

# The Promoting Safe and Stable Families Program

## Background and Context

May 2011

## Introduction

The Promoting Safe and Stable Families Program (PSSF), Title IV-B, Subpart 2 of the Social Security Act, is a significant source of federal funds to help states keep children safe from maltreatment, allow children to remain safely with their families, and ensure safe and timely permanency for children in foster care. Enacted in 1993, the program is currently authorized through Sept. 30, 2011. This paper will:

- Describe PSSF, including its purposes, history and funding levels.
- Examine briefly how states have used PSSF funds to improve the lives of vulnerable children and families.
- Provide an overview of relevant research into the effectiveness of the types of services funded by PSSF.

A separate paper provides background on the Court Improvement Program (CIP), which is funded as part of PSSF.

# Description and Purposes of PSSF

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Congress created and has continued to fund PSSF in response to concerns about the number of children in foster care and the effect of instability and lack of permanency on their well-being. Congress realized that keeping children out of foster care and expediting permanency for children already in foster care required a commitment of funds to states for a range of supportive services to families. The statute describes four service categories that correspond to families at various levels of need:

- **Family Support Services** are intended to help families provide safe and nurturing environments for their children. These services are aimed at improving parenting, strengthening parental relationships, promoting healthy marriages and enhancing child development.
- **Family Preservation Services** are targeted to families in crisis and include placement prevention services, post-reunification services, respite care, parenting skills training and infant safe haven programs.
- **Time-Limited Family Reunification Services** help families that are seeking to address the conditions that led to removal of a child. These services include counseling, substance abuse treatment, mental health services, domestic violence services, crisis nurseries and transportation.
- **Adoption Promotion and Support Services** help families that are preparing to adopt or that have adopted a child from foster care.

From FY 2007 to FY 2010, PSSF included an annual appropriation of \$345 million in mandatory funds and \$200 million in authorized discretionary funds. For FY 2010, Congress appropriated \$63.3 million in discretionary PSSF funds.

## FORMULA GRANTS

Funds for the four service types are distributed to states based on their share of children receiving Supplemental Nutrition Assistance Program benefits. The statute requires a 25 percent state match and also requires states to spend a “significant portion” of their allotments in each of the four service categories. U.S. Department of Health and Human Services (HHS) annual program instructions specify that states must have a “strong rationale” for allocating less than 20 percent of their allotments on each of the four categories.

After deducting the \$40 million specified for targeted grants (discussed below), 3 percent of funds are set aside for distribution to American Indian tribes or tribal consortia. These allotments are based on the number of children in a tribe relative to the number of children in all tribes with approved plans.

## TARGETED FUNDS

The statute currently requires that a portion of both mandatory and discretionary funds be set aside and targeted for specific purposes.

- From mandatory funds, \$40 million per year is allocated between:
  - Formula grants to states to improve the quality and frequency of caseworker visits with children in foster care.
  - Competitive grants to regional partnerships for services to address the needs of children in foster care or at risk of entering foster care due to a parent's use of methamphetamine or other controlled substances.
- Mandatory funds in the amount of \$10 million and 3.3 percent of any discretionary funds are set aside for the Court Improvement Program for grants to assess and improve the handling of child abuse and neglect proceedings. In addition, for FY 2011, Congress added \$20 million to the mandatory set-aside to maintain funding for data collection and training grants under the CIP that expired in FY 2010. (These grants are discussed in the companion paper on the CIP.)

Mandatory funds in the amount of \$6 million and 3.3 percent of any discretionary funds are set aside for evaluation, research, technical assistance and training.

## PSSF in Context

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### HISTORY OF PSSF

The Omnibus Budget Reconciliation Act of 1993 created Subpart 2 of Title IV-B of the Social Security Act and established grants to states for family preservation and family support services for FY 1994 through FY 1998. It also established the Court Improvement Program and included funds for evaluation and technical assistance and funding for tribes. In 1997, the Adoption and Safe Families Act (ASFA) changed the name of the program to Promoting Safe and Stable Families, authorized funding through FY 2001, and added time-limited family reunification services and adoption promotion and support services to the list of service categories. This addition was in keeping with ASFA's emphasis on permanency for children already in foster care, in addition to the existing emphasis on placement prevention. PSSF was amended in 2001 to add \$200 million annually in authorized discretionary funding and again in 2005 in the Deficit Reduction Act to add \$40 million annually in mandatory funds. Finally, the 2006 Child and Family Services Improvement

Act extended funding for PSSF to 2011, targeted the additional \$40 million in mandatory funds to support caseworker visits and methamphetamine grants, and increased the set-asides for tribes, among other changes.

Mandatory PSSF annual funding levels have increased over the years, from \$60 million in 1994 to \$345 million in FY 2010. Annual discretionary funding, however, has declined from a high of \$99 million during 2003 to 2005 to \$63.3 million in FY 2010.

#### POLICY AND FUNDING CONTEXT

The purposes of PSSF are aligned with the broad federal policy goals of safety, permanency and well-being, particularly maintaining children in their own homes, providing families with enhanced capacity to provide for their children's needs and facilitating timely exits from foster care to reunification, adoption or guardianship. State performance relative to these outcomes is measured by the Child and Family Services Reviews, commonly called CFSRs.

Notwithstanding its importance in the context of federal policy, funding for PSSF is small compared to the open-ended entitlement for foster care under Title IV-E of the Social Security Act. In contrast to the \$341 million distributed to states and tribes in FY 2010 for PSSF services, the federal government spent an estimated \$4.6 billion on foster care and related administration and training costs in that year. Appendix B shows PSSF and Title IV-E Foster Care funding by state for FY 2010.

## States' Use of PSSF Funds

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#### REGULAR PROGRAM FUNDS — STATE ALLOCATIONS

In FY 2005, states collectively allocated their PSSF regular program funds as follows:

- Family Support Services: 30 percent (\$113.4 million)
- Family Preservation Services: 27 percent (\$100.5 million)
- Adoption Promotion and Support Services: 19 percent (\$70 million)
- Time-Limited Family Reunification Services: 18 percent (\$66.1 million)
- Administration: 4 percent (\$15.9 million)
- Planning: 2 percent (\$6.6 million)

PSSF funds touch the lives of a sizeable proportion of children whose families receive services to prevent child abuse and neglect. In FY 2009, states reported to the National Child Abuse and Neglect Data System (NCANDS) that they provided prevention services on behalf of more than three

million children. According to Child Maltreatment 2009, the yearly report of NCANDS data published by HHS, PSSF paid for services to 30 percent (926,985) of those children.

The following examples illustrate the wide array of services in various states that PSSF supports:

### **Family Support Services**

- **California** is using PSSF funds to broaden the network of services available to families under their differential response systems and to allow child welfare agencies to respond to reports of child maltreatment earlier, with greater flexibility and with services tailored to meet families' needs.
- **Pennsylvania** and **Minnesota** are using PSSF funds to help fund family group decision-making to improve family engagement practice at the local level.
- **Pennsylvania** also is using PSSF funds for the Parent Child Home Program, a nationally recognized home-visitation program that focuses on early literacy and school-readiness.

### **Family Preservation Services**

- **Pennsylvania** is using all of its family preservation funds to support 66 family centers in 29 counties. The centers provide home visiting, parent training and other family strengthening services.
- **Missouri** uses PSSF funds for intensive in-home family preservation services.
- **Florida** uses the funds to provide voluntary protective services to stabilize families in crisis, multi-disciplinary staffings for families, a multi-system treatment intervention model of family preservation, child abuse prevention training to staff and community providers, a diversion court and clinical response teams.
- **New Hampshire** uses PSSF funds to co-locate licensed alcohol and drug abuse counselors in a child welfare district office.

### **Time-Limited Family Reunification Services**

- **Georgia** uses PSSF dollars for Project Connect, which works with high-risk families affected by substance abuse and involved with child welfare. The program offers home-based counseling, substance use monitoring, home-based parent education and support groups for mothers in recovery.
- **Wisconsin** has used PSSF dollars to develop and pilot a father-friendly assessment tool, and to strengthen efforts to connect children with their fathers.

- **Duval County (Jacksonville), Fla.**, is using PSSF to fund its “rocket docket,” which resolves barriers to reunification with expedited court hearings.
- **Rhode Island** uses PSSF funds to support the Families Together Therapeutic Visitation Program, which out-stations parent-child visitation consultants in all four regional offices of the Department of Children, Youth and Families. The consultants educate both agency staff and parents regarding child development and behavior management.

### **Adoption Promotion and Support Services**

- **Pennsylvania** uses this funding stream for its infant safe haven program, a Statewide Adoption and Permanency Network, and child-specific recruitment of permanent families for children in foster care.
- **Wisconsin** used PSSF dollars to create six post-adoption resource centers that provide information and referral services to all adoptive families.
- **Missouri** uses PSSF funds for its Second Level Matching Team, which facilitates matches for the hardest-to-place children awaiting permanency.
- **New Hampshire** uses the funds to place a connection specialist in each district office to work collaboratively with caseworkers and permanency planning teams to identify permanency resources for children.

### **REGIONAL PARTNERSHIP GRANTS**

PSSF also includes a \$145 million set-aside for five-year (2007 to 2011) competitive grants to regional partnerships for services and activities to improve outcomes for children who are in out-of-home placement or who are at risk of such placement due to a parent’s abuse of methamphetamine or other substances. The grant program requires a state match that increases over time, from 15 percent in the first two years to 25 percent in the last year. The 53 funded grantees are based in 29 states and include six tribes. Grantees are engaged in the following key activities:

- **System Collaboration and Improvement**, including cross-system training, data collection, information sharing and family drug courts.
- **Substance Abuse Treatment Linkages and Services**, such as coordinated case management, increased access to treatment, specialized engagement and outreach, intensive outpatient treatment, mental health services and wraparound services.
- **Services for Children and Youth**, which include developmental screenings, early intervention and prevention, and mental health services.

- **Support Services for Parents and Families**, including ancillary services (such as child care, housing assistance, employment and transportation), parenting skills training, continuing care, and recovery support and drug testing.
- **Expanded Capacity to Provide Treatment and Services to Families**, primarily expansion of the array of services to families, increasing the number of child welfare clients served and improving services for culturally diverse families.

As required by statute, HHS has established 23 performance indicators in four outcome domains related to children, adults, families/relationships and partnerships/service capacity. Grantees began submitting performance indicator data to the RPG Data Collection and Reporting System in December 2008. Early reports from year two of the program indicate that many of the partnerships have made improvements in areas such as collaborative values, engagement and retention, children's services, staff training and development, and building community supports. At the same time, 43 percent of the partnerships are experiencing challenges with information sharing and data systems, including problems with the quality and consistency of data, difficulty obtaining child welfare data, state and local budget cuts, competing public priorities and staff turnover.

## Research Regarding Effectiveness of Services Funded by PSSF

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Research literature shows that PSSF services can be effective if they are faithful to evidence-based models or include certain elements found to increase the likelihood of success. For example, intensive family preservation services are more likely to be successful at preventing foster care placement if they closely follow the proven effective Homebuilders® model.

### INTENSIVE FAMILY PRESERVATION SERVICES

Homebuilders® is a model of brief and intensive services provided to families when they are in crisis and when a child is at imminent risk of removal from home. The model utilizes highly trained therapists who have small caseloads of two to three families and are available around the clock. Homebuilders® responds to families within 24 hours of referral and provides 12 to 15 hours of service per week for up to 90 days for placement prevention.

When Subpart 2 of Title IV-B was created in 1993, Congress required HHS to evaluate the effectiveness of family preservation services. In 2001, Westat, Chapin Hall Center for Children and James Bell Associates released a study of intensive family preservation services in Kentucky, New Jersey and Tennessee that were purportedly based on Homebuilders®. The programs studied, however, deviated from the model. The study also had trouble targeting services to families at imminent risk of child removal. In both the control and experimental groups, only a small percentage of families experienced a foster care placement. Therefore, the evaluators were unable to conclude that the services provided had an effect on placement prevention.



A number of other evaluations and studies have confirmed that Homebuilders® is effective in preventing placement of children who are at high risk of removal. In 2006, the Washington State Institute for Public Policy analyzed existing rigorous evaluations of intensive family preservation services in 14 sites, paying close attention to the degree to which they followed the Homebuilders® approach. The analysis found that programs faithful to the Homebuilders® model significantly reduce out-of-home placements and subsequent abuse and neglect, and that non-Homebuilders programs have no effect. In addition, the study found that effective programs produce \$2.59 of benefits for every \$1 invested.

## FAMILY SUPPORT SERVICES

Congress also required HHS to conduct an evaluation of family support programs. The family support study, conducted by Abt Associates, is a meta-analysis of existing program evaluations. The programs studied were intended to improve parenting and child development, and featured strategies such as home visiting, parenting classes, parent-child groups and early childhood education. The study found that, although the average effect of family support programs on parenting ability was small, programs that focused on developing parents' skills as effective adults — including self-confidence, self-empowerment and family management, as well as basic parenting — had more positive effects on parents than did those programs that did not have such a focus.

In recent years, researchers have identified elements of parent training programs that are associated with effectiveness. These include a focus on family strengths and resilience, family-centered practice, a combination of individual and group training, qualified staff, targeting services to families with clearly defined needs, and continuous quality improvement. A number of parent training programs have been recognized as well-supported by research evidence:

- **The Incredible Years** has been shown to be effective in reducing child conduct problems that may lead parents to resort to harsh or abusive parenting techniques.
- **Parent-Child Interaction Therapy** provides coaching to improve parental competency and was effective in lowering repeat reports of child maltreatment among a group of parents in Oklahoma.
- **Triple P – Positive Parenting Program** is a multi-faceted parenting program that includes a media campaign and several levels of training targeted at different issues and different populations. A major trial of Triple P currently underway in South Carolina reduced the number of maltreatment cases and child removals.

## ADOPTION SUPPORT SERVICES

Families that adopt children from foster care benefit from a wide range of services, including information and referral to services, parent education, background information on adoptive children, mental health services, financial assistance, peer support networks, respite and child care, and advocacy. Although families report that these types of services are helpful, there is very little rigorous

research on the effectiveness of post-adoption services in preventing disruption and dissolution of adoptions. A literature review in 2001 by Richard Barth, Deborah Gibbs and Kristen Siebenaler identified only five programs that have been evaluated for outcomes and these evaluations were plagued with serious methodological flaws. More research is needed in this important area.

## PSSF in Proposed FY 2012 Budget

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The Administration proposes to reauthorize PSSF for an additional five years at current funding levels to accomplish the following:

- Support the overarching principles stated in the Administration's foster care reform proposal.
- Place all PSSF programs on the same reauthorization schedule, which would involve placing the data and training grants in the CIP on the same schedule as the basic CIP grant.
- Create a Tribal Court Improvement Program.
- Establish a research focus to expand the continuum of high quality interventions that lead to improved outcomes.

# APPENDIX A - Required Reports

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## REPORTS REQUIRED OF FUND RECIPIENTS

- PSSF requires states with approved Child and Family Services Plans to report to the HHS by June 30 of each year regarding:
  - Planned child and family services expenditures for the immediately succeeding fiscal year.
  - The number of children and families served and the actual expenditures of PSSF funds in the most recent preceding fiscal year.
- Regional partnership grant recipients are required to report annually to HHS on the services provided or activities carried out.

## REPORTS REQUIRED OF HHS

- HHS is required to compile the annual reports from states regarding planned and actual use of PSSF funds and submit such compilations by Sept. 30 of each year to the House Committee on Ways and Means and the Senate Committee on Finance.
- HHS is required to evaluate and report to Congress on the effectiveness of PSSF-funded programs on April 1 of every odd-numbered year.
- HHS is required to submit annual reports to the House Ways and Means and Senate Finance committees regarding the regional partnership grants, including services provided, performance indicators and progress in addressing the needs of families.

# APPENDIX B

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## PSSF FUNDS AND TITLE IV-E FOSTER CARE FUNDS BY STATE, FY 2010

	<b>PSSF</b>	<b>IV-E Foster Care</b>
Alabama.....	\$7,153,538	\$29,160,718
Alaska .....	667,718	11,653,229
Arizona.....	7,932,245	68,139,746
Arkansas .....	4,500,446	41,543,208
California.....	33,751,156	1,227,535,935
Colorado .....	3,283,927	59,171,110
Connecticut.....	2,108,395	55,726,416
Delaware .....	889,126	3,294,715
District of Columbia .....	918,704	34,006,600
Florida .....	14,598,557	167,647,601
Georgia .....	12,476,607	97,156,057
Hawaii .....	948,427	14,948,054
Idaho.....	1,219,047	9,451,232
Illinois .....	15,221,115	180,391,733
Indiana .....	7,213,920	79,160,225
Iowa .....	2,721,529	23,868,562
Kansas .....	2,178,330	26,542,426
Kentucky.....	6,371,017	47,906,667
Louisiana.....	7,967,817	52,033,744
Maine .....	1,574,340	17,973,423
Maryland .....	3,807,714	69,454,411
Massachusetts .....	4,928,994	56,260,638
Michigan .....	13,268,289	90,716,497
Minnesota .....	3,454,073	43,386,452
Mississippi .....	5,351,914	13,039,029
Missouri .....	10,940,801	53,917,031

	<b>PSSF</b>	<b>IV-E Foster Care</b>
Montana .....	892,472	14,380,450
Nebraska .....	1,515,925	17,609,402
Nevada .....	1,570,850	39,359,877
New Hampshire .....	637,995	15,352,937
New Jersey .....	5,117,819	80,544,352
New Mexico .....	3,165,462	24,185,051
New York .....	18,856,291	402,069,622
North Carolina .....	11,137,885	73,781,246
North Dakota .....	524,791	10,845,970
Ohio .....	12,782,927	175,069,872
Oklahoma .....	5,081,617	33,151,819
Oregon .....	4,667,671	101,403,740
Pennsylvania .....	12,349,023	219,786,059
Rhode Island .....	926,844	15,872,720
South Carolina .....	6,577,151	30,544,084
South Dakota .....	755,149	6,111,821
Tennessee .....	9,816,286	53,353,253
Texas .....	35,724,261	237,152,914
Utah .....	1,730,259	20,861,264
Vermont .....	496,516	9,996,061
Virginia .....	6,155,261	60,023,570
Washington .....	5,879,720	91,330,699
West Virginia .....	2,705,361	30,605,721
Wisconsin .....	5,075,836	49,779,033
Wyoming .....	285,128	2,233,016
<b>Subtotal .....</b>	<b>329,876,246</b>	<b>4,389,490,012</b>
Indian Tribes .....	11,049,330	0
Recovery Act.....	0	193,020,946
<b>Total States/Tribes.....</b>	<b>\$340,925,576</b>	<b>\$4,582,510,958</b>

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Casey Family Programs is the nation's largest operating foundation focused entirely on foster care and improving the child welfare system. Founded in 1966, we work to provide and improve—and ultimately prevent the need for—foster care in the United States. As champions for change, we are committed to our 2020 Strategy—a goal to safely reduce the number of children in foster care and improve the lives of those who remain in care.

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