Programs for Children Only

Child Welfare and Child Abuse Prevention Programs

The federal government started providing grants to states for child welfare services under the Social Security Act in 1935. Over time, various social policy goals have been addressed by federal legislation and funding. At the present time, child welfare programs, which can include some level of support for respite care programs for those who care for children, are contained in two major Acts, which have been amended by a number of pieces of legislation.

The Child Abuse Prevention and Treatment Act (CAPTA) contains provisions for

- Title I, Section 106, State Grants;
- Title I, Section 105, Discretionary Activities; and
- Title II, Community-Based Grants for the Prevention of Child Abuse and Neglect.

The Social Security Act provides opportunities for respite funding in several of its titles:

- Title IV-B, Subpart I, Stephanie Tubbs Jones Child Welfare Services;
- Title IV-B, Subpart 2, Promoting Safe and Stable Families; and
- Title IV-B, Subpart 2, Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse.

Additional federal legislation supporting respite services includes

- the Adoption Opportunities Act, and
- the Family Violence Prevention and Services Act.

Each of these programs, demonstrations, and waivers is described in this section on Child Welfare and Child Abuse Prevention Programs.

For more on federal child welfare funding, see:

Child Abuse Prevention and Treatment Act (CAPTA), Basic State Grants

**Authorizing legislation:**

**Currently authorized through:**
September 30, 2015.

**Program purpose:**
To improve state child abuse prevention and treatment programs.

**Beneficiaries:**
Abused and neglected children and their families and at-risk children and families who receive prevention services.

**Funding:**
Formula grants; the amount is determined by the ratio of children under age 18 in each state to the total number of children in the nation.

**Activities supported by the funding:**
Flexible funding is to be used to improve aspects of the state’s child protective services program in the areas of

- abuse and neglect intake, screening, and investigation;
- use of multidisciplinary teams and interagency protocols for investigation;
- legal preparation and representation;
- case management, including ongoing case monitoring and delivery of services and treatment;
- safety and risk assessment instruments;
- technology;
- caseworker training;
- workforce recruitment, development, and retention;
- mandated reporter training;
- programs to obtain or coordinate “necessary services for families of disabled infants with life-threatening conditions, including existing social and health services, financial assistance, and services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption”;
- public education on child abuse and neglect;
- shared leadership strategies between professionals and parents in community-based prevention programs;
- collaboration between the child protection and juvenile justice systems; and
• collaboration between the child protection and public health systems and community-based prevention and treatment programs.

**Respite connection:**
While respite is not specifically mentioned as a covered activity, a state could include respite in its CAPTA State Plan under the areas of the delivery of services and treatment and/or as a service to families of infants with life-threatening conditions. For FY 2008, states planned to spend 48% of their grant funding on prevention and support services, which could include respite care.

**Issues for consumers, providers, and advocates:**
States submit 5-year plans that outline which of the activities listed above they intend to fund under the grant. To receive funding, states must make a number of assurances to the federal government about the way they operate their child abuse and neglect programs.

Currently, all 50 states, the District of Columbia, and several territories receive these grants.

**Federal funding agency:**

**Eligible entity:**
State child welfare agency.

**Points of contact:**
Links to state agency websites are available at the Child Welfare Information Gateway.
https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspROL&rolType=Custom&RS_ID=16

**Related links:**
Catalog of Federal Domestic Assistance: Child Abuse and Neglect State Grants.
https://www.cfda.gov/index?s=program&mode=form&tab=core&id=9dfc03d2ef426cd54f123da07e631b87

**References:**

**Child Abuse Prevention and Treatment Act (CAPTA), Discretionary Activities**

**Authorizing legislation:**
Title I of the Child Abuse Prevention and Treatment Act (CAPTA), Section 105, most recently amended and reauthorized on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111-320).

**Currently authorized through:**
September 30, 2015.

**Program purpose:**
To support a variety of activities related to the causes, prevention, identification, assessment, and treatment of child abuse and neglect.

**Beneficiaries:**
Abused and neglected children and their families and at-risk children and families who receive prevention services.

**Funding:**
CAPTA requires that the U.S. Department of Health and Human Services (DHHS) must make 30% of the total appropriation for Title I programs available for “discretionary activities.” However, Congress generally appropriates two separate funds: one for CAPTA State Grants (see *Child Abuse Prevention and Treatment Act (CAPTA), Title I, Section 106, State Grants*) and a separate fund for Discretionary Activities.

**Activities supported by the funding:**
DHHS may use funds under this section for a variety of research, demonstration, or contracted activities in areas including cross-systems collaboration, training, safety and risk assessment tools, workforce development, visitation centers, kinship placement procedures, mutual parent support and self-help programs, and “other innovative and promising programs related to preventing and treating child abuse and neglect.” In addition, the following activities are specified but have never been funded under this authority:

- respite and crisis nursery programs provided by community-based organizations under the direction and supervision of hospitals,
- respite and crisis nursery programs provided by community-based organizations, and
- programs based within children’s hospitals or other pediatric and adolescent care facilities that provide model approaches for improving medical diagnosis of child abuse and neglect and for health evaluations of children for whom a report of maltreatment has been substantiated.

**Respite connection:**
Support of respite and crisis nursery programs is one of the primary activities that DHHS could choose to fund by these grants. In addition, a case could be made for including respite under several other areas, such as kinship placement and “other innovative...programs.”
**Issues for consumers, provider, and advocates:**
Program announcements published at grants.gov provide specifics of activities to be funded in each grant cycle. Announcements regarding funding for the respite-related activities (discussed in Respite connection above) have not been made to date. Applications are evaluated on the basis of the degree to which proposals meet specific objectives defined in the annual announcement, including the relevance of the proposal to the stated areas of emphasis for the grant cycle. Grants are generally for 1 to 5 years.

All grants under this section must be evaluated for effectiveness; funding for evaluation may be a portion of the grant or a separate grant or contract.

**Federal funding agency:**

**Eligible entity:**
Individual grant announcements list eligible entities. Grants or contracts can be made to states, local governments, Tribes, Tribal organizations, public agencies, or private agencies or organizations (or combinations of such agencies or organizations) engaged in activities related to the prevention, identification, and treatment of child abuse and neglect.

**Points of contact:**
Research and Innovation Division, Children’s Bureau
1250 Maryland Ave, SW
Washington, DC 20024
Phone: 202-205-8172

**Related links:**
Catalog of Federal Domestic Assistance: Child Abuse and Neglect Discretionary Activities.
https://www.cfda.gov/?s=program&mode=form&tab=step1&id=869b1c2e79e85c33ba21801987516583

**References**
Child Abuse Prevention and Treatment Act (CAPTA), Community-Based Child Abuse Prevention (CBCAP) Grants

Authorizing legislation:
Title II of the Child Abuse Prevention and Treatment Act (CAPTA), most recently amended and reauthorized on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111-320).

Currently authorized through:
September 30, 2015.

Program purpose:
To support community-based, prevention-focused programs and activities that strengthen and support families in order to prevent child abuse and neglect.

Beneficiaries:
Children and their families and organizations dealing with community-based, prevention-focused programs and activities designed to prevent child abuse and neglect.

Funding:
Funds are distributed to the states under a formula grant. Seventy percent of funds are distributed based on the number of children under age 18 in the state; the remaining 30% is allotted based on the amount of other aid the current lead agency leveraged and directed during the preceding fiscal year. States must provide a 20% cash match.

One percent of appropriated funds is reserved for allotments to Indian Tribes and organizations and migrant programs.

Each state governor designates a lead agency to administer CBCAP funds. Lead agencies must then submit annual applications for funding. The instructions for this application are included in a program instruction released in the spring of each year. States in turn subcontract with community-based agencies to fund direct services.

This program also supports a national resource center, Family Resource, Information, Education and Network Development Services (FRIENDS), to assist CBCAP lead agencies with the development and evaluation of their programs and activities.

Activities supported by the funding:
The lead agency identified by the state administers the funds, assesses needs, and plans a statewide prevention approach. Local community-based grants are awarded to provide core services such as:

- parent education, mutual support and self-help, and parent leadership services;
- respite care services;
- outreach and follow-up services, which may include voluntary home visiting services; and
- community and social service referrals.
And access to optional services, including:

- referral to and counseling for adoption services for individuals interested in adopting a child or relinquishing their child for adoption;
- child care, early childhood education and care, and intervention services;
- referral to services and supports to meet the additional needs of families with children with disabilities and parents who are individuals with disabilities;
- referral to job readiness services;
- referral to educational services, such as academic tutoring, literacy training, and General Educational Degree services;
- self-sufficiency and life management skills training;
- community referral services, including early developmental screening of children;
- peer counseling; and
- domestic violence service programs that provide services and treatment to children and their non-abusing caregivers.

**Respite connection:**
Respite is a core service of the program, defined as “short term care services, including the services of crisis nurseries, provided in the temporary absence of the regular caregiver (parent, other relative, foster parent, adoptive parent, or guardian) to children who are in danger of child abuse or neglect; have experienced child abuse or neglect; or have disabilities or chronic or terminal illnesses.

As the only federal source of funding to actually start up, implement, and help sustain respite and crisis care programs, CBCAP is critical to building and ensuring respite availability and affordability as an abuse and neglect prevention program. CBCAP funds can be used to help existing respite agencies and programs expand services and reduce waiting lists, build new capacity and programming to serve underserved or unserved populations, especially for families in isolated or rural areas or for families who don’t meet eligibility criteria for existing programs, and help support agency efforts to recruit and train new providers. CBCAP funds can also be used to support respite vouchers or subsidies to help families pay for respite of their choosing. CBCAP lead agencies can help improve timely access, availability, and affordability for critical respite and crisis care services by working in collaboration with disability organizations, state respite coalitions, other child abuse and neglect prevention programs, family resource centers, community- and faith-based organizations, Part C of the Individuals with Disabilities Act (IDEA) Early Intervention Services, and state and local Developmental Disabilities and Mental Health agencies.

**Example:** In Alabama, the Children’s Trust Fund contracts with United Cerebral Palsy-Huntsville to provide respite vouchers or home health respite in six counties through the Alabama Lifespan Respite Resource Network. CBCAP funds one of these projects in Huntsville. Under the voucher program, families of children with disabilities or chronic conditions up to age 19 are eligible for quarterly vouchers and may hire and train anyone they choose as long as the respite provider is 18 or older and does not reside in the home.

**Source:** Alabama Lifespan Respite Network. *Respite Voucher Programs.*
http://www.alabamarespite.org/index.php/apply-for-respite
**Issues for consumers, providers, and advocates:**
CBCAP requires states to include provisions for children with disabilities and to give high priority to community-based, prevention-focused programs for low-income neighborhoods and programs that provide services to young parents or parents with young children. States are also required to consider the special needs of parents with disabilities in program design and implementation. States may establish their own eligibility requirements for clients, on the basis of their approach to meeting the particular needs of communities. Families served with CBCAP funds are typically those that meet some “at risk” definition but—in keeping with the prevention focus—usually are not linked to Child Protective Services.

**Federal funding agency:**
U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children’s Bureau, Office on Child Abuse and Neglect.

**Eligible entity:**
The state’s Children’s Trust Fund is the lead entity in about half the states. In other states, lead entities include state offices of child abuse prevention, child and family services, health, and self-sufficiency. In a few states, other private agencies are designated.

**Points of contact:**
FRIENDS National Resource Center for CBCAP website contains an interactive map of state lead agency contacts. [http://www.friendsnrc.org/state-lead-agency-contacts](http://www.friendsnrc.org/state-lead-agency-contacts)

**Related links:**
Catalog of Federal Domestic Assistance: Community-Based Child Abuse Prevention Grants. [https://www.cfda.gov/index?s=program&mode=form&tab=core&id=c40ae1c761d5a9550c1805af991e4372](https://www.cfda.gov/index?s=program&mode=form&tab=core&id=c40ae1c761d5a9550c1805af991e4372)
FRIENDS National Resource Center for Community-Based Child Abuse Prevention. [http://www.friendsnrc.org](http://www.friendsnrc.org)

**References:**

Stephanie Tubbs Jones Child Welfare Services

**Authorizing legislation:**
Title IV-B, Subpart 1 of the Social Security Act; amended by the Child and Family Services Improvement and Innovation Act, P.L. 112-34.

**Currently authorized through:**
September 30, 2016.

**Program purpose:**
To provide states and Tribes flexibility in developing child and family services programs using a range of services and programs.

**Beneficiaries:**
Families and children in need of child welfare services.

**Funding:**
Each state receives $70,000 and additional funds determined by a formula based on their relative share of the population of children under age 21 times the complement of the state’s average per capita income. Eligible Tribes receive funding based on the allotment for the state in which they are located, the state population under age 21, and the number of children in the Tribal population. States and Tribes must provide a 25% match. States, in turn, fund community-based organizations to provide direct services.

Some states are allowed to use a portion of these funds for foster care maintenance payments, adoption assistance based on earlier history, and day care related to employment or training for employment to no more than their Federal FY 2005 level and must limit spending for administrative costs to a maximum of 10%. Beginning in 2008, states may also have their funding decreased if they do not meet certain goals related to caseworker visits to children in foster care in the preceding year.

**Activities supported by the funding:**
States use the funding in varying ways. In FY 2014, they collectively reported planning to spend the program funds primarily on the following types of activities (in descending order based on percentage of federal funds planned to be used for each activity type).

- child protection;
- family preservation services for at-risk families;
- family support or prevention services;
- foster care maintenance payments;
- promoting and supporting adoption (including through provision of adoption subsidies); and
- other activities, including developing and supporting a well-qualified child welfare workforce.
**Respite connection:**
Respite services could be part of a plan that addresses any of the first five activities listed above.

**Issues for consumers, providers, and advocates:**
States and Tribes submit 5-year state Child and Family Services Plans that outline the goals they will work toward to improve safety, permanency, and well-being of children and their families. The plan must be written after consultation with appropriate public and nonprofit private agencies and community-based organizations. Activities to be funded under this program are described in the plan.

**Federal funding agency:**

**Eligible entity:**
State child welfare agency and federally recognized Indian Tribes.

**Points of contact:**

**Related links:**
Catalog of Federal Domestic Assistance: Stephanie Tubbs Jones Child Welfare Services Program https://www.cfda.gov/index?s=program&mode=form&tab=core&id=e8f5b25b58b9eda59b63656f629fea0e

**References:**


Promoting Safe and Stable Families (PSSF)

**Authorizing legislation:**
Title IV, Part B, Subpart 2 of the Social Security Act, as amended by the Child and Family Services Improvement Act of 2006 (CFSIA), P.L. 109-288; and the Child and Family Services Improvement and Innovation Act, P.L. 112-34.

**Currently authorized through:**
September 30, 2016.

**Program purpose:**
To reduce child abuse and neglect, thereby preserving families; to promote flexibility in the ways states develop and expand child and family services programs that coordinate with community-based agencies.

**Beneficiaries:**
Families and children who need services to help them stabilize their lives, strengthen family functioning, prevent out-of-home placement of children, enhance child development, increase competence in parenting abilities, facilitate timely reunification of the child, and promote appropriate adoptions.

**Funding:**
For Federal FY 2015, the program was funded for a total of $379.6 million ($319.8 million in formula grants to states, tribes, and territories and $59.8 million for discretionary grants). Funds are distributed to states and territories on the basis of the number of children receiving Supplemental Nutrition Assistance Program benefits. States are required to match their funding allotments with at least 25% in state funds and are restricted from spending more than 10% of the total funds on administrative costs. Indian Tribes and Alaska Native organizations are also eligible for funding.

**Activities supported by the funding:**
States are required to spend at least 20% of their funding on each of four categories of services:

- Family support services, which help prevent family crisis by enhancing family functioning and child development. Such services could include, but are not limited to, respite and crisis care, counseling, parent training, and conflict resolution.
- Family preservation services, which focus on families at risk or in crisis and could include respite and crisis care, child abuse treatment and prevention, and domestic violence treatment.
- Family reunification services, which bring separated families back together and are time-limited. Suggested services include respite and crisis care, counseling, substance abuse treatment, mental health services, and services to address domestic violence.
- Adoption promotion and support services, which advance the successful placement of children in safe, permanent families. These services could also include respite and crisis care and family counseling.

States are required to provide an annual report on planned child and family services expenditures for the following year, in addition to their 5-year Child and Family Services Plan (CFSP). For most states, one or both of these documents can be found on the state’s website.

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**Respite connection:**
Respite care can be included in each of the four required categories of services. According to the National Resource Center for In-Home Services (a service of the Children’s Bureau’s National Child Welfare Training and Technical Assistance Network), 36 states were providing respite under PSSF in 2011.2

**Example:** Tennessee began a statewide Adoption Support and Preservation program (ASAP) in 2004, prompted by the settlement of a lawsuit, Brian A. v. State of Tennessee. (Section 8 of the settlement agreement dealt with adoption and post-adoption support to families.) Services are provided through a contract with Harmony Adoption Services in Maryville and Knoxville, TN, that serves eastern Tennessee. A service of the ASAP program involves helping the families develop a relief team to provide a natural support network for all family members, and stipends are available to assist families in obtaining respite. In addition, the Department of Children’s Services may serve the family through non-custodial crisis intervention services and directly purchase respite services if warranted.


**Example:** In Iowa, each child receiving adoption subsidy through PSSF is eligible for five days of paid respite each fiscal year, administered through the Iowa Foster and Adoptive Parents Association (IFAPA). Adoptive parents select their own respite provider and, after the care has been provided, submit a form directly to IFAPA, which pays the provider. Families may receive additional respite days if there are extraordinary circumstances and funds are available. Also, Iowa KidsNet support staff help connect families to respite resources if they are unable to find their own.


**Example:** The South Carolina Department of Social Services designates funds from PSSF for its Health Support Service, which includes reimbursement for Respite Care for adoptive parents in order to enable them to cope with the stress of caring for a child with special needs. Adoptive families are allowed to be reimbursed up to $500 annually to pay for respite care.


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2 Personal communication, May 2011.
**Issues for consumers, providers, and advocates:**

- Federal law does not limit the eligibility of beneficiaries; states are free to set their own eligibility requirements based on income level, disability, age, or level of risk.
- Federal law does not place limits or restrictions on providers; states may set their own eligibility guidelines for providers and may subcontract with any provider of family preservation or family support services.
- States may plan an array of services to best serve the specific needs of their residents, choosing from among those allowed by the law. The legislation requires states to coordinate both the delivery and funding of services, seeking input from practitioners to define the types of benefits provided. The state agency that writes the plan must consult with public and not-for-profit agencies that provide child welfare services, and the plan must show that the funded services have been coordinated with other federally assisted programs serving the same populations. Many states have given local networks authority to set policy for their particular areas, which might be a town, a county, a region, or some combination. Therefore, advocates for policy changes may need to address policymakers at the state, regional, county, or local levels.

**Federal funding agency:**
U.S. Department of Health and Human Services, Administration on Children, Youth and Families.

**Eligible entity:**
*Formula Grants*: States, territories and certain Indian Tribes are eligible applicants. For caseworker visit funds, only states/territories are eligible applicants. *Discretionary Grants*: States, local governments, tribes, and public agencies or private agencies or organizations (or combinations of such agencies or organizations) with expertise in providing and evaluating technical assistance related to family preservation, family support, time-limited family reunification, and adoption promotion and support.

**Points of contact:**
Contact information for state agencies receiving PSSF grants is available on the Child Welfare Information Gateway Library website.  
https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspROL&rolType=Custom&RS_ID=45

**Related links:**
Catalog of Federal Domestic Assistance: Promoting Safe and Stable Families.  
https://www.cdfa.gov/?s=program&mode=form&tab=step1&id=847d62c1906f9bb547a53c00408b99fa

**References:**
http://www.casey.org/media/PromotingSafeandStableFamilies.pdf


Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse

Authorizing legislation:
Title IV, Part B, Subpart 2 of the Social Security Act, as amended by the Child and Family Services Improvement Act of 2006 (CFSIA), P.L. 109-288; and Child and Family Services Improvement and Innovation Act, P.L. 112-34.

Currently authorized through:
September 30, 2016.

Program purpose:
To improve the well-being and permanency outcomes for children affected by substance abuse. These funds can be used for a variety of services and activities in five main areas:

- systems collaboration and improvements,
- substance abuse treatment linkages and services,
- services for children and youth,
- support services for parents and families, and
- expanded capacity to provide treatment and services to families.

The most recent reauthorization of the program eliminated the priority for serving children affected by methamphetamine use.

Beneficiaries:
Agencies or organizations serving children and families who have experienced or are at risk of experiencing an out-of-home placement as a result of a parent’s or caregiver’s substance abuse.

Funding:
Funding for this competitive grant program was set at $20 million for each of fiscal years 2012 through 2016. On September 30, 2012, 17 new Round II five-year grants were awarded and 8 Round I grantees received two-year extensions. In FY 2014, four new Round III (2014-2019) regional grants were awarded.³ Grantees must provide matching funds of 15% for the first and second fiscal years of the grant award, 20% for the third and fourth fiscal years of the grant award, and 25% for the fifth fiscal year of the grant award. Grants may be extended for two years at a matching rate of 30% for year six and 45% for year seven.

Activities supported by the funding:
Funds can be used for services and activities “consistent with the purpose” of the grants, and “may include” services for

- family-based comprehensive long-term substance abuse treatment,
- prevention and early intervention,

• child and family counseling,
• mental health,
• parenting skills training, and
• replication of successful models of treatment.

**Respite connection:**
Respite is not mentioned in the legislation, grant announcement, or abstracts of any of the grantees. Nonetheless, a case could be made for funding respite as a component of family-based treatment or of prevention and early intervention.

**Issues for consumers, providers, and advocates:**
Grants are expected to support regional partnerships aimed at establishing or enhancing a collaborative infrastructure intended to meet a broad range of needs of families who have both substance abuse and child welfare involvement.

**Federal funding agency:**

**Eligible entity:**
Regional partnerships, which must include either the state child welfare agency or an Indian Tribe. There is great latitude in the identity of the other partner(s).

**Points of contact:**

**Related links:**
Catalog of Federal Domestic Assistance: Enhance the Safety of Children Affected by Substance Abuse. https://www.cfda.gov/?s=program&mode=form&tab=core&id=c6982a75030dfced7917258ff006ca77


Children and Family Futures
http://www.cffutures.org/projects/rpg

**References:**
Adoption Opportunities

Authorizing legislation:

Currently authorized through:
September 30, 2015.

Program purpose:
To eliminate barriers to adoption and help find permanent families for children, particularly those with special needs.

Beneficiaries:
Children who are in foster care.

Funding:
Competitive discretionary grants are made to state or local entities, public or private agencies, or adoptive family groups for 3 to 5 years.

Activities supported by the funding:
The legislation requires activities in 11 major areas, including the following areas specifically related to adoption practices:

- support for permanency for children through kinship and adoption;
- increase in the number of minority children placed for adoption, with emphasis on recruitment of minority families; and
- increase in the number of older children adopted from foster care.

In addition, the Act calls for the provision of post-adoption services for families who adopt children with special needs, including counseling; case management; training; adoptive parent organizations; support groups for parents, children, and siblings; day treatment; and respite care.

Respite connection:
Respite is a core service that may be funded under this legislation.

Issues for consumers, providers, and advocates:
Grants, which may not be awarded each year, are generally solicited in specific program areas. For example, in 2002, grant areas were Developing Projects for Increasing Adoptive Placement of Minority Children, Developing Projects for Post-Legal Adoption Services, and Developing Projects of Respite Care as a Service for Families who Adopt Children with Special Needs. This was the most recent year in which respite was a focus of funding. In 2010, applications were solicited for programs on the Diligent Recruitment of Families for Children in the Foster Care System.

Federal funding agency:
**Eligible entity:**
State and local government entities, public or private licensed child welfare or adoption agencies, other community-based organizations, adoptive family groups, minority groups, or sectarian institutions.

**Points of contact:**
Children’s Bureau, Administration for Children and Families  
1250 Maryland Ave, SW  
8th Floor  
Washington, DC 20024  
Phone: 202-260-7794

**Related links:**
Catalog of Federal Domestic Assistance: Adoption Opportunities.  
https://www.cfda.gov/index?s=program&mode=form&tab=core&id=5ad836479cd62aeb05c5ffbdfe98985

**References:**

Family Violence Prevention and Services Act (FVPSA)

Authorizing legislation:

Currently authorized through:
September 30, 2015.

Program purpose:
To support 2,000 local domestic violence agencies that provide essential services, including emergency shelters, hotlines, counseling and advocacy, and primary and secondary prevention.

Beneficiaries:
Victims of domestic violence, their children and other dependents, their families, and other persons affected by such violence, including friends, relatives, and the general public.

Funding:
The program is authorized at $175 million for each of Federal FYs 2011-2015. The authorization specifies the following programs that have received funding to date:

- **Formula Grants to States, Territories and Tribes for Shelter and Support.** At least 70% of the FVPSA appropriations must go to states and territories and 10% must go to Indian Tribes to fund programs and projects that seek to prevent family/domestic/dating violence, provide immediate shelter and supportive services for victims and provide specialized services for children, underserved populations, and victims who are members of racial and ethnic minority populations.

- **Grants to State Domestic Violence Coalitions.** At least 10 percent must go statewide nongovernmental, non-profit domestic violence coalitions, which act as information clearinghouses and coordinate state- and territory-wide domestic violence programs, outreach, and technical assistance.

- **National Resource Centers.** At least 6 percent of FVPSA appropriations goes to support national resource centers.

- **Domestic Violence Prevention enhancement and Leadership through Alliance (DELTA).** $6 million is authorized each year for the Centers for Disease Control and Prevention administered program that supports selected state domestic violence coalitions to work on prevention of family/domestic/dating violence. This program was funded for the first time in FY 2013 and will support grantees for five years.

- **National Domestic Violence Hotline.** A $3.5 million annual authorization supports a 24-hour national, toll-free hotline.

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Activities supported by the funding:
The Act funds essential services that are at the core of ending domestic violence: emergency shelters, counseling and advocacy, and primary and secondary prevention.

The states must subgrant 95% of their funding to local domestic violence organizations or community-based organizations to provide shelter and supportive services. The law further maintains that 70% of these funds must be provided to eligible entities for the primary purpose of providing immediate shelter and supportive services to victims of domestic violence. Not less than 25% of the funds must be used for supportive services and prevention services, including:

- assistance in developing safety plans;
- individual and group counseling, peer support groups, and referral to community-based services;
- services, training, technical assistance, and outreach to increase awareness of family violence, domestic violence, and dating violence;
- culturally and linguistically appropriate services;
- services for children exposed to family violence, domestic violence, or dating violence;
- prevention services, including outreach to underserved populations; and
- advocacy, case management, and information and referral services concerning issues related to family violence, domestic violence, or dating violence intervention and prevention, including—
  - assistance in accessing related federal and state financial assistance programs;
  - legal advocacy to assist victims and their dependents;
  - medical advocacy, including provision of referrals for appropriate health care services (including mental health and alcohol and drug abuse treatment);
  - assistance locating and securing safe and affordable permanent housing and homelessness prevention services;
  - transportation, child care, respite care, job training and employment services, financial literacy services and education, financial planning, and related economic empowerment services; and;
  - parenting and other educational services for victims and their dependents.

Respite connection:
Advocacy, case management, and information and referral services related to respite services are among the supportive services that must be provided by state subcontractors under formula grants to states using 25% of the available funds.

Issues for consumers, providers, and advocates:
The requirement that advocacy, case management, and information and referral services related to respite must be provided by state formula grant subcontractors could encourage partnerships between the subcontractors and Lifespan Respite Care Programs and/or community-based respite services.

Federal funding agency:
U.S. Department of Health and Human Services, Administration for Children and Families.
**Eligible entity:**
States, Tribal entities; State Domestic Violence Coalitions.

**Points of contact:**
Family and Youth Services Bureau  
1250 Maryland Ave., SW  
Washington, DC 20024  
Phone: 202-401-5756

**Related links:**
https://www.cfda.gov/?s=program&mode=form&tab=step1&id=86e6ac3fc2bc5ff4c373357b22a86054

Futures without Violence.  
http://www.futureswithoutviolence.org/

National Network to End Domestic Violence.  
http://www.nnedv.org/policy/issues/fvpsa.html

**References:**
http://www.futureswithoutviolence.org/userfiles/file/PublicPolicy/CAPTA-FVPSA%20policy%20brief%201'11.pdf

http://www.nnedv.org/docs/Policy/FVPSA_2010_Analysis.pdf
Child Education/Health/Mental Health

Federal funding for programs that could include respite services for caregivers of children with health or mental health needs or who have or are at risk of developmental delays is available potentially under several legislative authorizations.

The **Individuals with Disabilities Education Act (IDEA)** provides formula grants to states for programs that ensure a free and appropriate education in the least restrictive environment possible for children with disabilities. First passed in 1975 as the Education for All Handicapped Children Act, it was reauthorized in 2004. It consists of two parts:

- **Part C**, the Early Intervention Program for infants and toddlers from birth to 3 years who have developmental delays or are at substantial risk of delays; and
- **Part B**, for children over age 3 with disabilities, which funds related services to help families assist their children in their education. In addition, Part B includes preschool grants for children 3 to 5 years old.

**Maternal and Child Health Programs**, Title V of the Social Security Act, has provided grants to states for maternal and child welfare since the inception of the Act in 1935. Currently, there are two programs within Title V, which can potentially provide funding for respite or respite support programs:

- **Maternal and Child Health Services Block Grant**, including the Children with Special Health Care Needs Program; and
- **Family-to-Family Health Information Centers**.

**Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (Children’s Mental Health Initiative)** Title V, Part E, Section 561 of the Public Health Services Act, establishes grants for comprehensive community-based systems of care for children and adolescents with serious emotional disturbances and their families.

Each of these programs is described in this section.
Individuals with Disabilities Education Act (IDEA), Part C: State Grants

Authorizing legislation:
Individuals with Disabilities Education Act of 2004 (IDEA), P.L. 108-446, Part C.

Program purpose:
To maximize the potential of infants and toddlers with disabilities by enhancing their development through early intervention services.

Beneficiaries:
Infants and toddlers with developmental delays, physical or mental disabilities and, in some states, those who are at-risk of substantial developmental delays age birth through 2 years. In addition, the Keeping Children and Families Safe Act of 2003 (P.L. 108-36) requires States to develop “provisions and procedures for referral of a child under age 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C. The 2004 reauthorization of IDEA contains language parallel to this.

Funding:
States receive annual formula grants based on their proportional share of children up to age 2 years in the general population.

Activities supported by the funding:
Early intervention services must be provided as part of an Individualized Family Service Plan (IFSP) and as defined in the legislation. These include a variety of therapies, training, and medical services, as well as

- family training, counseling, and home visits;
- social work services; and
- transportation and related costs needed to enable the child and family to benefit from other listed services.

Respite connection:
Respite may be funded as an early intervention strategy under Part C as part of an IFSP on a case-by-case basis. In some Part C programs, respite care is provided on a sliding-fee scale according to a family’s income.

Example: New York State regulations on early intervention services provide for the discussion of respite services with parents at the individualized family service plan meeting. Respite services may be provided on an individual basis, with consideration given to the following criteria: severity of the child’s disability and needs; child’s risk of out-of-home placement; lack of access to informal supports; stressful family situations; and the need for respite expressed by the parents.

Issues for consumers, providers, and advocates:

When the family of a child with a disability applies for services under Part C, an assessment of the needs of the child and the family is conducted by certified child development practitioners from at least two disciplines, such as a nurse, an occupational therapist, or a social worker. Then a service coordinator (or case manager) assembles a team to review the assessment. In addition to the parents, the service coordinator, and at least two of the people who made the initial assessment, the team may include a family advocate and anyone providing services to the child and family.

The team drafts an IFSP based on the evaluation and needs assessment and the stated needs and priorities of the family. The completed plan is reviewed every 6 months, or more often if necessary, by the team, which revises it at least annually.

States are required to serve children who are experiencing developmental delays and children with certain diagnosed physical or mental developmental disabilities, such as autism and cerebral palsy that have a high probability of causing developmental delays. States also have the option of serving children at risk of substantial developmental delays.

IDEA state lead agencies may contract with public or private providers for services indicated in the IFSP of Part C clients.

A limited number of states fund respite with Part C funds. To see which states currently cover respite, see the ARCH State Funding Streams for Respite across the Lifespan, 2013 Update at http://archrespite.org/images/docs/2013_Reports/State_Funding_Streams_for_Respite_Across_the_Lifespan_August_2013.pdf. For information about how consumers or providers may apply for IDEA funding for respite, contact the IDEA Part C coordinator in your state (see below under Points of contact).

Federal funding agency:

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Example: In North Carolina, through the Part C Early Intervention program, respite services must be listed on the Individualized Family Service Plan and linked to a specific outcome for the child or family. As with all Infant-Toddler Program services, the Individualized Family Service Plan team must consider the use of natural supports to meet the respite needs of the child and family. Reimbursement for respite is limited to thirty-two (32) hours per year. Families choose the type of respite that best meets their family’s needs as well as provider of the service. Respite providers may charge for this service at their usual rate; parents pay the provider directly for services rendered. Infant-Toddler Program will reimburse the family a portion of the cost.

Eligible entity:
State educational agency.

Points of contact:
Contact information for IDEA Part C State Coordinators can be found on the website of the Early Childhood Technical Assistance Center.
http://ectacenter.org/contact/ptccoord.asp

Related links:
Catalog of Federal Domestic Assistance: Special Education Grants for Infants and Families.
https://www.cfda.gov/?s=program&mode=form&tab=step1&id=4ce6f0cd35c3b46d3e8cdcb8de68abe3

Early Childhood Technical Assistance Center.
http://ectacenter.org/

References:


http://www2.ed.gov/about/reports/annual/osep/2014/part-b-c/36th-idea-arc.pdf
**Individuals with Disabilities Education Act, Part B: Special Education Preschool Grants**

*Authorizing legislation:*

*Program purpose:*
To provide incentives to states to help prepare preschoolers with disabilities to enter school ready to learn.

*Beneficiaries:*
Children ages 3 through 5 with disabilities, and (at the state’s option) 2-year-olds who will reach age 3 during the school year who require special education and related services.

*Funding:*
States receive annual formula grants based on previous funding, the relative number of children ages 3 to 5, and the relative number of those children living in poverty. Most of the funds are distributed to local education agencies that directly serve children.

*Activities supported by the funding:*
Funds are used by states to
- provide a free appropriate public education to children with disabilities ages 3 through 5 (which the state may extend to children who will reach age 3 during the next school year);
- cover administrative, support, and other costs; and
- provide early intervention services to children ages 3 through 5 who previously received services under Part C until they are eligible to enter kindergarten.

*Respite connection:*
Respite may be covered under early intervention services for those children who previously received Part C services as part of an Individualized Family Service Plan (see Individuals with Disabilities Education Act (IDEA), Part C: State Grants above).

*Issues for consumers, providers, and advocates:*
The goal of each Part B state grant is in helping states provide access to high-quality education and related services for preschool students with disabilities.

States are eligible to receive preschool grant funds if the state education agency establishes eligibility by submitting an application as described under Part B State Grants Funding section.

*Federal funding agency:*

*Eligible entity:*
State educational agencies.
Points of contact:
Contact information for IDEA State Section 619 (Preschool Grants) Coordinators can be found on the Early Childhood Technical Assistance Center website.
http://ectacenter.org/contact/619coord.asp

Related links:
Catalog of Federal Domestic Assistance: Preschool Grants.
https://www.cfda.gov/?s=program&mode=form&tab=step1&id=b8f55d51156bceb8beae77de2a5f2fe0


Early Childhood Technical Assistance Center
http://ectacenter.org/

References:
http://www2.ed.gov/about/reports/annual/osep/2014/parts-b-c/36th-idea-arc.pdf
Maternal and Child Health Services Block Grant

Authorizing legislation:
Title V of the Social Security Act, as amended by the Omnibus Budget Reconciliation Act of 1981.

Program purpose:
To promote and improve the health of pregnant women, mothers, infants, children, and children with special health care needs (CSHCN).

Beneficiaries:
Mothers, infants, children, including CSHCN and their families, particularly those of low income.

Funding:
Funds are awarded each year according to a statutory formula, with 85% of the appropriation going to state health agencies for block grants. States must use at least 30% of their funding for preventive primary care services for children and at least 30% for services for CSHCN. States must contribute a 75% match to federal funding.

Activities supported by the funding:
States use their funds to improve health services for mothers and children through four levels of services:

- direct health care services, including those for CSHCN;
- enabling services, which include transportation; translation; outreach; respite; health education; family support; health insurance; case management; and coordination with Medicaid, the Women, Infants & Children (WIC) nutrition program and education;
- population-based services, such as newborn screening, lead screening, immunization, sudden infant death syndrome counseling, oral health, injury prevention, nutrition, and outreach; and
- infrastructure-building services, such as needs assessment, evaluation, planning, policy, coordination, quality assurance, development of standards, monitoring, training, research, systems of care, and information systems.

Respite connection:
Respite is specifically identified as an “enabling service.”

Example: Connecticut uses Title V funds to support community-based care coordination through the Medical Home Initiative for Children and Youth with Special Health Care Needs. Care coordinators co-located in pediatric primary care settings coordinate care with specialists and promote medical homes with primary care providers. They work with a statewide respite and extended services provider and family outreach and education contractor to promote and support medical homes.

Issues for consumers, providers, and advocates:
States complete a needs assessment every 5 years; they complete an application for a block grant annually. Applications must include a plan for responding to needs identified in the assessment and a description of how funds will be used.

The conditions that qualify as special health care needs vary widely among states, but typically they are defined as congenital or acquired chronic disabling conditions. Income eligibility requirements are usually based on Medicaid guidelines. Most states link Medicaid and Maternal and Child Health Services (MCHS) and provide services through their state health departments, often subcontracting with regional or nonprofit health agencies for specific services. Few states have taken advantage of the flexibility available under this block grant to provide or support respite.

Federal funding agency:
U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

Eligible entity:
State Health Agency (a small number of CSHCN programs are located in other state agencies, usually universities, because the Title V legislation “grandfathered” existing programs).

Points of contact:
Title V block grants are administered by state departments of health. Links to those agencies can be found through an interactive map on the Centers for Disease Control and Prevention website.
http://www.cdc.gov/mmwr/international/relres.html
Related links:
Catalog of Federal Domestic Assistance: Maternal and Child Health Services Block Grant to the States. https://www.cfda.gov/?s=program&mode=form&tab=step1&id=71c60388ca2673697c96e4be166b7b54

The Maternal and Child Health Bureau provides a searchable online Title V information system at https://mchdata.hrsa.gov/TVISReports/Default.aspx

Profiles of each state’s use of Title V funds for the most recent fiscal year are available on the Association of Maternal & Child Health Programs website. http://www.amchp.org/Policy-Advocacy/MCHAdvocacy/Pages/StateProfiles.aspx


References:

Family-to-Family Health Information Centers

**Authorizing legislation:**
Title V, Section 501 of the Social Security Act, as amended by the Patient Protection and Affordable Care Act of 2010, and the Access to Medicaid and CHIP Reauthorization Act of 2015

**Currently authorized through:**
September 30, 2017.

**Program purpose:**
To develop and support Family-to-Family Health Information Centers (F2F HICs), which help families of children with disabilities to make informed health care choices by providing information, identifying successful health delivery models, and developing models of collaboration between families and health professionals. Centers also provide training and guidance and conduct outreach activities. Centers are staffed by families and health professionals.

**Beneficiaries:**
Projects will benefit (1) public or private agencies, organizations, and institutions engaged in activities for children and youth with special health care needs (CYSHCN); (2) family members and children who receive services through the program; and (3) professionals and trainees who provide services to CYSHCN.

**Funding:**
F2Fs are funded through competitive grants to states. Up to $95,700 is available per year to fund a center in each state and the District of Columbia. This federal funding is blended in some states with other federal or state specific funding to support F2F activities.

**Activities supported by the funding:**
The primary activity of F2F HICs is providing information and guidance to families.

**Respite connection:**
Some F2F HICs have developed informational materials about respite to help families access respite in their state or community. In 2013-14, more than 50% of F2Fs were involved with respite initiatives in their states.⁶

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**Example:** The Massachusetts Family-to-Family Health Information Center collaborated with other organizations in the state to produce a brochure providing both general information about respite and a chart to help families determine whether they are eligible for publicly funded respite services.


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**Issues for consumers, providers, and advocates:**
The emphasis on partnerships between families and professionals is intended to ensure that the needs of the families of children with special health care needs are served by these F2F HICs.

Technical assistance to the Centers is provided by the National Center for Family/Professional Partnerships at Family Voices.

**Federal funding agency:**
U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

**Eligible entity:**
Any public or private entity or faith-based or community organization that is staffed by families.

**Points of contact:**
Contact information for F2F HICs is available on the Family Voices website.
http://www.familyvoices.org/page?id=0052

**Related links:**
Catalog of Domestic Federal Assistance: Affordable Care Act – Family-to-Family Health Information Centers.
https://www.cfda.gov/index?s=program&mode=form&tab=core&id=09d59d5911e90d5cb7d850b86c1ec883

National Center for Family/Professional Partnerships.
http://www.fv-ncfpp.org/

**References:**
http://www.familyvoices.org/admin/miscdocs/files/F2F_PromPrac.pdf

Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SED) – CMHS Child Mental Health Service Initiative

**Authorizing legislation:**
Title V, Part E of the Public Health Services Act, Section 561, P.L. 102-321.

**Program purpose:**
Beginning in 1993, the Substance Abuse and Mental Health Services Administration (SAMHSA) funded states, tribal agencies and localities to provide integrated home and community-based services and supports for children and youth with serious emotional disturbances and their families by encouraging the development and expansion of systems of care. A “system of care” (SOC) is an organizational philosophy and framework that involves collaboration across child-serving agencies, families, and youth for the purpose of improving access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with a serious emotional disturbance and their families. Each child or adolescent served through the program receives an individualized service plan developed with the participation of the family (and where appropriate the child).

After an extensive evaluation documented the effectiveness of the CMHS SOC, in 2011, SAMHSA funded widespread expansion of the SOC approach. For FY 2015, the awards to states are called grants for “Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances” and SAMHSA is planning to make 15-45 multi-year awards.

**Beneficiaries:**
Children under age 22 with a diagnosed serious emotional disturbance, and those with early signs and symptoms of serious mental illness including first episode of psychosis, and their families.

**Funding:**
Competitive discretionary cooperative agreements are granted to states, territories, political subdivisions of a State, such as county or local governments, and Indian tribal governments. The most recent round of cooperative agreements was awarded by the end of Federal FY 2015 for four years for up to $3 million each for states and $1 million for local governments and tribes and territories. Awardees of these cooperative agreements must provide at least a 33% match in the first three years and at least a 100% match for the fourth year.

**Activities supported by the funding:**
Cooperative agreements require grantees to implement certain key cross-agency administrative structures and procedures as well as an array of mental health and support services, in the least restrictive environment, which must include (but are not limited to):

- diagnostic and evaluation services;
- medication management;

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• cross-system care management processes;
• development of individualized service plans that include participation of caregivers;
• provision of community-based counseling, consultation, and medication services;
• availability of emergency services;
• availability of intensive in-home services to prevent out-of-home placement;
• intensive day treatment services;
• respite care;
• therapeutic foster care and group homes;
• services for transition to adulthood; and
• family and youth advocacy and peer support services.

The new cooperative agreements are intended to help awardees focus on building sustainable SOCs through sustainable financing, cross-agency collaboration, the creation of policy and infrastructure, and the development and implementation of evidence-based and evidence-informed services and supports. In addition, this program encourages the implementation of strategies to decrease the difference in access, service use and outcomes among the racial and ethnic minority populations served. 8

**Respite connection:**
Respite is a core required service under this program.

**Issues for consumers, providers, and advocates:**
Children served under this program must have certain diagnosable emotional, socio-emotional, behavioral, or mental disorders and must have a reduced level of functioning in the family, school, or community.

**Federal funding agency:**
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Child, Adolescent and Family Branch.

**Eligible entity:**
States, political subdivisions within states, the District of Columbia, territories, Native American Tribes, and Tribal organizations.

**Points of contact:**
The Substance Abuse and Mental Health Services Administration website contains archived lists of previous years’ grantees. [http://www.samhsa.gov/grants/awards](http://www.samhsa.gov/grants/awards)

**Related links:**
Catalog of Federal Domestic Assistance: Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances. [https://www.cfda.gov/index?s=program&mode=form&tab=core&id=e5a8cc5eb2e47ce257e94b4be85d252e](https://www.cfda.gov/index?s=program&mode=form&tab=core&id=e5a8cc5eb2e47ce257e94b4be85d252e)

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References:


**Child and Family Low-Income Assistance**

Individuals and families experiencing job- and income-related challenges may be eligible to access respite services through child welfare and/or education, health, or mental health programs as described in the section *Child Welfare and Child Abuse Prevention Programs*. Additional sources of federal funding may be found through the *Temporary Assistance for Needy Families Program (TANF)*, which provides financial and other assistance to families with children, and/or the *Child Care and Development Fund (CCDF)*, designed to provide child care for low-income families.

These two programs are described under this heading.
Temporary Assistance for Needy Families (TANF) Program

Authorizing legislation:

Currently authorized through:
September 30, 2014.

Program purpose:
To assist families in need so that children can be cared for in their own home; to promote job preparation, work, and marriage in order to reduce dependency by needy parents; to prevent out-of-wedlock pregnancies; and to encourage the formation and maintenance of two-parent families.

Beneficiaries:
Families must be financially needy and have a minor child to qualify for assistance; states and tribal organizations determine the financial eligibility rules and benefit amounts. Some families have eligible children but the adults who care for their children are ineligible for aid. These are termed “child only” families because benefits are paid only on behalf of the children.

Funding:
Under this block grant program, states receive $16.5 billion each year, with the amount each state receives based on a formula determined by their peak expenditures for the period 1992 to 1995 (before enactment of TANF). States must spend 80% of their historic level of spending (FY 1994)—or 75% if they meet work participation requirements—on “qualified State expenditures” to meet the basic maintenance- of-effort (MOE) requirement. All MOE funds must be spent on TANF-eligible families.

Up to 30% of TANF funds can be transferred to the Child Care and Development Fund and the Social Services Block Grant combined; those funds become subject to the rules of the receiving grants and are not subject to TANF rules.

Activities supported by the funding:
States have broad flexibility to use the funds “in any manner that meets the purposes of the program.” States provide “assistance” in the form of direct payments to families that pay for basic needs such as food, clothing, shelter, utilities, household goods, personal care items, and other personal expenses. States can also provide “non-assistance” to families in the form of non-recurrent, short-term benefits, subsidized employment, and other ways.

Respite connection:
States can use TANF funds directly or through transfer to the Child Care and Development Fund (CCDF) to pay for child care. TANF can also directly cover child care expenditures for unemployed parents who need care to attend “other work activities such as job search, community service, education, or training, or for respite purposes.” In 2013, states spent 16 percent of total TANF and MOE funds on child care; 13 states spent less than 5 percent. TANF might also be used to provide funding for services, including

http://www.acf.hhs.gov/sites/default/files/ofa/categories_and_definitions_for_tanf_and_moe_funds.pdf

respite care, to prevent placement in foster care.\textsuperscript{11}

Some families receive child-only TANF assistance, where aid is provided only to the child. These are generally families in which the child is eligible for aid, but living with a grandparent, parent, or other relative who is not. States may support respite care for these caregivers.

\textit{Issues for consumers, providers, and advocates:}

- Families must include a resident minor child.
- Teenage parents must complete or be on the road to completing high school and must generally be living in an adult-supervised setting.
- Federal TANF funds cannot be used to provide medical services except for pre-pregnancy family planning.
- Recipients must work as soon as they are ready.
- Federal TANF assistance is limited to a maximum of 5 years (with exceptions related to domestic violence and living in Tribal areas). Up to 20\% of a state’s caseload can receive assistance beyond the 5 years.
- Single parents with a child under age 6 cannot be penalized if they cannot find adequate child care.

Each state determines its own income eligibility standards and can set other conditions for eligibility as well as benefit amounts.

\textit{Federal funding agency:}
U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance.

\textit{Eligible entity:}
States and federally recognized Tribes.

\textit{Points of contact:}
Links to state agencies administering TANF programs are available at the Office of Family Assistance website. \url{http://www.acf.hhs.gov/programs/ofa/help}

\textit{Related links:}
Catalog of Federal Domestic Assistance: Temporary Assistance for Needy Families. \url{https://www.cfda.gov/index?s=program&mode=form&tab=core&id=e60f4dc146270477ed90dc979194282f}


\textsuperscript{11} U.S. Department of Health and Human Services, Administration for Children and Families (1999). \textit{Helping families achieve self-sufficiency: A guide on funding services for children and families through the TANF program}. Washington, DC.

\url{http://www.acf.hhs.gov/sites/default/files/ofa/funding_guide.pdf}
References

Child Care and Development Fund (CCDF)

Authorizing legislation:
Child Care and Development Block Grant Act of 1990 (CCDBG); Child Care and Development Block Grant Act of 2014, P.L. 113-186, Title IV of the Social Security Act, as amended.

Currently authorized through:

Program purpose:
The following program purposes were outlined in the 2014 reauthorization of CCDBG:

- to allow each State maximum flexibility in developing child care programs and policies that best suit the needs of children and parents within that State;
- to promote parental choice regarding the child care services that best suit their family’s needs;
- encourage States to provide consumer education information to help parents make informed choices about child care services and to promote involvement by parents and family members in the development of their children in child care settings;
- to assist States in delivering high-quality, coordinated early childhood care and education services to maximize parents’ options and support parents trying to achieve independence from public assistance;
- to assist States in improving the overall quality of child care services and programs
- to improve child care and development of participating children; and
- to increase the number and percentage of low-income children in high-quality child care settings.¹²

Beneficiaries:
Children under age 13 (or, at the option of the grantee, up to age 19, if physically or mentally incapable of self-care or under court supervision) who reside with a family whose income does not exceed 85% of the state median income for a family of the same size, who reside with a parent (or parents) who is working or attending job training or an educational program, or who are in need of or are receiving protective services.

Funding:
The CCDBG authorizes Discretionary Fund formula grants that are subject to annual appropriation. States receive an amount calculated based on (1) the ratio of children under age 5 in the state to children under age 5 in the country, (2) the ratio of children in the state receiving free or reduced price lunches to the number of such children in the country, and (3) a factor determined by dividing the 3-year average national per capita income by the 3-year average state per capita income.

In addition, the Deficit Reduction Act of 2005 appropriated Mandatory Funds for FY 2006–2010 under


After amounts are allocated to the states for the Mandatory Fund, the remaining appropriation is distributed on the basis of the number of children under age 13 in each state compared with the total number of children under age 13 in the country. States must match this amount by their applicable Medical Assistance Percentage rate.

**Activities supported by the funding:**
Funds are used to subsidize the cost of child care for children under the age of 13 (or, at the option of the grantee, up to age 19 if disabled or under court supervision). Subsidized child care services are available to eligible families through certificates or contracts with providers. A state must set aside a certain percentage CCDF funds to improve child care quality and availability through comprehensive consumer education, activities to increase parental choice, and other activities such as resource and referral services, provider grants and loans, monitoring and enforcement of requirements, training and technical assistance, and improved compensation for child care.

**Respite connection:**
New rules pursuant to the 2014 reauthorization of the program have not yet been promulgated. However, previous guidance from the U.S. Department of Health and Human Services indicated that “respite child care is allowable for only brief, occasional periods in excess of the normal ‘less than 24-hour period’ in instances where parent(s) of children in protective services—including foster parents where the Lead Agency has defined families in protective services to include foster care families—need relief from caretaking responsibilities . . . . If a State or Tribe uses CCDF funds to provide respite child care service (i.e., for more than 24 consecutive hours) to families receiving protective services . . . . the CCDF Plan must include a statement to that effect in the definition of protective services.”

Further, this guidance states that “since respite care is provided to give parents time off from parenting, rather than to allow the parent to participate in work or in education or training, the CCDF cannot be used for respite care for children with disabilities unless the child also needs or is receiving protective services.”

**Example:** Louisiana’s CCDF lead agency partners with the child welfare agency to provide respite services to children in protective care. Protective care is defined under these circumstances as services offered to individuals under 13 years of age who are in danger of or threatened with abuse, neglect, or exploitation, or who are without proper custody or guardianship, and for whom the need for child care services has been determined by the State agency responsible for the provision of abuse and neglect complaint investigations. Children in foster care are also considered to be in protective services.


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14 Ibid.

CCDF funds can also be used for training and professional development of early childhood and school age child care providers. The 2014 reauthorization requires the inclusion of a focus on children with disabilities in all training and professional development supported by the CCDF. States may extend professional development opportunities to other providers, including respite providers.

**Example:** Using CCDF quality improvement funds, the Alabama Child Care and Education Professional Development System widely disseminated its *Alabama Pathways to Quality Care and Education* plan brochure to nontraditional caregivers such as homeschoolers, nannies, and respite providers.


**Issues for consumers, providers, and advocates:**

- These discretionary funds must be used to supplement, not supplant, state general revenue funds for child care assistance for low-income families.
- Grantees must give parents the option of receiving vouchers or certificates to allow parents the choice of faith-based or community child care providers.
- Discretionary funds cannot be used for students in grades 1 through 12 during the regular school day; for any services for which such students receive academic credit toward graduation; or for any instructional services that supplant or duplicate the academic program of any public or private school.
- States must use all allocated funds within prescribed time limits.

**Federal funding agency:**
U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care.

**Eligible entity:**
State child care agency.

**Points of contact:**
**Related Links:**
Catalog of Federal Domestic Assistance: Child Care and Development Block Grant.
https://www.cfda.gov/index?s=program&mode=form&tab=core&id=9386203db5577233ae9ce36e9f1f90e5

Resources related to the 2014 reauthorization of the Child Care Development Fund can be found on the Office of Child Care website.
http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization

**References:**

http://www.acf.hhs.gov/programs/occ/resource/ccdf-program-fact-sheet