



H.R. 9076, *Protecting America's Children by Strengthening Families Act*

Section-by-Section

Section 1. Short title; references.

Provides a short title.

Section 2. Table of contents.

Provides a table of contents outlining the bill.

Section 3. Reauthorization of child welfare programs.

Extends the authorization for the Stephanie Tubbs Jones Child Welfare Services (CWS) program (Title IV-B, Subpart 1 of the Social Security Act (SSA)) from fiscal year (FY) 2025-FY 2029 at the current level. Extends the authorization for the MaryLee Allen Promoting Safe and Stable Families (PSSF) program (Title IV-B, Subpart 2 of the SSA) at the current level of discretionary funding from FY 2025-FY 2029 and at \$345 million for FY 2025 and \$420 million for each of FY 2026-FY 2029.

Adds a cap of \$10 million to the reservation of funds for Grants to States for Enhancing Collaboration between State Child Welfare and Juvenile Justice Systems. Current law requires that in any year when CWS funds receive an appropriation that exceeds \$270 million, the Department of Health and Human Services (HHS) must reserve a portion of the “excess” funds to make competitive grants for this purpose but does not currently stipulate any limit on the amount funds HHS may reserve.

Section 4. Enhancements to the court improvement program.

Increases the set-aside funding for the Court Improvement Program (CIP) from \$30 million to \$40 million beginning with FY 2026. Extends the state court match requirement of 25 percent from FY 2025-FY 2029.

Modernizes and improves the CIP by allowing funds to be used for technology to conduct remote hearings and ensure the continuity of court services during public health crises, natural disasters, or cyberattacks. Requires HHS to issue implementation guidance to State courts by October 1, 2025, and every five years thereafter, on best practices related to the use of remote technology, and to consult with Indian tribes on state court proceedings involving Indian children to support compliance with the Indian Child Welfare Act (ICWA) of 1978.

Section 5. Expanding regional partnership grants to address parental substance abuse disorder as cause of child removal.

Requires HHS to make grants under the Regional Partnership Grant (RPG) program in each of FY 2025-FY 2029 and increases the set-aside from \$20 million to \$30 million beginning in FY 2026. Extends the five percent limitation on use of funds for administrative purposes (FY 2025-FY 2029).

Modernizes and improves the RPG program by: requiring HHS to consider whether regional partnerships applying for funds demonstrate capacity to conduct rigorous evaluation of program effectiveness and whether partnerships outline a plan to increase the availability of services statewide; requiring HHS to report whether RPG programs are submitted for rating to the Title IV-E Family First Prevention Services evidence-based clearinghouse; adding child permanency and family reunification as performance indicators; requiring consultation with relevant HHS agencies, including the National Institute on Drug Abuse on development of core indicators; requiring juvenile or state family courts to be a part of regional partnerships; and adding a performance indicator related to families with children overrepresented in foster care, difficult to place, or with disproportionately low permanency rates.

Permits HHS to waive, on a case-by-case basis, the planning phase requirement if a grantee demonstrates it has completed sufficient planning before it submits its application and removes the \$250,000 cap on planning phase grants.

Section 6. Modernization; reducing administrative burden.

Modernizes and improves the Title IV-B program by:

- allowing funding to be used for an electronic or digital portal that facilitates access to community support that meet specific needs of children and families. Provides a limitation that portals shall not maintain or share personal information for any purpose other than referrals.
- amending the definition of family support services to include family resource centers that act as community or school-based hubs and support families using a multigenerational, strengths-based and family-centered approach. Provides that expenditures for family resource centers may be considered as an expenditure in any one or more of the four categorical services areas listed in Subpart 2 as long as the expenditure is related to serving children and families in the specified category and consistent with the overall purpose of the category.
- updating state plan requirements to:
 - include a description of steps the state will take to ensure children, parents, guardians, or other custodians have access to information about available independent legal representation.
 - include mental health service providers and professionals when developing plans for coordination of health care services for children in foster care and requiring informed consent of youth in protocols for use of psychotropic medication.

- eliminating the requirement that the state agency administering child welfare services be the same state agency that administers the Social Services Block Grant.

Reduces administrative burden on recipients of Title IV-B funding by requiring HHS, in consultation with states, tribes, and territories, to review and revise administrative requirements related to paperwork and data collection forms to reduce hours spent on compliance by at least 15 percent. Requires HHS to implement changes within two years and submit a report to Congress on how the agency complied with the requirements within three years of enactment. Provides a limitation that the section shall not affect state plan requirements used to monitor proper expenditure of funds.

Improves transparency by requiring HHS to create a standardized format for state plans, including aggregated information with national summaries of state submissions and comparisons of trends; and make the plans available on a public website.

Adds primary prevention partners, including community-based organizations with experience in preventing unnecessary child welfare system involvement, to the parties HHS must consult with when evaluating the effectiveness of programs under Title IV-B.

Section 7. Streamlining funding for Indian tribes.

Streamlines and increases funding for Indian tribes and tribal organizations by providing a 3 percent set-aside under Subpart 1 (to match the set-aside in Subpart 2) and requires HHS to make payments directly to Indian tribes which operate child welfare programs. Current law gives HHS discretion to determine the amount of Subpart 1 funding that goes to tribes and does so through deductions from the state's allocation. Currently, that amount is approximately 2.7% of Subpart 1 funds.

Updates existing plan requirement for states to describe how they will comply with ICWA by expanding to include how they will ensure Indian tribes and tribal organizations receive pertinent information for custody proceedings involving Indian children, including timely notice and transfers of jurisdiction.

Requires HHS to develop a plan not later than October 1, 2025, in consultation with tribal organizations and states, to provide technical assistance to support effective implementation of ICWA. Requires the plan to address areas for state improvement including timely identification of Indian children and extended family members, timely notice of state custody proceedings involving Indian children, reports of cases in which a transfer of jurisdiction was not granted and reasons for denial, and efforts to prevent the breakup of Indian families. Requires Department of Interior to provide guidance to HHS and assistance as needed to help state and public child welfare agencies comply with ICWA. Requires HHS to submit a biennial Report to Congress on state compliance with ICWA and how the HHS Secretary is assisting states and Indian tribes in improving the implementation of standards.

Provides HHS authority to modify reporting requirements for Indian tribes and organizations receiving less than \$50,000 to reduce administrative burden on tribes. The modifications must

be done in consultation with affected Indian tribes and tribal organizations in a way that limits administrative burden.

Provides new flexibilities for Indian tribes including: permitting Indian tribes to substitute a different administrative cost rate as negotiated and used by tribe for other federal grants; specifying that Indian tribes administering child welfare programs meet the \$10,000 threshold under Subpart 2 based on consideration of both mandatory and discretionary funding provided under Subpart 2, and that the 3 percent in funding reserved for tribes under Subpart 2 must be reserved before other set-asides of that funding.

Increases funding for the CIP for tribes from \$1 million to \$2 million beginning in FY 2026.

Section 8. Accelerating access to Family First Prevention Services.

Reserves \$5 million in discretionary funding for competitive grants for each of FY 2025-FY 2029 to eligible entities to support the timely evaluation of prevention services and programs to fill gaps in the interventions currently available to states in the Title IV-E Family First Prevention Services evidence-based clearinghouse (Clearinghouse). Projects must be carried out by at least one partner entity that is able to provide the service or program and one that is able to evaluate that work. Each project evaluation must be designed to determine if the service or program meets the promising, supported, or well-supported practice and evidence standards included in the Clearinghouse. Requires HHS to report to Congress on the grants awarded, programs funded by the grants, technical assistance provided with respect to the efforts to secure evaluators, and support for program evaluation.

Section 9. Strengthening support for youth aging out of foster care.

Updates the Monthly Caseworker Visit (MCV) program to allow states to offer virtual caseworker visits for foster youth who have attained age 18 and provided informed consent for virtual visits. Modernizes state plans by ensuring plans are developed in consultation with parents, adoptive parents, kinship caregivers, and children, youth, and young adults with lived experience in the child welfare system, and requires the state to make publicly accessible on a website a report that outlines how the state has implemented the feedback of parents, children, and youth with lived experience.

Section 10. Recognizing the importance of relative and kinship caregivers.

Amends the definition of family preservation services under Subpart 2 to include references to serving youth and kinship families; names kinship caregivers as among the caregivers (in addition to parents and foster parents) to whom respite care may be made available as a temporary relief; and includes peer-to-peer mentoring and support programs designed to help children and families learn from others who have direct experience or interaction with the child welfare system. Provides that expenditures for constructive peer-to-peer mentoring by individuals with relevant lived experience may be considered as an expenditure in any one or more of the four categorical services areas listed in Subpart 2 as long as the expenditure is related to serving children and families in the specified category and consistent with the overall purpose of the category.

Amends the definition of family support services to ensure that kinship families are among those for whom family support services may be offered to increase stability. Provides that family reunification services may be provided to enable a child to return home when a child is placed with a kinship caregiver. Adds a definition for the term “youth” defined as any individual who has not yet attained 26 years of age.

Reserves \$10 million from discretionary funding appropriated under Subpart 2 for competitive grants for each of FY 2025-FY 2029 to provide services and support the transition to evidence-based kinship navigator programs to assist kin caregivers in learning about, finding, and using programs and services to meet the needs of the children they are raising and their own needs, and to promote effective partnerships among public and private agencies. Grantees may be state, local or tribal child welfare agencies, relevant service providers, or institutions of higher education. Grantees would be required to provide non-federal matching support for their program totaling at least 25 percent of the grant program costs. Permits HHS to reserve up to 2 percent of funds to provide technical assistance.

Section 11. Avoiding neglect by addressing poverty.

Amends the definition of family preservation services to include services providing nonrecurring, short-term benefits that address a specific crisis, situation, or event affecting the ability of a child to remain in a home established for the child and which are not intended to meet an ongoing need. Provides that expenditures for this purpose may be considered as an expenditure in any one or more of the four categorical services areas listed in Subpart 2 as long as the expenditure is related to serving children and families in the specified category and consistent with the overall purpose of the category.

Modifies the state plan to require a description of the policies in place to address child welfare reports and investigations related to a child's living arrangements or basic needs to prevent the separation of a child and parent solely on the basis of poverty and how the state makes available short-term benefits to address a crisis or situation that is affecting the ability of the child to remain in their home.

Section 12. Strengthening support for caseworkers.

Extends the reservation of funding for the Monthly Caseworker Visit (MCV) program from FY 2025-FY 2029 and provides \$26 million per year beginning in FY 2026. Establishes a \$100,000 base grant award and removes the state match financial penalty while maintaining the requirement that caseworkers visit with children once a month. Specifies that funds should be used to bolster the child welfare workforce, including:

- reducing caseloads ratios and alleviating administrative burdens on caseworkers;
- increasing retention, recruitment, and training of caseworkers;
- streamlining caseworker duties and modernizing systems;
- enhancing caseworker safety;
- supporting the well-being of caseworkers, including peer support programs; and
- attracting a qualified workforce.

Section 13. Demonstration projects for improving relationships between incarcerated parents and children in foster care.

Authorizes \$35 million in discretionary funding for competitive grants for each of FY 2025-FY 2029 to support programs that facilitate and sustain meaningful relationships between covered foster children and their incarcerated parents. Program objectives are to provide enhanced visitation opportunities, ensuring children receive at least nine in-person visits each year, and to provide case management to parents to promote access to services, and legal assistance. Requires HHS to conduct an evaluation of program outcomes and provide a report to Congress describing grants awarded and best practices for facilitating meaningful relationships between covered foster children and incarcerated parents. Grantees would be required to provide non-federal matching support for their program totaling at least 25 percent of program costs.

Section 14. Guidance to states on improving data collection and reporting for youth in residential treatment programs.

Directs HHS, in consultation with the Department of Education, Administration for Children and Families, the Center for Medicare and Medicaid Services, Administration for Community Living, and the Department of Justice, to develop guidance on best practices for collecting data and sharing information related to placements of foster youth in residential treatment facilities, improving data on maltreatment of youth in these facilities, and enhancing oversight health, safety, and well-being in youth residential programs, including those operating in more than one state. The guidance is to be issued within two years of enactment.

Section 15. Streamlining research, training, and technical assistance funding.

Re-purposes discretionary research set-aside and eliminates the \$6 million research set-aside from mandatory funding. Reserves from discretionary funding \$1 million for technical assistance for Regional Partnership Grants to support evaluations of programs for inclusion in the Family First Prevention Services evidence-based clearinghouse, and \$1 million for HHS technical assistance to support effective implementation of ICWA.

Section 16. Report on post-adoption and subsidized guardianship services.

Requires HHS to prepare a report on children who enter foster care after previously being adopted. The report should utilize data from the Adoption and Foster Care Analysis and Reporting System and other sources to evaluate whether individuals received pre- or post-adoption services, the age of the child who entered foster care after an adoption, and availability of evidence-based post-adoption and guardianship services in each state.

Section 17. Effective date.

Establishes that amendments made by this Act bill shall take effect on October 1, 2025. Delays for compliance with new requirements are permitted if state legislation is required. HHS may provide additional flexibility to Indian tribes and tribal organizations.