outpaced funding appropriated in a single fiscal year to pay those incentives and HHS has needed to draw on appropriations from more than one year to provide states their full incentive payment amounts. For example, states earned roughly $47 million in incentive payments for increases in the rate of adoptions (and/or guardianships) completed in each of FY2013 and FY2014 but funding provided to make those incentive payments was closer to $38 million in each year. To ensure states received the full incentives earned, HHS paid out the incentives earned in one year using funds appropriated across two years. Consequently, in September 2016 when HHS announced $41 million in incentives earned for increased adoptions and legal guardianships finalized in FY2015, it had just $9 million in FY2016 appropriations remaining to make those incentive payments to states. Accordingly, and as it has done in past years, HHS made initial, prorated incentive payments with those available funds—meaning each state received roughly 21% of the incentive payment amount it earned for FY2015. However, provided full-year FY2017 funding is appropriated for the program, HHS would be expected to award the remaining amount of those earned incentive payments in FY2017. (See **Appendix G** for incentive awards earned by state.)

Although the discretionary funding authorization for Adoption and Legal Guardianship Incentive payments ($43 million/year) expired with September 30, 2016, some funding for the incentive payments was included in the initial FY2017 continuing resolution (P.L. 114-223).[58] 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.

(...continued)

structure was fully in place for adoptions and legal guardianship completed in FY2015 (awards announced in September 2016).

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

[58] Congress may choose to appropriate additional discretionary funding without explicit funding authorization. However, in order for states to be eligible to earn incentive payments for adoptions and guardianship completed in FY2016 and any later years, Congress must amend the program provision at Section 473A(b)(4) of the Social Security Act that addresses this eligibility.

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 (state grants); competitively awarded funds to support research, technical assistance, and demonstration projects related to prevention, assessment, and treatment of child abuse and neglect (discretionary activities); and funding to all states for support of community-based activities to prevent child abuse and neglect (community-based grants).[59] Further, it incorporates program authority for what are commonly referred to as "Children's Justice Act grants." Legislation authorizing these programs and activities in CAPTA is handled by the House Education and the Workforce Committee and the Senate Health, Education, Labor and Pensions (HELP) Committee.

CAPTA State Grants

The focus of CAPTA is on providing a primarily social service 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 as victims of sex trafficking (regardless of whether the trafficker is considered their parent or "caretaker") must also be given access to social services.[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 determined a Child Protective Services (CPS) response (investigation or assessment) was warranted for 2.2 million of the referrals, involving an estimated 3.2 million children.[61] Under CAPTA State Grants (Section 106 of CAPTA), each state and territory may receive funds to *make improvements* to its CPS system. However, the bulk of the cost to receive and respond to child abuse or neglect allegations is assumed to be borne by states and localities and funding provided via these grants in recent years has offered a little less than $12 for each CPS investigation or assessment of child abuse or neglect carried out by states (on a national basis).

There are 14 potential areas of CPS program improvement listed in the law. A little more than two-thirds of the states (67%) reported their intention to use their CAPTA grant funds to improve the intake, assessment, screening, and investigation of reports of child abuse or neglect. Considerably more than half (58%) intended to use the funds to develop, improve, and implement risk and safety assessment tools and protocols, including use of differential response, and a

[59] 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.

[60] Effective, May 29, 2017, Section 802 of P.L. 114-22 adds 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.

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

similar share (56%) intended to use the funds to improve case management, ongoing case monitoring, and delivery of services and treatment provided to families.[62]

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

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

In addition, states, including the District of Columbia and Puerto Rico, must establish and support Citizen Review Panels to evaluate the effectiveness of their CPS policies and practices and they must, "to the maximum extent practicable," submit annual data to HHS regarding child abuse and neglect in their state.[63]

Most Recent Changes

Among other changes, the CAPTA Reauthorization Act of 2010 (P.L. 111-320) made a state law regarding mandatory reporting a statutory requirement;[64] added the state plan assurances related to having a technology system to track child abuse and neglect cases and describing use of differential response; called for collaborative work between CPS and agencies providing services to families with both adult domestic violence and child abuse victims; stipulated that states must not require reunification of a child with a parent who has subjected the child to sexual abuse or who is required to register as a sex offender; and stipulated that states must, to the maximum extent practicable, report certain data to HHS regarding their CPS workforce.

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

[63] 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.

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

The Comprehensive Addiction and Recovery Act of 2016 (CARA, P.L. 114-198) built on prior CAPTA policy that required each state receiving Section 106 grant funding to assure it had policies requiring health care providers to notify child protection services when an infant shows signs of prenatal exposure to illegal drugs and for the development of a safe plan of care for the infant. CARA requires this notice *without regard to whether the drug was legal or illegal*, and it describes the plan of safe care as one addressing the health and well-being needs of the child as well as the substance abuse treatment needs of the child's parent/caregiver. Additionally, it calls for states to monitor compliance with these requirements and provides for heightened federal monitoring of state compliance. [65]

Effective May 29, 2017, the Justice for Victims of Trafficking Act (P.L. 114-22) 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.[66]

Funding and Distribution

The CAPTA Reauthorization Act of 2010 (P.L. 111-320) extended annual discretionary funding for these grants through FY2015 (i.e., until September 30, 2015). Nonetheless, Congress chose to provide discretionary funding for these grants in FY2016 and it has continued that same funding level (minus 0.496%) into the first part of FY2017, via P.L. 114-223). 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. For FY2015, the median CAPTA state grant award was $346,000, and among the 50 states the grants ranged from a low of $87,000 (VT) to a high of $2.8 million (CA).

The CAPTA Reauthorization Act of 2010 provided that in any year appropriations for these grants reach at least $27,535,000 (i.e., at least $1 million more than the FY2009 appropriation) no state may receive an allotment of less than $100,000. [67] However, funding for these grants has declined since that reauthorization. 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. In their 2014 report, *New Directions in Child Abuse and Neglect Research,* the Institute of Medicine (IOM) and the National Research

[65] Section 503 of P.L. 114-198.To the maximum extent practicable, states are also required to annually report certain data related to infants referred to CPS under this provision. For HHS/ACF guidance, see ACYF-CB-IM-16-05, issued August 26, 2016, http://www.acf.hhs.gov/sites/default/files/cb/im1605.pdf

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

[67] Specifically, 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.

Council (NRC) noted that much has been learned about risks associated with child abuse and neglect, its immediate and lifelong adverse effects, and prevention and treatment. At the same time, they noted much remains unknown about the causes of child abuse and neglect, successful community-level implementation of prevention and treatment programs, and the effects of changes to policies addressing child abuse and neglect. Consistent with the IOM/NRC call for a national strategy and a high-level, coordinated federal response to the "public health" problem of child abuse and neglect,[68] explanatory text accompanying final FY2016 appropriations for CAPTA discretionary activities encouraged ACF to work with the National Institutes of Health and the Substance Abuse and Mental Health Services Administration to synthesize available research and develop a peer-reviewed approach to address research gaps related to understanding, preventing, and treating child abuse and neglect.[69]

Under current law HHS is required to maintain a national clearinghouse concerning child abuse and neglect that gathers and disseminates information on best practices and effective programs that prevent and/or respond to child abuse; provides technical assistance to state and local public and private agencies related to preventing and responding to child abuse and neglect; and collects and annually publishes data on child maltreatment. HHS is further required to fund field-initiated and inter-disciplinary research related to protecting children from abuse and neglect and improving their well-being and to support the study of the national incidence of child abuse and neglect. Current law also permits HHS to fund demonstration projects or grants on a range of suggested topics (many related to training CPS staff and other relevant individuals).

Additionally, HHS is permitted to establish an office on child abuse and neglect for the purpose of carrying out CAPTA and to ensure inter- and intra-departmental coordination of activities related to child abuse and neglect.[70] The Office of Child Abuse and Neglect (OCAN), within the Children's Bureau at HHS carries out CAPTA and works to coordinate child abuse prevention and treatment activities within HHS and across federal agencies, including through its leadership of the Federal Interagency Work Group on Child Abuse and Neglect.[71] 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.[72]

Funding provided for CAPTA Discretionary Activities also currently supports efforts to build the capacity of public child welfare agency workers (and the public or private agencies they work with) to carry out and continuously improve their work; planning grants for developing a model intervention for youth with child welfare involvement who are at-risk of homelessness; and

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

[69] Explanatory statement accompanying H.R. 2029 (enacted as P.L. 114-113); see *Congressional Record,* December 17, 2015, p. H10289. According to the IOM/NRC report, much has been learned about the scope of child abuse and neglect, its lifelong effects, and general preventive measures, but gaps in knowledge remain concerning (1) specific *causes* of child abuse and neglect (as opposed to risk factors *associated* with child abuse and neglect); (2) differential individual sensitivity to apparently similar experiences of abuse or neglect; and (3) the reasons for what appears to be a significant decline in physical and sexual abuse of children but not in their neglect.

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

[71] 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.

[72] 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.

partnerships to demonstrate the effectiveness of supportive housing for families in the child welfare system. The Design Options for Understanding Child Maltreatment project is now underway and intends to identify new methods to obtain accurate and ongoing information on the incidence of child abuse and neglect, as well as key research priorities for the field.[73] Finally, funds from this account are being used to establish the National Advisory Committee on Sex Trafficking of Children and Youth in the United States.[74]

HHS awards CAPTA Discretionary Activities funds to eligible public and private entities (on a competitive basis) to carry out the required and/or authorized CAPTA activities. In some years Congress has also indicated more specific uses for these funds as part of the appropriations process. For example, in each of FY2014-FY2016, report language or explanatory statements accompanying final appropriations bills have called for a part of this CAPTA funding to be used for "implementation of research-based court team models that include the court system, child welfare agency, and community organizations in order to better meet the needs of infants and toddlers in foster care." HHS responded by funding the National Quality Improvement Center on Infant-Toddler Court Teams.

The CAPTA Reauthorization Act of 2010 (P.L. 111-320) extended annual discretionary funding for CAPTA's discretionary activities through FY2015 (i.e., until September 30, 2015). Congress continued to provide funding for this account in FY2016 and via the continuing resolution (P.L. 114-223) at that same funding level (minus 0.496%) into the first part of FY2017. For final CAPTA discretionary activities funding for FY2012-FY2016, 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 the state that work to prevent child abuse and neglect, including through support of parent education, mutual support, and self-help activities; provision of community and social service referrals, outreach services, voluntary home visiting, 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.

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

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

The CAPTA Reauthorization Act of 2010 (P.L. 111-320) extended annual discretionary funding for CBCAP through FY2015 (i.e., until September 30, 2015). Congress chose to continue to provide funding for these grants in FY2016, and via the continuing resolution (P.L, 114-223) has extended that same funding level (minus 0.496%) into the first part of FY2017.

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.[75] 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).[76] 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.

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[a]
Community-Based Grants to Prevent Child Abuse and Neglect—Formula grants to states and territories, includes support for technical assistance and 1% set aside for tribal/migrant programs	$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.

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

[75] Section 204(4) of CAPTA.

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

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.[77]

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

While the program authority for Children Justice Act grants is contained in CAPTA (Section 107), that law does not authorize funding for them. Instead, the grants are funded out of the Crime Victims Fund. That fund consists primarily of criminal fines and fees paid to the federal government and is administered by the Office for Victims of Crime within the Department of Justice (DOJ).[78] Section 1404A of the Victims of Crime Act requires DOJ to annually set aside up to $20 million for Children's Justice Act purposes, of which 85% is directed to HHS (for distribution to 50 states, the District of Columbia, and Puerto Rico)[79] and the remaining 3% is retained by DOJ for competitive grants to tribal entities. FY2012-FY2016 funding for this program is shown in **Table 12**.

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

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

Children's Justice Act Grants	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 (VCAA). That act authorizes several child welfare programs that are administered by the Office

[77] 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.

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

[79] 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).

of Juvenile Justice and Delinquency Programs (OJJDP), an agency within the Office of Justice Programs (OJP) at the Department of Justice (DOJ).[80] Apart from these three programs, the VCAA includes provisions requiring specified professionals to report suspected child abuse or neglect that they learn about while carrying out their profession on *federal land or in federally operated facilities*, and provides criminal penalties for those failing to make such reports. Additionally, it requires federal agencies and agencies operated or contracted to operate by the federal government to ensure criminal background checks are conducted for any individual hired by the agency or facility to provide a wide range of care or services to children. The legislation establishing the VCAA was handled by the Senate and House Judiciary committees.

Improving Investigation and Prosecution of Child Abuse Cases

Subtitle A (Sections 211-214B) of the Victims of Child Abuse Act[81] 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 close to 800 CACs located in all 50 states and the District of Columbia. Coverage varies significantly by state and the National Children's Alliance reports that some 13.5 million children in the nation (about 1 in 5) live in areas without access to a CAC.[82] Close to 312,000 children were served at CACs in 2015 and the large majority (73.0%) were age 12 or younger. Sexual abuse was the most commonly reported abuse, involving about two-thirds (66.3%) 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 (18.9%), neglect (7.1%), 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 (59.8%) who were the child's parent, step-parent, or other relative.[83]

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.[84]

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

[81] 42 U.S.C. §§13001, 13001a, 13001b, 13002, and 13003.

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

[83] National Children's Alliance, "NCA National Statistic- Statistical Report, 2015," dated February 18, 2016. http://www.nationalchildrensalliance.org/sites/default/files/2015NationalAnnual_0.pdf.

[84] 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 Kristin Finklea, Adrienne L. Fernandes-Alcantara, and Alison Siskin.

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.[85]

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.[86] Federal law also requires the establishment and support of four regional children's advocacy centers to increase the number of communities with CACs, help improve their practice, and support development of state chapter organizations for CACs, including by serving as resource and training centers for those local CACs and state chapters.[87] Currently the four regional centers are located in Huntsville, AL; Philadelphia, PA; St. Paul, MN; and Colorado Springs, CO.[88] 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.[89]

Annual discretionary funding authority to support regional and local CACs ($15 million) and training and technical assistance to improve criminal prosecution of child abuse ($5 million) was extended for each of five years (FY2014-FY2018) by P.L. 113-163.[90] See **Table 13**, below, for FY2012-FY2016 final funding. Final FY2017 funding is not available, but the continuing resolution maintained funding for this program through December 9, 2016 (at the latest), at the FY2016 level minus 0.496%.

Court-Appointed Special Advocates

Subtitle B (Sections 215-219) of the Victims of Child Abuse Act[91] 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

[85] 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.

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

[87] 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).

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

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

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

[91] 42 U.S. C. §§13011, 13012, 13013, 13013a, and 13014.

programs in 26 states.[92] As of 2014, some 949 state, local, and tribal CASA programs located in 49 states and the District of Columbia were a part of the National CASA Association.[93]

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.[94] 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.[95] In 2014, more than 251,000 children were served by 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.[96] 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.[97]

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, decreased significantly in FY2012. At the same time, since the early 1990s Congress has annually appropriated funding for the program with or without current funding authorization. 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 has been less than this and is shown in **Table 13**. Final FY2017 funding is not available, but the continuing resolution maintained funding for this CASA program through December 9, 2016 (at the latest), at the FY2016 level minus 0.496%.

Child Abuse Training for Judicial Personnel and Practitioners

Sections 221-224 of the Victims of Child Abuse Act of 1990[98] 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

[92] 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/.

[93] 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).

[94] 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)).

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

[96] See NCASAA, *2014 National CASA Annual Report*, (2015).

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

[98] 42 U.S.C. §§13021, 13022, 13023, and 13024.

technical assistance and training programs.[99] 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.[100]

Since the early 1990s, Congress has provided annual funding dedicated to this training program (with or without current funding authority) and in early 2013, as part of reauthorization of the Violence Against Women Act (P.L. 113-4), it extended annual discretionary funding authority for the program at $2.3 million for each of FY2014-FY2018. Final federal funding appropriated for Child Abuse Training for Judicial Personnel and Practitioners in each of FY2012-FY2016 is shown in **Table 13**. Final FY2017 funding is not available, but the continuing resolution maintained funding for this training program through December 9, 2016 (at the latest), at the FY2016 level minus 0.496%.

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,[101] the Adoption Opportunities program[102] requires HHS to have an administrative structure that allows for centralized planning across all departmental programs and

[99] 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.

[100] 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.

[101] 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.

[102] 42 U.S.C. §§5111, 5113, 5114, and 5115.

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.[103] Some of the Adoption Opportunities "major" program activities, as cited by HHS, Administration for Children and Families (ACF),[104] include

- 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;

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

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

- 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.[105]

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.) Final FY2017 funding is not available, but the continuing resolution maintained funding for Adoption Opportunities through December 9, 2016 (at the latest), at the FY2016 level minus 0.496%.

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.[106] The act authorized funding for local demonstration projects to prevent and respond to the

[105] 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.

[106] 42 U.S.C. §5117aa, §5117a-11, §5117aa-12, §5117aa-21, §5117aa-22.

abandonment of infants and young children. Congress last provided funding for this program ($11 million) in FY2015.

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

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

HHS awarded funds to public and private nonprofits seeking to carry out these local projects. Grantees were required to agree to give priority for services to abandoned infants or young children who are infected with HIV, had perinatal exposure to HIV or a controlled substance, or who have a life-threatening illness or other special medical need. Beginning with 1991 (and through September 30, 2015), HHS funded the National Abandoned Infants Assistance Resource Center, which disseminated findings from evaluations of the project (as required by the act) and offered training and technical assistance to local project grantees. The center is now closed.[107]

Survey data from the mid-2000s suggests 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.[108] 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

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

[108] 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.

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),[109] 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 and no funding for it is included in the FY2017 continuing resolution (P.L. 114-223). (See **Table 15**.)

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.[110] Congress, instead, chose not to provide funding for this program for FY2016. The Senate Appropriations Committee in its report on Labor-HHS-Education appropriations for FY2016[111] 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

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

[110] 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."

[111] 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).

community responses to infants and families in these circumstances, the goal of these demonstration projects.

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 program); **Table 7** (Title IV-E foster care, adoption assistance, and kinship guardianship assistance); **Table 9** (Chafee Foster Care Independence Program, including Education and Training Vouchers); **Table 11** (Child Abuse Prevention and Treatment Act, or CAPTA, including state grants, discretionary activities, and community-based grants); and **Table 13** (Victims of Child Abuse Act, or VCAA, including Children's Advocacy Centers, Court-Appointed Special Advocates, and Child Abuse Training for Judicial Personnel).

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

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

Program	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 (CWS)	$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

The Budget Control Act (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.[112]

The Bipartisan Budget Act of 2015 (P.L. 114-74) amended the level of discretionary spending permitted for both FY2016 and FY2017. 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).[113]

Sequestration Determinations by Fiscal 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.

[112] See CRS Report R42050, *Budget "Sequestration" and Selected Program Exemptions and Special Rules*, coordinated by Karen Spar.

[113] 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).

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. [114] 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 the required sequestration order for FY2016 mandatory spending programs in February 2015 and this order took effect on October 1, 2015. For FY2016, OMB specified that nonexempt, nondefense mandatory program funding would be reduced by 6.8%.[115]

Final funding levels for FY2017 have not yet been determined and accordingly, OMB has not issued its final determination on any needed sequestration of discretionary appropriations for FY2017. However, for FY2017 sequestration continued to be required for nondefense, nonexempt mandatory programs, pursuant to the BCA. The President issued the required sequestration order for FY2017 mandatory spending programs in February 2016, and this order took effect on October 1, 2016. For FY2017, OMB specified that nonexempt, nondefense mandatory program funding would be reduced by 6.9%.[116]

Sequestration Status by Child Welfare Program

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

[114] *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.

[115] *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.

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

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

Program	Type of Funding Authority	Program Subject to Sequestration if Determined Necessary?	Sequestration Determined Necessary for Nonexempt Programs (%)				
			FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Title IV-E Foster Care, Adoption Assistance and Kinship Guardianship Assistance; Tribal Technical Assistance and IV-E Plan Development Grants	Mandatory	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	[b]
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%)	Yes (6.9%)
Promoting Safe and Stable Families Program (includes funding for state, territorial, and tribal child and family services, the Court Improvement Program, and research and evaluation)	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No	[b]
Stephanie Tubbs Jones Child Welfare Services Program	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No	[b]
Family Connection Grants	Mandatory	Yes (nonexempt)	Yes (5.1%)	[c]	[c]	[c]	[c]
Child Welfare Research, Demonstrations, and Training	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No	[b]
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	[b]
Adoption Incentives, **Adoption Opportunities**, Abandoned Infants Assistance	Discretionary	Yes (nonexempt)	Yes (5.0%)	No	No	No[d]	[b,d]
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	[b]

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

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. Final FY2017 funding has not yet been provided as of November 21, 2016; accordingly, the determination of whether any sequestration of funding appropriated for nonexempt discretionary programs had not yet been made.

c. 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 or FY2016, and as of November 21, 2016, had not provided FY2017 funding.

d. For FY2016, Congress did not provide any funding for Abandoned Infants Assistance; additionally, as of November 21, 2016, it had not provided any FY2017 funding for this program.

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

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

Beginning with FY2010, tribes with a Title IV-E plan approved by HHS may receive direct federal reimbursement for eligible costs related to providing foster care, adoption assistance, and, if they choose, kinship guardianship assistance. As of October 2016, the following eight tribes/tribal entities had such an approved plan:

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

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

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

Beginning with FY2011, states and any other jurisdiction operating a Title IV-E program were permitted to amend their Title IV-E plans to allow federal assistance to be provided to otherwise eligible youth up to their 19th, 20th, or 21st birthday. Indiana extends Title IV-E assistance to a youth's 20th birthday; all other jurisdictions listed below currently extend Title IV-E assistance to a youth's 21st birthday.

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

Youth receiving Title IV-E assistance must meet requirements related to participation in education, work, or work preparation (or be documented as unable to participate due to a medical condition). For more information about work, education, and other eligibility factors specific to Title IV-E assistance recipients who are ages 18-21, see "Extended Foster Care" in CRS Report RL34499, *Youth Transitioning from Foster Care: Background and Federal Programs*, by Adrienne L. Fernandes-Alcantara.

As of October 2016, the following states and other jurisdictions had received approval to extend Title IV-E assistance to older youth.[117]

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
West Virginia	Wisconsin	
Eastern Band of Cherokee	Navajo Nation	Keweenaw Bay Indian Community

[117] In addition to the listed jurisdictions, some states provide comparable assistance for older foster youth using their own or other (non-Title IV-E) federal funds.

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

Twenty-eight jurisdictions, including 26 states, the District of Columbia, and the Port Gamble S'Klallam Tribe, are currently approved to operate 29 child welfare demonstration projects. These demonstrations are often referred to Title IV-E waiver projects. (There are 28 jurisdictions and 29 projects because Illinois has approval to implement two separate projects.)

Five states (CA, FL, IL, IN, and OH) have been operating their waiver projects for roughly a decade or longer. The remaining jurisdictions received approval to operate a waiver project between September 2012 and September 2014, and as of November 2016 have been implementing them for anywhere from a few months to three years.[118]

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

Table E-1 below lists each state with a Title IV-E waiver project operating as of November 2016 and lists the focus of the project as well as its start and (scheduled) end date. For additional information on current projects, see the following resources:

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

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

[118] Illinois is also included in this group because the second of its two current waiver projects (IB3) was first approved in September 2012 and implemented in July 2013.

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

State/Other Jurisdiction	Demonstration Focus	**Start** (or most recent extension) **– Scheduled End**
Arizona	"Right-size" use of congregate care.	July 1, 2016 – Sept. 30,2019
Arkansas	Assessment, family engagement, and differential response.	July 31, 2013 – July 30, 2018
California	Flexible funding; develop and implement core practice model/safety-organized practice; wrap-around services for youth at risk of placement due to delinquency.	July 1, 2007 (extended Oct. 1, 2014) – Sept. 30, 2019
Colorado	Family engagement, assessment, kinship supports, and trauma-informed services.	July 31, 2013 – July 30, 2018
District of Columbia	Intensive in-home prevention, family preservation, and post-reunification services; expanded service array.	April 25, 2014 – April 24, 2019
Florida	Improve array of community-based services, including early intervention and in-home services to prevent foster care placement or re-entry.	Oct. 1, 2006 (extended Oct. 1, 2013) – Sept. 30, 2018
Hawaii	Crisis response system, intensive home-based services, services to expedite permanency.	Jan. 1, 2015 – Sept. 30, 2019
Illinois—AODA	Services for caregivers with substance use disorders.	April 28, 2000 (extended Oct. 1, 2013) – Sept. 30, 2018
Illinois—IB3	Parenting education services.	July 1, 2013 – June 30, 2018
Indiana	Flexible funding: increase array, intensity, and accessibility of services to prevent foster care placement	Jan. 1, 1998 (extended July 1, 2012) – June 30, 2017
Kentucky	Services to preserve families with identified substance abuse and/or family violence risk factors.	Oct. 1, 2015 – Sept. 30, 2019
Maine	Parental education and services for caregivers with substance use disorders.	April 1, 2016 – Sept. 30, 2019
Maryland	Trauma-informed assessment, workforce development related to understanding trauma, and other evidence-based practices identified as needed by localities.	July 1, 2015 – Sept. 30, 2019
Massachusetts	Improved residential care and community-based services for youth transitioning out of, or at-risk of, such care.	Jan. 1, 2014 – Dec. 31, 2018
Michigan	Intensive early intervention case management and services.	Aug. 1, 2013 – July 31, 2018
Nebraska	Alternative Response, including links to expanded parenting education; Results Based Accountability included in state's contract and performance management system.	July 1, 2014 – June 30, 2019
Nevada	Safety management services model; enhanced service array.	July 1, 2015 – Sept. 30, 2019
New York	Trauma-informed assessment and evidenced-based services for children in foster care; reduced caseloads.	Jan. 1, 2014 – Dec. 31, 2018
Ohio	Flexible funding: family team meetings and kinship supports, other services to prevent placement or promote permanency for children as chosen by county.	Oct. 1, 1997 (extended Oct. 1, 2016) – Sept. 30, 2019

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

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

a. Illinois is seeking approval of two-year extension.

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

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

As of November 2016, 40 jurisdictions (including 32 states, the District of Columbia, and 7 tribal entities) have received HHS approval to provide kinship guardianship assistance under their Title IV-E plans. In addition, as of that date one state (New Mexico) had submitted a Title IV-E plan amendment seeking approval to do so and that amendment was under review.

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	Wisconsin

Confederated Salish and Kootenai Tribe	Eastern Band of the Cherokee Indians	Keweenaw Bay Indian Community
Navajo Nation	Pascua Yaqui Tribe	Port Gamble S'Klallam Tribe
South Puget Intertribal Planning Agency		

Appendix G. Adoption and Legal Guardianship Incentive Payments

Incentive payments are available only for any qualifying adoptions or legal guardianship determined to have occurred based on the state increasing its rate (percentage) of adoptions or legal guardianships (out of foster care) in the given category. Award amounts are $5,000 for each adoption resulting from the increased rate; $4,000 for each legal guardianship resulting from the increased rate; $7,500 for each pre-adolescent adoption resulting from the increased rate; and $10,000 for each older child adoption or legal guardianship resulting from the increased rate.

When HHS made these incentive payments in late FY2016, it had roughly $8.6 million in program funds available, which represented just under 21% of incentive payments earned by the states. Accordingly, it prorated the amounts paid (as shown in final column of **Table G-1**). If sufficient full-year FY2017 funds are provided, HHS would be expected (based on past precedent) to award states the remainder of the incentive payments earned.

Table G-1. Incentive Payments Earned for Increases in Adoption and Legal Guardianships Completed in FY2015

State	Incentive Payments Earned for					Amount of TOTAL paid as of September 30, 2016
	Adoptions (any age)	Legal Guardianships (any age)	Pre-adolescent Adoptions or Legal Guardianships (ages 9 - 13)	Older Adoptions or Legal Guardianships (age 14 or older)	TOTAL Incentives Earned for FY2015	
Alabama	$0	$64,000	$0	$100,000	$164,000	$34,435
Alaska	$0	$0	$22,500	$0	$22,500	$4,724
Arizona	$0	$184,000	$0	$420,000	$604,000	$126,821
Arkansas	$25,000	$0	$0	$160,000	$185,000	$38,844
California	$2,750,000	$908,000	$532,500	$970,000	$5,160,500	$1,083,540
Colorado	$265,000	$344,000	$187,500	$310,000	$1,106,500	$232,330
Connecticut	$750,000	$20,000	$75,000	$110,000	$955,000	$200,519
Delaware	$15,000	$0	$0	$0	$15,000	$3,150
District of Columbia	$180,000	$0	$0	$90,000	$270,000	$56,691
Florida	$0	$0	$0	$610,000	$610,000	$128,080
Georgia	$0	$180,000	$0	$280,000	$460,000	$96,585
Hawaii	$225,000	$0	$0	$0	$225,000	$47,243
Idaho	$135,000	$0	$0	$20,000	$155,000	$32,545
Illinois	$935,000	$0	$82,500	$0	$1,017,500	$213,642
Indiana	$820,000	$0	$720,000	$290,000	$1,830,000	$384,241
Iowa	$885,000	$92,000	$270,000	$260,000	$1,507,000	$316,422
Kansas	$215,000	$0	$7,500	$220,000	$442,500	$92,911
Kentucky	$285,000	$0	$150,000	$20,000	$455,000	$95,535
Louisiana	$0	$348,000	$0	$300,000	$648,000	$136,059
Maine	$85,000	$0	$0	$60,000	$145,000	$30,445
Maryland	$0	$28,000	$90,000	$0	$118,000	$24,776

State	Incentive Payments Earned for					Amount of TOTAL paid as of September 30, 2016
	Adoptions (any age)	Legal Guardianships (any age)	Pre-adolescent Adoptions or Legal Guardianships (ages 9 - 13)	Older Adoptions or Legal Guardianships (age 14 or older)	TOTAL Incentives Earned for FY2015	
Massachusetts	$0	$100,000	$7,500	$160,000	$267,500	$56,166
Michigan	$0	$168,000	$0	$290,000	$458,000	$96,165
Minnesota	$275,000	$0	$0	$0	$275,000	$57,741
Mississippi	$0	$260,000	$7,500	$310,000	$577,500	$121,257
Missouri	$70,000	$768,000	$67,500	$490,000	$1,395,500	$293,010
Montana	$230,000	$160,000	$75,000	$50,000	$515,000	$108,134
Nebraska	$770,000	$28,000	$322,500	$360,000	$1,480,500	$310,858
Nevada	$395,000	$132,000	$195,000	$0	$722,000	$151,597
New Hampshire	$0	$20,000	$22,500	$20,000	$62,500	$13,123
New Jersey	$110,000	$160,000	$97,500	$350,000	$717,500	$150,652
New Mexico	$0	$80,000	$15,000	$0	$95,000	$19,947
New York	$0	$632,000	$120,000	$0	$752,000	$157,896
North Carolina	$95,000	$0	$105,000	$90,000	$290,000	$60,891
North Dakota	$140,000	$204,000	$112,500	$110,000	$566,500	$118,947
Ohio	$0	$352,000	$285,000	$410,000	$1,047,000	$219,837
Oklahoma	$3,395,000	$0	$1,080,000	$430,000	$4,905,000	$1,029,893
Oregon	$770,000	$168,000	$180,000	$460,000	$1,578,000	$331,330
Pennsylvania	$0	$132,000	$7,500	$590,000	$729,500	$153,172
Rhode Island	$115,000	$112,000	$30,000	$70,000	$327,000	$68,660
South Carolina	$0	$52,000	$0	$0	$52,000	$10,918
South Dakota	$0	$72,000	$7,500	$10,000	$89,500	$18,792
Tennessee	$575,000	$192,000	$187,500	$270,000	$1,224,500	$257,106
Texas	$600,000	$1,692,000	$900,000	$1,070,000	$4,262,000	$894,884
Utah	$325,000	$148,000	$142,500	$220,000	$835,500	$175,428
Vermont	$0	$8,000	$22,500	$70,000	$100,500	$21,102
Virginia	$0	$0	$0	$70,000	$70,000	$14,698
Washington	$330,000	$0	$210,000	$50,000	$590,000	$123,881
West Virginia	$455,000	$160,000	$60,000	$110,000	$785,000	$164,825
Wisconsin	$0	$144,000	$0	$80,000	$224,000	$47,033
Wyoming	$0	$0	$30,000	$0	$30,000	$6,299
Puerto Rico	$0	$0	$0	$0	$0	$0
Totals	**$16,220,000**	**$8,112,000**	**$6,427,500**	**$10,360,000**	**$41,119,500**	**$8,633,780**

Source: Based on information received by CRS from HHS, ACF, ACYF, Children's Bureau in November 2016. To see total annual incentive payments made under this program (beginning with adoptions completed in FY1998) see the table at this link: http://www.acf.hhs.gov/sites/default/files/cb/adoption_incentive_history.pdf.

Note: The incentive structure, including the baseline against which improvement is measured; categories for which incentive payments are made; and the amounts payable have varied considerably across the life of the program. See Appendix D in CRS Report R43025, *Child Welfare: The Adoption Incentive Program and Its Reauthorization*, by Emilie Stoltzfus.

a. Amounts in this column are based on the overall funding available for these incentive payments as of September 2016 ($8,633,780) prorated by state's share of overall earnings. In past years, HHS has used appropriations for these payments made in subsequent years to ensure that states have the full incentive payment amounts they earned.

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