



Significant Federal Law, Regulatory and Non-Regulatory Guidance, and Child Welfare Manual Additions Impacting Child Welfare in 2024

A. Federal Laws That Passed in 2024

1. Native American Child Protection Act, HR 663, [P.L. 118-160](#)
2. Stop Institutional Child Abuse Act, HR 2955/S 1351, [P.L. 118-194](#)
3. Supporting America’s Children and Families Act, HR 9076, [P.L. 118-258](#)

Detailed summaries for the three laws listed above can be found beginning on page 5 of this document.

4. Department of Housing and Urban Development Appropriations Act, 2024, P.L. 118-42

I have pasted the section that seems most relevant and flagged by Ruthie White:

Sec. 243: “The Secretary may, upon a finding that a waiver or alternative requirement is necessary for the effective delivery and administration of funds made available for new incremental voucher assistance or renewals for the mainstream program and the family unification program (including the foster youth to independence program) in this and prior Acts, waive or specify alternative requirements, other than requirements related to tenant rights and protections, rent setting, fair housing, nondiscrimination, labor standards, and the environment, for--(1) section 8(o)(6)(A) of the United States Housing Act of 1937 (42 U.S.C. 1437f(o)(6)(A)) and regulatory provisions related to the administration of waiting lists, local preferences, and the initial term and extensions of tenant-based vouchers; and (2) section 8(x)(2) of the United States Housing Act of 1937 (42 U.S.C. 1437f(x)(2)) regarding the timing of referral of youth leaving foster care.”¹

¹ Also of note from HUD was a press release issued on November 22, 2024, that shared new FYI awards in the amount of around \$1.3 million:

https://www.hud.gov/press/press_releases_media_advisories/HUD_No_24_308.

The press release also highlighted that funding remains available for additional on-demand FYI assistance under PIH Notice 2023-04, which made \$30 million available for on demand vouchers. To date, under this notice, HUD has awarded more than \$20 million for a total of 1,575 vouchers, meaning that about \$10 million remains available for Housing Authorities to request.

B. Significant Child Welfare Manual Additions in 2024

1. **Amending neglect definitions:** A state statute may exempt specific circumstances or conditions, including poverty and income-related factors, from the definitions of child abuse and neglect, as long as the state’s statutory definition still meets the minimum Child Abuse Prevention and Treatment Act definition
2. **IV-E admin funds for fingerprinting:** The performance of fingerprinting is an allowable cost and may be claimed as title IV-E administration at the 50% federal financial participation (FFP) rate.
3. **State discretion to define the term “relative” more broadly:** Title IV-E agencies have the discretion to define the term “relative” for the purposes of title IV-E.
4. **Flexibility for tribes to provide culturally competent prevention services:** Tribes may provide title IV-E prevention services and programs adapted to the culture and context of the tribal communities served through the agreement. Tribes operating under such an agreement may determine the practice criteria for services that are adapted to the culture and context of the tribal communities served under the agreement.
5. **Clarification of what can be funded with IV-E prevention services:** Activities include: peer delivered outreach and navigation related to prevention services and supports that increase engagement in services such as transportation assistance and child care.

See citations for each change and details in [this document](#).

C. Significant Regulatory and Non Regulatory Guidance from ACF in 2024

1. Designated Placement Requirements Under Titles IV-E and IV-B for LGBTQI+ Children

The rule was issued on April 30, 2024, and resulted in changes in federal regulation that can be found at [45 CFR 1355.22](#).

The regulation took effect on July 1, 2024, and child welfare agencies must implement the new regulation by October 1, 2026.

A summary of the rule and a FAQ on the rule can be found [here](#).

2. Federal Rule on Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance

This rule was issued on May 10, 2024, and was effective on July 8, 2024.

The rule and the preamble to the rule can be found [here](#).

The amended regulations related to child welfare can be found at 45 CFR [84.60](#) (Children, parents, caregivers, foster parents, and prospective parents in the child welfare system) and reinforce that Americans with Disabilities Act the Rehabilitation Act apply to the provision of child welfare services and to many critical decision points through the course of system involvement, including, but not limited to: system entry, type of service delivered, parenting evaluations, caregiver licensing, and termination of parental right.

The rule also makes clear that [45 CFR 84.76](#) (Integration), which requires that services are provided to individuals with disabilities in the most integrated setting, applies to placement of children and youth in foster care. The commentary to the rule states that “While the Department declines to distinguish explicitly between different congregate care settings or list mandatory criteria for congregate care placements, we reiterate that all children with disabilities in foster care are entitled to receive services in the most integrated setting appropriate to their needs, and congregate care is virtually never the most appropriate long-term setting for children. We agree with commenters that the most integrated setting appropriate for children with disabilities is almost always the family home or a family foster care setting. Recipients should consider and facilitate the full range of services and supports a family may be eligible for to keep parents and children together.”²

3. Federal Rule on Foster Care Legal Representation

The rule was issued on May 10, 2024, and was effective immediately.

The rule and the preamble to the rule can be found [here](#).

The rule resulted in changes in federal regulation that can be found at [45 CFR 1356 \(c\)\(4\)](#).

A summary of the rule and the impact of the rule can be found [here](#).

A summary of the status of states’ use of IV-E funding for high-quality legal representation can be found [here](#).

² ACF issued an IM on this rule on January 15, 2025. You can find the IM here: <https://www.acf.hhs.gov/sites/default/files/documents/cb/im-25-01.pdf> The IM includes links to additional resources about how individuals can file complaints so the rule is enforced.

4. Social Security Administration Guidance on Considerations when a Foster Care Agency is Involved with a Child or Youth's Benefits Administered by SSA

This guidance was issued on June 4, 2024 and can be found at: [GN 00502.159 Additional Considerations When Foster Care Agency is Involved](#).

The guidance reiterates existing law and regulation regarding: (1) the hierarchy of preference for payees, (2) that the agency should not automatically be the payee, (3) the process for determining who should be the payee, and (4) that the decision of who is the appropriate payee is an individualized decision.³

5. Guidance Related to the Medicaid's Early and Periodic Screening, Diagnostic and Treatment Guarantee (EPSDT)

The Centers for Medicare and Medicaid Services (CMS) issued the following guidance letter on September 26, 2024: [Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\) Requirements](#). This guidance contained a section on the special health care needs of youth in and leaving foster care as well as a focus on using Medicaid to meet the behavioral health needs of all children and youth.

The Administration for Children and Families followed with a [Dear Colleague Letter \(DCL\)](#) on November 22, 2024, that encouraged state child welfare agency leaders and stakeholders to review the CMS guidance document and highlighted several key elements. The following are some of the key points that are highlighted in the DCL:

- The need to increase awareness and use of Medicaid and EPSDT services to support preventing child welfare system involvement and promoting well-being;
- The need to increase awareness and use of Medicaid and EPSDT services for youth in foster care to improve their well-being and health;
- Encouragement to states to use the current flexibility of Medicaid to provide a broader array of effective and engaging behavioral health services for children and youth;
- Urging states to expand and develop the child-focused (EPSDT) workforce by broadening provider qualifications, using telehealth, encouraging the use of interprofessional consultation, and using payment methodologies to address provider shortages

³ ACF issued guidance on this topic in a [Dear Colleague Letter: Reminders to State and Tribal Title IV-E agencies about the Social Security Representative Payee Program and the Title IV-E Federal Foster Care Program](#) on August 17, 2023.

- Urging states to implement effective policies that support the retention of Medicaid coverage for former foster youth until age 26; and
- Urging robust and effective collaboration between Medicaid and Child Welfare stakeholders.

Here are slides from the National Health Law Program (NHeLP) that summarizes the guidance: <https://nhelp.box.com/v/CMS-EPSTD-New-Guidance>

6. Joint Non Regulatory Guidance from the U.S. Department of Health and Human Services and the U.S Department of Health and Human Services on Ensuring Educational Stability and Success for Students in Foster Care

This non-regulatory guidance was issued on November 15, 2024.

A two page summary from the Legal Center for Foster Care and Education can be found [here](#) and a more comprehensive document explanation of the guidance can be found [here](#).

7. Adding Indian Child Welfare Act (ICWA) Data Elements to the Adoption and Foster Care Analysis and Reporting System (AFCARS)

The [federal rule](#) was issued on December 5, 2024. The rule resulted in changes in federal regulation that can be found at [45 CFR 1356 \(c\)\(4\)](#) when effective.

States have three fiscal years to implement the new regulation. The first report period when state title IV-E agencies must begin collecting the information required in this final rule begins October 1, 2028, and the first data files containing this information will be due to ACF by May 15, 2029.

The [federal rule](#) and commentary details the new data elements that will be included in AFCARS related to implementation of ICWA. The data elements can be found in: Information Memorandum on The New Regulation: [Title IV-E of the Social Security Act; Final Rule; Adoption and Foster Care Analysis and Reporting System \(AFCARS\); Indian Child Welfare Act of 1978 \(ICWA\)](#) (December 5, 2024).

8. Office of Family Assistance Dear Colleague Letter on Housing Instability

This [Dear Colleague Letter](#) was issued on November 25, 2024, from the Office of Family Assistance, which administers the TANF Program. The Letter provides examples of how TANF can be used and how TANF agencies can collaborate to improve housing stability of the many

families facing a lack of appropriate housing and housing crises. The Letter notes that TANF can be used to prevent homelessness and help achieve housing stability *and* local housing resources can and should be used to help meet the housing needs of TANF recipients. In addition to highlighting the growth in housing stability across the country, the Letter reports data from 2022 showing that 11 percent of children who enter foster care do so because of housing issues, reminding child welfare advocates of the importance of TANF as a prevention tool.

This letter asks TANF agencies to consider taking actions in three main areas:

Strengthening coordination and collaboration efforts with housing and homelessness

Coordination and collaboration between TANF agencies and housing service providers: The Letter provides several examples including: establishing relationships through regular meetings, case reviews, and data sharing with local Continuums of Care, Public Housing Authorities and other housing and homeless prevention agencies.

Reducing barriers to TANF participation for families at risk of or experiencing homelessness:

The Letter urges TANF agencies to take available flexibilities to streamline benefits access and use technology and screening to connect recipients with housing related services when needed, noting that while rates of homelessness for families are at an all-time high, the rates for TANF-eligible families receiving TANF are at an all-time low, indicating that there may be barriers to accessing TANF for families experiencing homelessness.

Increasing cash, rental assistance, and other direct supports to families at risk of or

experiencing homelessness: The Letter notes that while housing costs continue to rise, TANF levels in most states have not risen and leave a family at or below 60 percent of the poverty level in every state. Agencies are encouraged to work with their OFA Regional Program Managers to discuss options and procedures for increasing cash benefits. The Letter provides concrete examples of actions states can take within the current TANF program that could have a significant impact on the housing stability of families:

- a. Use unobligated TANF balances to administer temporary rental assistance programs directly or to offer grant funding to existing homeless service providers, allowing them to expand their program capacity.
- b. Expand the use of non-recurrent, short-term benefits to stabilize families, addressing a specific crisis or episode of need. (short term rental or mortgage assistance (to prevent eviction or help a homeless family secure housing),
- c. Provide bridge funding to cover rental assistance while families wait for longer-term subsidies from their local PHA and provide support like housing navigation and application assistance as they navigate the Housing Choice Voucher application and process.

- d. Train and fund in-house capacity to screen for housing stability upon initial application and during the recertification process so case managers can continuously help determine if a family is at risk of or experiencing homelessness and that families consistently have access to the resources they need.
- e. Use federal TANF and state MOE funds for a wide variety of supportive and employment services that may be critically needed by families experiencing homelessness. Learn more in [OFA's 2013 IM](#).

9. Dear Colleague Letter (DCL) on TANF and Child Welfare Prevention

This [Dear Colleague Letter](#) was issued on December 30, 2024, by the Administration for Children, Youth, and Family's (ACYF) Children's Bureau (CB) and Office of Family Assistance (OFA). The DCL provides context that "[p]overty itself does not equate to maltreatment or neglect. The lack of income or economic supports, however, may increase the risk of material challenges that lead to significant stress within families or challenges for parents in providing for their children's basic needs." The DCL provides a reminder of the great flexibility that states have in how TANF funds can be used to support families in meeting economic and other needs and the important connection between TANF funds and child welfare prevention. The DCL encourages cross system collaboration and strategizing to maximize how TANF can support effective policies and programs that are responsive to the needs of families.

The DCL reminds stakeholders that the first statutory goal of TANF, known as TANF purpose one, is to provide assistance to families experiencing financial need so that children can be cared for in their own homes or with relatives. The DCL provides examples of where a child welfare service can be reasonably calculated to meet a TANF purpose, and therefore be an allowable use of TANF funds. These examples include actions to increase benefit levels, payments to kinship caregivers, providing additional direct cash assistance around stress points, and flexibly funds to meet emergent needs. The DCL also references a great resource from Clare Anderson and colleagues at Chapin Hall, **TANF and Child Welfare Innovation**: https://www.chapinhall.org/wp-content/uploads/Chapin-Hall_CW-TANF-innovations_July-2024.pdf. This document also provides concrete examples from the states of how TANF funds can be used for effective prevention services, including direct cash transfers.

On January 14, 2015, the proposed rule, [Strengthening Temporary Assistance for Needy Families \(TANF\) as a Safety Net and Work Program](#) was [withdrawn](#). While the DCL does not have the weight of a rule, it does provide a good list of allowable uses of TANF that advocates can use in their state advocacy efforts to increase prevention investments.

Summaries of Federal Law

Law: Stop Institutional Child Abuse Act, HR 2955/S 1351

Date Became Law: December 23, 2024

Summary:

This law **commissions a study from the National Academies of Sciences, Engineering, and Medicine** to examine the state of youth in youth residential programs and make recommendations.

Information on the Scope of the Bill: The law defines a youth residential program broadly: each location of a facility or program operated by a public or private entity that, with respect to one or more youth who are unrelated to the owner or operator of the facility or program—provides a residential environment. Examples include:

- a program with a wilderness or outdoor experience, expedition, or intervention;
- a boot camp experience or other experience designed to simulate characteristics of basic military training or correctional regimes;
- an education or therapeutic boarding school;
- a behavioral modification program;
- a residential treatment center or facility;
- a qualified residential treatment program (as defined in section 472(k)(4) of the Social Security Act ([42 U.S.C. 672\(k\)\(4\)](#)));
- a psychiatric residential treatment program that meets the requirements of subpart D of part 441 of title 42, Code of Federal Regulations (or any successor regulations);
- a group home serving children and youth placed by any placing authority;
- an intermediate care facility for individuals with intellectual disabilities; or
- any residential program that is utilized as an alternative to incarceration for justice involved youth, adjudicated youth, or youth deemed delinquent; and
 - serves youth who have a history or diagnosis of—
 - an emotional, behavioral, or mental health disorder;
 - a substance misuse or use disorder, including alcohol misuse or use disorders; or
 - an intellectual, developmental, physical, or sensory disability.

Requirements Related to the Study to be Completed by the National Academies of Sciences, Engineering, and Medicine

Within 45 days of the enactment of the law (Feb 6, 2025), the Secretary of HHS The law also requires that not later than 45 days after the date of enactment of the law must enter into a contract with the National Academies of Sciences, Engineering, and Medicine to conduct a study to examine the state of youth in youth residential programs and make recommendations.

The Report must include:

- identification of the nature, prevalence, severity, and scope of child abuse, neglect, and deaths in youth residential programs, including types of abuse and neglect, causes of abuse, neglect, and deaths, and criteria used to assess abuse, neglect, and deaths;
- identification of all Federal and State funding sources for youth residential programs;
- identification of Federal data collection sources on youth in youth residential programs;
- identification of existing regulation of youth residential programs, including alternative licensing standards or licensing exemptions for youth residential programs;
- identification of existing standards of care of national accreditation entities that provide accreditation or certification of youth residential programs;
- identification of existing barriers in policy for blending and braiding of funding sources to serve youth in community-based settings;
- recommendations for coordination by agencies of data on youth in youth residential programs;
- recommendations for the improvement of oversight of youth residential programs receiving Federal funding;
- identification of risk assessment tools, including projects that provide for the development of research-based strategies for risk assessments relating to the health, safety (including with respect to the use of seclusion and restraints), and well-being of youth in youth residential programs;
- recommendations to support the development and implementation of education and training resources for professional and paraprofessional personnel in the fields of health care, law enforcement, judiciary, social work, child protection (including the prevention, identification, and treatment of child abuse and neglect), education, child care, and other relevant fields, and individuals such as court appointed special advocates and guardians ad litem, including education and training resources regarding—
 - The unique needs, experiences, and outcomes of youth with lived experience in youth residential programs;
 - the enhancement of interagency communication among child protective service agencies, protection and advocacy systems, State licensing agencies, State Medicaid agencies, and accreditation agencies;
 - best practices to eliminate the use of physical, mechanical, and chemical restraint and seclusion, and to promote the use of positive behavioral interventions and

- supports, culturally and linguistically sensitive services, mental health supports, trauma- and grief-informed care, and crisis de-escalation interventions; and
- the legal duties of such professional and paraprofessional personnel and youth residential program personnel and the responsibilities of such professionals and personnel to protect the legal rights of children in youth residential programs, consistent with applicable State and Federal law;
- recommendations to improve accessibility and development of community-based alternatives to youth residential programs;
- recommendations for innovative programs designed to provide community support and resources to at-risk youth, including programs that—
 - support continuity of education, including removing barriers to access;
 - provide mentorship;
 - support the provision of crisis intervention services and in-home or outpatient mental health and substance use disorder treatment; and
 - provide other resources to families and parents or guardians that assist in preventing the need for out-of-home placement of youth in youth residential programs;
- recommendations relating to the development, dissemination, outreach, engagement, or training associated with advancing least-restrictive, evidence-based, trauma and grief-informed, and developmentally and culturally competent care for youth in youth residential programs and youth at risk of being placed in such programs;
- recommendations on best practices regarding the health and safety (including reduction or elimination of use of seclusion and restraints), care, and treatment of youth in youth residential programs to convey to States;
- recommendations to improve the coordination, dissemination, and implementation of best practices regarding the health and safety (including use, reduction, or elimination of seclusion and restraints), care, and treatment of youth in youth residential programs among child welfare systems, licensing agencies, accreditation organizations, other relevant monitoring and enforcement entities, State child welfare agencies, State Medicaid agencies, State mental and behavioral health agencies, consumers, and State protection advocacy centers; and
- identification of aggregate data, including process-oriented data such as length of stay and use of restraints, and seclusion and outcome-oriented data such as discharge setting and ability to be safely maintained in school and community at least 12 months after discharge, including—
 - recommendations on how such data should be shared across child-placing agencies and stakeholders, including individuals receiving services, families of such individuals, and advocates; and

- identification of barriers to sharing information across child-placing agencies.

The following stakeholders must be consulted in the development of the Report:

- child advocates, including attorneys experienced in working with youth overrepresented in the child welfare system or the juvenile justice system;
- health professionals, including mental health and substance use disorder professionals, nurses, physicians, social workers, and other health care providers who provide services to youth who may be served by residential programs;
- protection and advocacy systems;
- individuals experienced in working with youth with disabilities, including emotional, mental health, and substance use disorders;
- individuals with lived experience as children and youth in youth residential programs, including individuals with intellectual or developmental disabilities and individuals with emotional, mental health, or substance use disorders;
- representatives of State and local child protective services agencies and other relevant public agencies;
- parents or guardians of children and youth with emotional, mental health, or substance use disorder needs;
- parents of children and youth with intellectual disabilities and autism;
- experts on issues related to child abuse and neglect in youth residential programs;
- administrators of youth residential programs;
- education professionals who provide services to youth with complex needs in youth residential programs;
- State educational agencies;
- local educational agencies;
- Indian Tribes and Tribal organizations;
- State legislators;
- State licensing agencies;
- the Administration for Children and Families;
- the Administration for Community Living;
- the Substance Abuse and Mental Health Services Administration;
- the Department of Justice;
- the Indian Health Service;
- the Centers for Medicare & Medicaid Services;
- the National Council on Disability; and
- others, as appropriate.

Law: Supporting America's Children and Families Act, HR 9076

Report: <https://www.congress.gov/congressional-report/118th-congress/house-report/679/1>

Date Became Law: January 4, 2025

Effective Date for Most Provisions: October 1, 2025 (delay permitted if state legislation is needed)

Title I: CHILD WELFARE REAUTHORIZATION AND MODERNIZATION

Title IV-B is reauthorized for 5 more years. Funding for the Promoting Safe and Stable Families (PSSF) will increase to \$75 million per year beginning in 2026. (Section 103).

Additional Allocation to the Court Improvement Program: \$40 Million, up from \$30 million. (Section 104)

Expanding Regional Partnership Grants to Address Parental Substance Use Disorder as a Cause of Child Removal: Increases funds from \$20-30 million for each fiscal year. Adds the juvenile court as a required partner for projects and recommends the inclusion of local housing partners. (Section 105)

IV-B funds can be used to deliver eligible services through a portal or similar technology. (Section 106).

Services using IV-B funds can be delivered through Family Centers. (Section 106).

Requiring Information about Legal Representation: Requires that the state's IV-B Plan include "the steps that the State will take to ensure that, with respect to any judicial proceeding involving a child and in which there is an allegation of child abuse or neglect, including a proceeding on dependency, adoption, guardianship, or termination of parental rights, information about available independent legal representation is provided to" the child, as appropriate; and any individual who is a parent or guardian, or has legal custody, of the child. (Section 106).

Supporting Mental Health and Well-Being of Children in Foster Care: This subsection would amend the requirements of the Title IV-B health oversight and coordination plan (42 U.S.C. 622 (b)(15)) in the following ways:

- Requires the state agency responsible for providing mental health services and mental health service providers to be included in developing the plan
- The plan must include a list of services provided to support the physical and emotional trauma associated with a child's maltreatment and removal from home

- The plan must include the steps taken to provide continuity of mental health care in addition to physical health care;
- The plan for overseeing the prescription of psychotropic medications must include procedures for informed consent of youth, and compliance with professional practice guidelines;
- A description of the state child welfare agency actively consults with mental health providers in addition to physicians.

(Section 106).

HHS shall review and revise administrative data collection instruments and forms to eliminate duplication and streamline reporting requirements for the recipients. (Section 441, Reduction of Admin Burden)

A requirement to make **IV-B Plans publicly available.** (Section 442)

Streamlining Funding for Indian Tribes: Creates a direct 3% set aside of IV-B funds to Tribes. (Section 107)

Sets aside \$5 million per year for evaluations of programs that are categorically eligible for funding under the Family First Prevention Services Act. (Section 108).

Effective Implementation of the Indian Child Welfare Act: This provision includes several requirements to improve the implementation of ICWA as well as the availability of technical assistance to improve practice. (Section 429B).

Caseworker Visits for Youth in Extended Foster Care: This subsection requires that the IV-B Plan include a description of how the State “may offer virtual caseworker visits to youth in care who have attained the age of 18 years and provided informed consent for virtual visits.” This is a change from the current requirement that monthly in person visits must be provided to all youth in foster care, including those in extended foster care. This provision would allow virtual visitation for youth in extended foster care if the state elects to do so and the youth consents. (Section 109)

Youth and Family Engagement in Development of the IV-B Plan: This subsection would require that the IV-B Plan can only be approved by the Secretary if the state agency has consulted with the following in the development of the plan:

- Appropriate public and nonprofit private agencies;

- Community-based organizations involved in providing services for children and families in the areas of family preservation, family support, family reunification, foster care, kinship, and adoption promotion and support;
- Parents with child welfare experience, foster parents, adoptive parents, and kinship caregivers; and
- children, youth, and young adults with experience in the child welfare system, including State boards and councils composed of youth with the experience who represent the diversity of children in the State to whom the plan would apply.

(Section 109)

Expands and Clarifies that Youth Under age 26 and Kinship Caregivers are Eligible for IV-B

Services: Includes kinship and relative caregivers to the list of individuals who can receive services and supports under IV-B; Adds and defines the term youth to those who can be served through Title IV-B. Youth is defined as young people who are under age 26. (Section 110).

Clarifies that IV-B Services can Be Delivered by Peers: Names peer delivered services as among the types of services that can be funded with IV-B funds. (Section 110)

Meeting Concrete Needs with IV-B Funds: Amends the definition of family preservation services in Title IV-B to include the provision of “nonrecurring short term benefits (including supports related to housing instability, utilities, transportation, and food assistance, among other basic needs) that address immediate needs related to a specific crisis, situation, or event affecting the ability of a child to remain in a home established for the child that is not intended to meet an ongoing need.” (Section 111).

Requiring Training to Prevent Removals Due to Poverty: Amend the IV-B state plan requirement (42 U.S.C. 629b) to include providing a description of policies in place, including training for employees, to address child welfare reports and investigations concerning the living arrangements or subsistence needs of a child with the goal to prevent the separation of a child from a parent of the child solely due to poverty. (Section 111).

Allocates \$26 million per fiscal year **to improve the quality of caseworker visits**. Funding uses should emphasize the following:

- Reducing caseload ratios and the administrative burden on caseworkers
- Activities designed to increase retention, recruitment, and training of caseworkers;
- Implementing technology solution to streamline caseworker duties and modernize systems,
- Improving caseworker safety;
- Mental health resources to support caseworker well-being, including peer-to-peer

support programs;

- Recruitment campaigns aimed at attracting qualified caseworker candidates
- This provision would amend 42 U.S.C.A. 629i to develop State Partnership Planning and Demonstration Grants to improve the relationships between youth in care and parents who are incarcerated.
- \$35 million is allocated to fund 5 year planning and demonstration grants.
- The provision also includes requirements related to technical assistance provided by the Secretary, the provision for grantees to complete evaluations and for a Report to Congress.

Eliminates any financial penalties if states do not reach the required number of monthly in person visits.

(Section 112)

Amends 42 U.S.C.A. 629i to permit the development of **State Partnership Planning and Demonstration Grants to improve the relationships between youth in care and parents who are incarcerated.** (Section 113).

Guidance to States on Improving Data Collection and Reporting for youth in Residential Treatment Programs: This provision would require, within two years, that the Secretary convene an array of stakeholders from federal agencies and policy experts and to issue guidance to States in administering their IV-E and IV-B Plans on the following topics:

- Best practices for Federal and State agencies to collect data and share information related to the well-being of youth residing in residential treatment facilities, including those facilities operating in multiple States or serving out-of-state youth.
- Best practices on improving State collection and sharing of data related to incidences of maltreatment of youth residing in residential treatment facilities, including with respect to meeting the requirement of section 471(a)(9)(A) of such Act for such youth in foster care.
- Best practices on improving oversight of youth residential programs receiving Federal funding, and research-based strategies for risk assessment related to the health, safety, and well-being of youth in the facilities.

(Section 114)

Amends 42 U.S.C.A. 629e(c) and:

- Eliminates the \$6 million research set-aside;
- Provides \$1 million in discretionary funding for Regional Partnership Grants to support evaluations of programs for inclusion in the Family First Prevention Services evidence-based clearinghouse; and
- Provides \$1 million for HHS technical assistance to support effective implementation of the Indian Child Welfare Act (ICWA).
- Note that the \$6 million was at risk of being eliminated altogether. It was moved to fund a portion of Section 12, Strengthening Support for Caseworkers.

(Section 115)

Report on Post Adoption and Post Guardianship Services: Within two years of the enactment of the law, the Secretary of HHS shall release a report on adoption and subsidized guardianship services that includes: (1) the latest information on adoption disruption and dissolution for children adopted from the foster care system; (2) factors associated with those disruptions and dissolutions, including whether the children received pre- or post-adoption services; and (3) a summary of post-adoption and guardianship-related services in each state, including the amount and sources of funding and the whether the programs/services are evidence-based or evidence-informed.

(Section 116)

Title II of HR 9076: —STRENGTHENING STATE AND TRIBAL CHILD SUPPORT

Eliminates barriers that tribes face in collecting child support and allows tribes the same access to federal means to collect child support that are available to all states.

Law: Native American Child Protection Act, [HR 663](#), P.L. 118-160

Date Became Law: December 23, 2024

Summary:

Amends the The Indian Child Protection and Family Violence Prevention Act, [25 U.S.C. 3202 et seq.](#)

- Reauthorizes the competitive Indian Child Abuse Treatment Grant Program to establish treatment programs and services. It requires that grants awarded pursuant to this law “shall encourage the use of culturally appropriate treatment services and programs that respond to the unique cultural values, customs, and traditions of applicant Indian Tribes.”

- Not later than 2 years after the date of the enactment of the law, the Service shall submit a report to Congress on the award of grants under this section. The report shall contain a description of treatment and services for which grantees have used funds.
- Not later than 1 year after the date of the enactment of the law, the Secretary shall establish a National Indian Child Resource and Family Services Center. The Center will provide tribes with technical assistance and training on addressing child abuse, family violence, and child neglect. It will also improve intergovernmental coordination between federal and tribal personnel responding to these issues;
- Not later than 2 years after the date of the enactment of the law, the Secretary of the Interior, acting through the Bureau of Indian Affairs, shall submit a report to Congress on the status of the National Indian Child Resource and Family Services Center.
- The Secretary shall establish an advisory board to advise and assist the National Indian Child Resource and Family Services Center in carrying out its activities under this section. The advisory board shall consist of 12 members appointed by the Secretary from Indian Tribes, Tribal organizations, and urban Indian organizations with expertise in child abuse and child neglect. The advisory board shall assist the Center in coordinating programs, identifying training and technical assistance materials, and developing intergovernmental agreements relating to family violence, child abuse, and child neglect.

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