

# **The Improving Outcomes for Children Affected by Meth Act of 2006**

## **SECTION 1 – SHORT TITLE; TABLE OF CONTENTS**

The short title of this bill is the Improving Outcomes for Children Affected by Meth Act of 2006.

## **SECTION 2 -- GRANTS FOR REGIONAL PARTNERSHIPS TO INCREASE THE WELL BEING OF, AND IMPROVE THE PERMANENCY OUTCOMES FOR, CHILDREN AFFECTED BY METHAMPHETAMINE ABUSE AND ADDICTION**

### *Reservation of Funds*

#### *Current Law*

There is no provision for grants to regional partnerships intended to improve the well-being and permanence outcomes of children affected by methamphetamine abuse and addiction. (For FY2006 the mandatory funding level authorized for the Promoting Safe and Stable Families program (Title IV-B, Subpart 2 of the Social Security Act) is \$345 million and the discretionary funding level is authorized at up to \$200 million.)

#### *Chairman's Mark*

The mark provides that in any year from FY2007-FY2011 that appropriations under this subpart are at least \$345 million HHS must reserve \$40 million for grants to improve outcomes for children affected by methamphetamine abuse and addiction. (The mark separately sets the mandatory funding authorization for the Promoting Safe and Stable Families (PSSF) program at \$345 million for FY2007-FY2011 and continues the discretionary funding authorization of \$200 million for each of those same years.)

### *Purpose*

#### *Current Law*

No provision.

#### *Chairman's Mark*

The mark creates a new section in Title IV-B Subpart 2 of the Social Security Act that authorizes HHS to make competitive grants to regional partnerships that provide services and

activities designed to increase the well being of and improve the permanency outcomes for children who are in an out-of-home placement or who are at risk of such a placement as a result of parental or a caretaker's abuse of methamphetamines. These services and activities are to be provided via interagency collaboration and integration of programs and services.

### ***Eligible Applicants***

The mark defines an eligible applicant for the grants as a regional partnership (established on an intra-or interstate basis) and that includes any one or more of the following entities or individuals: child welfare service providers (non-profit and for-profit), community providers of health or mental health services, local law enforcement agencies, judges and court personnel, juvenile justice officials, school personnel, the state child welfare agency, the state agency responsible for administering the substance abuse prevention and treatment block grant (authorized under Title XIX–B, Subpart II of the Public Health Services Act), tribal child welfare agencies (or a consortium of tribal agencies) and any other providers, agencies, personnel, officials or entities related to provision of child and family services funded under Title IV-B, Subpart 2 of the Social Security Act.

### ***Authorization of Grants and Minimum Period of Approval***

From the amount reserved from PSSF funding (\$40 million), HHS must award grants in each of FY2007–FY2011 to eligible regional partnerships that meet the requirements established in this new section of the Social Security Act. An eligible regional partnership must be approved to receive a grant for no less than two years and may receive approval for as many as five years. The amount of the grant must not be less than \$500,000 and not more than \$1 million for each fiscal year.

### ***Application Requirements***

To be eligible for a grant out of this funding, an eligible regional partnership must submit a written application to HHS containing recent evidence that methamphetamine abuse has increased out-of-home placements for children or the number of children at-risk of out-of-home placements in the partnership region. The application must also describe 1) the goals and outcomes the regional partnership intends to achieve and which will enhance the well-being of children receiving services or taking part in activities funded by the grants and will lead to safety and permanence for them; 2) the joint activities to be funded (entirely or in part) with funds provided by the grant and the sequence in which the proposed activities will be conducted while the grant funding is made available; 3) the strategies for integrating programs and services found to be appropriate for the child (and, if appropriate, the child's family); and 4) its strategies for collaborating with the state child welfare agency (unless the lead agency for the regional partnership is that agency), for consulting, as appropriate, with the state agency responsible for administering substance abuse treatment and prevention services, and for consulting with state law enforcement and judicial agencies. Finally, the application must include any other information HHS may require.

HHS may, to the extent it deems appropriate, exempt any regional partnership that includes a tribal child welfare agency or a consortium of such agencies from the requirement that the application describe what its strategies will be for collaborating with the state child welfare agency.

### ***Use of Funds and Matching Requirement***

The mark states that funds received by a regional partnership must only be used for services and activities intended to improve the well-being and permanence of children affected by methamphetamine abuse and addiction and where appropriate, the child's family. Specific uses may include providing family-based, comprehensive long-term drug treatment services, early intervention and preventative services, counseling for children and families, mental health services, and parenting skills training.

The mark provides that a regional partnership must provide non-federal resources to support the activities and services of the grant equal to 15% of the total cost in years one and two of the grant; 20% of such costs in the third and fourth years; and 25% for the fifth year of the grant. The non-federal resources may be in cash or in-kind (and HHS is permitted to attribute the fair market value of such in-kind goods, services and facilities).

### ***Consideration in Making Awards and Determining their Amounts***

The mark provides that in considering whether to award a grant and the amount of that grant, HHS must consider the demonstrated need of the eligible regional partnership applying for assistance. Further it must ensure diversity among the lead agencies applying on behalf of an eligible regional partnership to which it awards these grants. Finally in awarding these grants and determining their amounts, HHS must give priority to eligible regional partnerships in rural areas that have been significantly affected by methamphetamine abuse and addiction by parents or caretakers of children; have limited resources to address the needs of children affected by this abuse and addiction; and lack capacity for access to comprehensive family treatment services.

### ***Performance Indicators***

The mark requires HHS to establish indicators that will be used to periodically assess the performance of the regional partnerships awarded grants under this section and, specifically, their success in achieving increased well being and improved permanence outcomes for children affected by parental or a caretaker's methamphetamine abuse and addiction. The indicators must be established no later than 18 months after this legislation is enacted and only after HHS consults with both its Administration for Children and Families (ACF) and its Substance Abuse and Mental Health Administration (SAMHSA). In addition -- with respect to the states, territories, or tribes in which awards to regional partnerships have been made -- HHS must consult with the following individuals: state and territorial governors, state legislators, state and local public officials responsible for administering child welfare and alcohol and drug abuse

prevention and treatment programs, court staff, consumers of service or activities funded by the grants, advocates for children and parents who come to the attention of the child welfare system, and tribal officials.

### ***Grantee Reports and Reports to Congress***

The mark requires each regional partnership that receives a grant under this section to report annually to HHS. The report must describe the activities carried out during the fiscal year with funds received under this grant, and any information HHS determines necessary to provide an accurate description of the activities conducted with the funds and of any planned changes in the use of the funds for the succeeding fiscal year. A regional partnership must submit its first annual report no later than September 30 of the first fiscal year that it receives this grant funding and, by that same date for each year in which it continues to receive the grant funds. In addition, no later than 12 months after HHS establishes the performance indicators (described above), information regarding these indicators must be incorporated into each regional partnership's annual report.

On the basis of these reports from the regional partnership grantees, the mark requires HHS to annually prepare a report on the services provided and activities conducted by the grants to increase the well being of and improve permanence outcomes for children affected by parental or a caretaker's methamphetamine abuse and addiction. The report must also discuss the performance indicators established and the progress made to address the needs of families with methamphetamine abuse problems (who come to the attention of the child welfare system) and in achieving the goals of child safety, permanence and family stability. HHS must annually submit this report to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate.

## **SECTION 3 – REAUTHORIZATION OF THE PROMOTING SAFE AND STABLE FAMILIES PROGRAM**

### ***Extension of Funding Authorized for the Promoting Safe and Stable Families program***

#### *Current Law*

For FY2006, authorizes mandatory funding of \$345 million for the Promoting Safe and Stable Families program (Title IV-B, Subpart 2 of the Social Security Act) and discretionary funding of \$200 million for each of FY2002-FY2006.

#### *Chairman's Mark*

The mark extends the mandatory PSSF funding authorization of \$345 million for five years (FY2007-2011) and extends the discretionary funding authorization of \$200 million for each of those same five years.

***Extension of Court Entitlement to Allotment of Set-aside Funds and Required Match***

*Current Law*

For each of FY2002 - FY2006, each eligible state highest court is entitled to an allotment of funds to assess and make improvements to its handling of child welfare proceedings. This allotment is provided out of funds set-aside from the total funding provided for the Promoting Safe and Stable Families program. (The minimum which must be provided via this set-aside is \$10 million per year and the maximum amount which may be available is \$16.6 million per year.) In order to receive their full allotment of funds in each of these years, the state highest court must provide a 25% match of the federal funds it is allotted.

*Chairman's Mark*

The mark extends the entitlement of eligible state's highest courts to this same allotment amount from funds set-aside out of the Promoting Safe and Stable Families program appropriations for each of FY2007-FY2011 and it continues to condition a state highest court's full receipt of its allotment in each of those same five years on provision of a 25% funding match by the court.

***Technical Correction of Funding of Promoting Safe and Stable Families for FY2006***

*Current Law*

In December 2005 the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2006 (P.L. 109-149) appropriated \$305 million in mandatory funds for the Promoting Safe and Stable Families program for FY2006. (At the time this was the full mandatory funding level authorized for the program.) The Deficit Reduction Act of 2005, which was enacted in February 2006, raised the mandatory funding authorization for the program to \$345 million for FY2006.

*Chairman's Mark*

The mark amends P.L. 109-149 to increase the FY2006 mandatory appropriation provided for the Promoting Safe and Stable Families program to \$345 million effective as of February 8, 2006.

## **SECTION 4 – REAUTHORIZATION AND EXPANSION OF THE MENTORING CHILDREN OF PRISONERS PROGRAM**

### ***Purposes Amended***

#### *Current Law*

Provides that the purpose of the Mentoring Children of Prisoners program (Section 439 of the Social Security Act) is to authorize the U.S. Department of Health and Human Services (HHS) to make competitive grants to support the establishment or expansion and operation of programs that provide mentoring services to children of prisoners (via a network of public and private community entities) and which are in areas with substantial numbers of children who have incarcerated parents.

#### *Chairman's Mark*

The mark adds a new purpose of this program. That purpose is to authorize HHS to enter into a cooperative agreement with a national mentoring support organization to provide greater flexibility nationwide to increase the number of children of prisoners receiving mentoring services.

### ***Extension of the Mentoring Children of Prisoners Program***

#### *Current Law*

Out of the funding provided for this program, requires HHS to make grants in each of FY2002-FY2006 for provision of mentoring services to children of prisoners. The grants may be made to eligible State or local governments, tribal governments or consortia, faith-based organizations, and community-based organizations.

#### *Chairman's Mark*

The mark extends the requirement that HHS make grants (to State or local governments, tribal governments or consortia, faith-based organizations, and community-based organizations) for the provision of mentoring services to prisoners for each of FY2007-FY2011.

### ***Increased Access to Mentoring Services***

#### *Current Law*

No provision.

### *Chairman's Mark*

The mark establishes requirements for a cooperative agreement between HHS and a national mentoring support organization. HHS must award the cooperative agreement on a competitive basis to a national mentoring support organization that has substantial experience in mentoring and mentoring services for children, and in developing quality program standards for planning and assessing mentoring programs for children. The purpose of the cooperative agreement is for this national mentoring organization to 1) identify and approve mentoring programs in all 50 states and the District of Columbia that meet certain quality program standards; 2) organize outreach activities to increase awareness among families of children of prisoners of the availability of vouchers for mentoring services (including making publicly available a list of approved programs to public and private entities); and 3) distribute vouchers directly to approved programs that have been selected by families of children of prisoners to provide mentoring services for their children.

### ***Application Requirements***

The mark requires an organization seeking to enter this cooperative agreement with HHS to submit an application to HHS that demonstrates its experience with mentoring and mentoring services for children and with the development of quality program standards for planning and assessing mentoring programs for children. The application must also include a plan that details the proposed voucher distribution program and must include the quality program standards for mentoring developed by the entity and describe how the entity will organize and implement these quality program standards. The entity must further describe in its application how it will organize and implement the distribution of vouchers, including how it will ensure that children in urban and rural communities and children with other geographic, linguistic, or cultural barriers to receipt of mentoring services will have access to such services; and that, if the entity usually provides gender-specific programs or services, both girls and boys will be appropriately served by the program. Finally, in its application the entity must also identify those organizations it knows that comply with quality program standards for mentoring; describe the strategic plan of the entity to work with families of prisoners to develop the list of mentoring programs that accept vouchers distributed under this program; and describe the methods that it will use to evaluate the voucher program, the extent to which the program is achieving the purposes of the cooperative agreement and supports the establishment or expansion and operation of programs that provide mentoring services to children of prisoners in areas where there are substantial numbers of children with incarcerated parents.

In addition, the mark specifies that as a part of the application the entity must agree to 1) include criminal background checks of mentors in any quality program standards for approved mentoring programs; 2) maintain records, make reports, and cooperate with reviews and audits that HHS finds necessary as part of overseeing the cooperative agreement and expenditures; 3) cooperate fully with the ongoing and final evaluation of the voucher program, including allowing HHS access to the voucher distribution program, program-related records and documents, and staff, as well as, to the mentoring programs to which vouchers were distributed; and 4) to provide

any other information HHS finds necessary to show the entity's capacity to carry out the cooperative agreement.

The mark states that the value of a voucher under this subsection can be disregarded for purposes of determining the eligibility for – or the amount of – any other federal, or federally supported assistance for the recipient family.

### ***Evaluations and Reports***

#### *Current Law*

Requires HHS to conduct an evaluation of the mentoring programs conducted under the Mentoring Children of Prisoners provisions and to submit to Congress a report on the findings no later than April 15, 2005.

#### *Chairman's Mark*

The mark requires HHS to conduct evaluations of the programs authorized under the Mentoring Children of Prisoners provisions, including the program for increased access to mentoring services (via vouchers) that is created in this legislation.

The mark provides that no later than 12 months after the enactment of this legislation, HHS must submit a report to Congress that includes: 1) the characteristics of the mentoring programs funded under this section; 2) the plans for implementation of the cooperative agreement to increase access to mentoring services (including through distribution of vouchers); and 3) a description of the outcome-based evaluation of the programs authorized under this section (which HHS is conducting as of the date of the bill's enactment), including how the evaluation has been expanded to evaluate the program to increase access to mentoring services through distribution of vouchers; and 4) the date by which HHS will submit to Congress a final report on this evaluation.

### ***Authorization of Discretionary Appropriations for Mentoring Children of Prisoners***

#### *Current Law*

For each of FY2002 and FY2003, authorizes discretionary appropriations of \$67 million for the Mentoring Children of Prisoners program; authorizes appropriations for this program in every succeeding year (indefinite or no-year limit) at "such sums as may be necessary".

#### *Chairman's Mark*

The mark authorizes appropriations up to \$67 million for each of FY2007-FY2011.



## ***Reservation of Program Funds for Mentoring Voucher Program***

### *Current Law*

Annually provides that 2.5% of the funds appropriated for Mentoring Children of Prisoners must be reserved for HHS to spend on research, technical assistance and evaluation related to the programs funded.

### *Chairman's Mark*

The mark retains the current set-aside for research, technical assistance and evaluation. It further requires HHS to reserve not more than 50% of the total amount appropriated for each fiscal year to carry out the new program for increasing access to mentoring services (via vouchers). However, HHS must use at least \$25 million of the appropriated funds to continue providing competitive grants to programs that provide mentoring services to children of prisoners. And if the total appropriation for the Mentoring Children of Prisoners program is less than \$25 million, no funds would be available for the purpose of increasing access to mentoring services (via vouchers).

## ***GAO Evaluation and Report***

### *Current Law*

No provision

### *Chairman's Mark*

No more than 3 years after the enactment of this legislation, the Government Accountability Office (GAO) must submit to Congress a report evaluating the implementation and effectiveness of the program first authorized by this legislation for increasing access to mentoring services (**via vouchers**).

## **SECTION 5 – ALLOTMENT AND GRANTS TO INDIAN TRIBES**

### ***Increase Set-aside for Tribal Promoting Safe and Stable Families Programs***

### *Current Law*

Requires that 1% of all mandatory Promoting Safe and Stable Families funds, and 2% of any discretionary appropriations for the program, be set aside for tribal programs. (The minimum tribal funding provided is \$3.45 million and the maximum annual tribal funding possible is \$7.45 million.)

*Chairman's Mark*

The mark requires that 3% of all mandatory Promoting Safe and Stable Families funds, and 3% of any discretionary appropriations for the program, be set aside for tribal programs. (The minimum tribal funding provided would be \$10.35 million and the maximum annual tribal funding possible would be \$16.35 million.)

***Access to Allotment for Tribal Consortia***

*Current Law*

Out of the tribal funds reserved, Indian tribes or tribal organizations with an approved plan must be allotted Promoting Safe and Stable Families funds (based on the relative share of tribal persons under age 21 but only among tribes or tribal organizations with approved plans). HHS may exempt a tribe from any plan requirement that it determines would be inappropriate for that tribe (taking into account the resources, needs, and other circumstances of that tribe). However, no tribe or tribal organization may have an approved plan (or receive funds) unless its allotment is equal to at least \$10,000. Funds allotted are paid directly to the tribal organization of the Indian tribe to which the money is allotted.

*Chairman's Mark*

The mark permits tribal consortia to have access to an allotment of Promoting Safe and Stable Families program funds (and related technical assistance) on the same basis as is currently available to Indian tribes. A tribal consortia's allotment is to be determined based on the number of tribal persons under age 21 in each tribe that is a part of the tribal consortia. A tribal consortium could select which Indian tribal organization (among the tribes in the consortium) would receive the direct payment of its allotment.

**SECTION 6 – STATE PLAN AMENDMENTS**

***Monitoring and Evaluation of Families Adopting or Supporting Significant Numbers of Children***

*Current Law*

In order to receive Promoting Safe and Stable Families funds states must provide certain assurances to HHS.

### *Chairman's Mark*

The mark adds a new condition of funding under the program, which would require states to establish procedures to provide additional evaluation of any family that seeks to provide foster care to, or to adopt, a large number of children or more than one sibling group. This additional evaluation, which must be done before the placement is made, is to fully assess whether the family has the ability to care for this number of children. The statute provides that states must establish this additional evaluation procedure for a family seeking to care for, or adopt, more than 4 children or more than one group of siblings, or -- provided the state can demonstrate good cause for this and receives approval from HHS -- any other certain number of children or sibling groups the state chooses.

In the case of a foster family, the procedures must also provide for ongoing monitoring to assess the family's continued ability to provide for this number of children or sibling groups. In the case of a family seeking to adopt the procedures must include monitoring before the adoption is permitted to enable the agency to assess whether the family has the ability to care for this number of children or siblings.

Within 18 months of the legislation's enactment, and as a condition for continued approval of its PSSF plan, the state must submit to HHS a plan for implementing these procedures. Within 60 days of its receipt of such a plan from a state, HHS must notify the state of its approval of the plan or of any necessary additions or modifications that must be made before it can be approved.

### ***State Submission of Annual Expenditure Reports to HHS and Provision of Report to Congress***

#### *Current Law*

States must spend "significant portions" of the funds they receive under the Promoting Safe and Stable Families program on four categories of services: family support, family preservation, time-limited family reunification, and adoption promotion and support; and they may spend no more than 10 percent of the funds to administer the program. Every five years states must develop a plan, including goals, for the use of the program funds and the plan must be made available to HHS and to the public. Further states must annually review their progress in meeting those goals and they must separately submit to HHS (and make available to the public) descriptions of the service programs they intend to provide in the upcoming fiscal year (within each of the four service categories), the geographic areas where these services will be available, and the populations that will be served. Finally states are required to furnish such reports to HHS, in whatever format and containing whatever information it may require.

As implemented by HHS states are required to spend at least 20% of their Promoting Safe and Stable funds on each of the four service categories (unless they can provide an "especially strong rationale" for not doing this). Every five years states must prepare a five-year Child and Family Services Plan (CFSP) that establishes goals and describes the state's plan for provision of child and family services under the Promoting Safe and Stable Families program, as

well as, across a range of federal child welfare programs (including Child Welfare Services under Title IV-B, Subpart 1 of the Social Security Act; State Grants, under the Child Abuse Prevention and Treatment Act; and the Chafee Foster Care Independence Program and related Education and Training Vouchers, both under Section 477 of the Social Security Act). In addition, states must each year submit an Annual Progress and Services Report, the CFS-101 Part I -Annual Budget Request, and the CFS-101 Part II - Annual Summary of Child and Family Services. The reports must be submitted to the regional offices of the HHS Administration for Children and Families (ACF).

On form CFS-101 Part I states report how they intend to allocate their Promoting Safe and Stable Families funds (between the four service categories) for the upcoming fiscal year and also request their funding allotments for Child Welfare Services, CAPTA state grants, the Chafee Foster Care Independence Program and Education and Training Vouchers. On form CFS-101, Part II states report how they expect to spend all child welfare dollars (federal and state) in thirteen separate categories (and by specific federal funding stream). States must also report on the number of families or individuals expected to be served and the geographic areas that will be served. This information is due to the HHS regional office three months before the start of the fiscal year for which funds are being requested (e.g. by June 30, 2005 for request of FY2006 funds).

#### *Chairman's Mark*

No later than June 30 of each year, the mark requires states to submit to HHS one copy of the forms CFS- 101, Part I and CFS-101 Part II (or any successor forms) with information concerning *planned expenditures* for child and family services in the immediately succeeding fiscal year as well as a second set of the same forms showing the *actual expenditures* for child and family services in the immediately preceding fiscal year. However, with regard to the form (CFS-101 Part II) used to show *actual* expenditures by 13 separate categories and multiple funding streams, states would only be required to submit information regarding their actual expenditures for the preceding fiscal year under two federal funding streams: the Child Welfare Services and Promoting Safe and Stable Families programs (Title IV-B, Subpart 1 and 2 of the Social Security Act.)

The mark further provides that HHS must compile these reports (showing planned and actual expenditures for the specified fiscal years) and no later than September 30 of each year must submit this compilation to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate

The mark provides that the first state submission of such forms to HHS under this requirement must be made by June 30, 2007 and that HHS must submit the first compilation of such forms to Congress by September 30, 2007.

## **SECTION 7 – EFFECTIVE DATE**

### *Current Law*

Mandatory and discretionary funding for the Promoting Safe and Stable Families Program is authorized through FY2006, including set-asides for allotments to tribes, grants to state highest courts, and expenditures by HHS (for evaluation, training, technical assistance, and research related to the program). HHS is authorized to make grants under the Mentoring Services for Children Program through FY2006 and funding for this program is authorized indefinitely.

### *Chairman's Mark*

The mark provides that effective with October 1, 2006, the annual funding authority (mandatory and discretionary) for the Promoting Safe and State Families program is extended through FY2011 (with current set-aside amounts continued for HHS and increased for tribes). HHS is authorized to make grants under the Mentoring Services for Children Program for each of FY2007-FY2011 (with funds authorized for that purpose for those same years).

Unless otherwise specified in the legislation, other changes made by the mark are also effective on October 1, 2006. However, if HHS determines that state legislation is required in order for a state to meet any new requirement under this legislation, the state must have until the completion of the first state legislative session after enactment of this act to comply with such new requirements.