

<h1>ACF</h1> <p>Administration for Children and Families</p>	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration on Children, Youth and Families	
	<b>1. Log No:</b> ACYF-CB-PI-18-06	<b>2. Issuance Date:</b> May 31, 2018
	<b>3. Originating Office:</b> Children’s Bureau	
	<b>4. Key Words:</b> Title IV-B Child and Family Services Plan; Annual Progress and Services Report; Promoting Safe and Stable Families Program; Child Abuse Prevention and Treatment Act State Plan; Chafee Foster Care Independence Program; Education and Training Vouchers Program; Family First Prevention Services Act; and Consolidated Appropriations Act of 2018.	

**PROGRAM INSTRUCTION**

**TO:** State, Tribal and Territorial Agencies Administering or Supervising the Administration of Title IV-B, subparts 1 and 2, and Title IV-E of the Social Security Act (the Act); Organization Designated by the Governor to Apply for Child Abuse and Neglect Prevention and Treatment Programs State Grant Funds; and Chafee Independent Living and Education and Training Voucher Coordinators.

**SUBJECT:** Additional information and instructions for the Annual Progress and Services Report, as a result of passage of Public Law 115-123, the Family First Prevention Services Act and P.L. 115-141, the Consolidated Appropriations Act of 2018.

**LEGAL AND RELATED REFERENCES:** Title IV-B, subparts 1 and 2, sections 421-425, 428, 430-438, and title IV-E, section 477 of the Act; sections 106 and 108 of CAPTA (42 U.S.C. 5106a. and 5106d.), as amended; the Family First Prevention Services Act within Division E, Title VII of the Bipartisan Budget Act of 2018; and the Consolidated Appropriations Act of 2018.

**PURPOSE:** To provide guidance to states, territories, and insular areas (hereafter “states,” unless otherwise noted) administering titles IV-B and IV-E of the Act and the Child Abuse Prevention and Treatment Act (CAPTA) and to Indian Tribes, Indian Tribal Organizations, or Indian Tribal Consortia (hereafter “tribes” unless otherwise noted) administering titles IV-B and IV-E of the Act of changes in law and funding affecting the information that must be submitted with the Annual Progress and Services Report due June 30, 2018.

**BACKGROUND:**

On February 9, 2018, the Congress enacted Public Law 115-123, the Family First Prevention Services Act (FFPSA) within Division E, Title VII of the Bipartisan Budget Act of 2018. This law made a number of changes to requirements and definitions in programs authorized by title

IV-B, subparts 1 and 2 of the Act. FFPSA also renamed the Chafee Foster Care Independence Program (CFCIP) as the “Chafee Foster Care Program for Successful Transition to Adulthood” and made changes both to the base Chafee program and to the Chafee Educational and Training Voucher (ETV) program. For more information on FFPSA provisions, please see Information Memorandum [ACYF-CB-IM-18-02](#), issued April 12, 2018.

On March 23, 2018, the President signed the Consolidated Appropriations Act of 2018. Among other provisions, the Consolidated Appropriations Act provided a significant increase in funding for the CAPTA State grant, prioritizing use of the increased funding to enhance supports for plans of safe care for substance-exposed infants and their families.

On March 5, 2018, the Children’s Bureau (CB) released the Annual Progress and Services Report (APSR) Program Instructions (PIs) for States ([ACYF-CB-PI-18-01](#)) and Tribes ([ACYF-CB-PI-18-02](#)) that outlined the steps states and tribes are required to take to receive their annual formula grant allotments for federal fiscal year (FY)<sup>1</sup> 2019 under the programs authorized by title IV-B, subparts 1 and 2, section 106 of CAPTA (for states), CFCIP and ETV programs. In these PIs, CB notified states and tribes that we would issue separate information and guidance on any additional actions they might need to take to receive FY 2019 funding under the programs due to the passage of FFPSA. Through issuance of this PI, CB is providing these additional instructions.

As required by statute and addressed in the APSR PIs 18-01 (for states) and 18-02 (for tribes) issued March 5, 2018, **the APSR and CFS-101 forms requesting funds for FY 2019 must be submitted by June 30, 2018.** To the extent possible, the additional information addressed in this PI should be included in that June 30, 2018 submission. However, if necessary, states and tribes may note the decision to address information required by this PI separately and then may submit separately a supplement to the APSR addressing requirements addressed in this PI by no later than August 15, 2018. Missing or incomplete information will result in the withholding of funds for the program(s) affected until the information is complete and the Children’s Bureau grants approval.

### **INFORMATION: Organization of the Program Instruction**

This PI addresses changes made to each of the following grant programs. Each section provides information on the changes in law or funding made and instructions on the actions, if any, that states and tribes must take in response to the change.

- Section A. Title IV-B, subpart 1
  - Section B. Title IV-B, subpart 2
  - Section C. John H. Chafee Foster Care Program for Successful Transition to Adulthood  
(formerly the John H. Chafee Foster Care Independence Program)
  - Section D. Child Abuse Prevention and Treatment Act (CAPTA) State Grant
- Attachments

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<sup>1</sup>Unless otherwise noted, “FY” refers to the federal fiscal year (October 1 – September 30).

## Section A. Title IV-B, subpart 1

**Information:** FFPSA reauthorized the title IV-B, subpart 1 Stephanie Tubbs Jones Child Welfare Services program through FY 2021. It also made changes to three title IV-B plan requirements.

### **Title IV-B Health Care Oversight and Coordination Plan** (*applicable to all states and tribes applying to receive title IV-B, subpart 1 funding*)

Title IV-B, subpart 1 requires states and tribes operating foster care programs to develop a Health Care Oversight and Coordination Plan in coordination with the state title XIX (Medicaid) agency, and in consultation with pediatricians and other experts in health care, and experts in and recipients of child welfare services. FFPSA amended this requirement. In addition to all previous requirements, the Health Care Oversight and Coordination plan must now outline:

the procedures and protocols the state or tribe has established to ensure that children in foster care are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses (section 422(b)(15)(A)(vii) of the Act).<sup>2</sup>

States and tribes operating a foster care program submitted a complete Health Care Oversight and Coordination Plan with their five-year Child and Family Services Plan (CFSP) for FYs 2015 – 2019 that was due June 30, 2014. For each APSR since then (including the FY 2019 APSR due June 30, 2018), the CB has asked states and tribes operating a foster care program to provide updates on their progress and accomplishments in implementing the plan and to submit any additions or changes to the plan.

CB directed tribes who do not directly operate a foster care program to note in their CFSP submissions that the state agency is responsible for developing the Health Care Oversight and Coordination Plan and to describe how the tribe is involved in contributing to the state processes.

#### **Instruction:**

*Tribes not operating a foster care program:* No additional action is required.

*States and tribes operating a foster care system:* As part of the 2019 APSR due June 30, 2018, outline the procedures and protocols the state or tribe has established to ensure that children in foster care are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses. If the state or tribe needs additional time to fully develop the procedures and protocols, outline the steps the state or tribe has taken to-date and its

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<sup>2</sup> The provision became effective as if enacted on 1/1/18, unless the state or tribe has determined that it must seek legislation to comply with the provision and is seeking a delayed effective date, or is seeking a delay due to the provision being inconsistent with the terms of an approved title IV-E waiver demonstration project. See [ACYF-CB-IM-18-02](#) for additional information.

plans and timeline for consulting with the Medicaid agency, pediatricians and other health care experts to develop procedures and protocols to prevent the inappropriate diagnoses of children and youth, as required by Section 422(b)(15)(vii) of the Act.

If the state or tribe has requested or intends to request a delay in implementation due to the need to pass legislation or because it is concerned the provision is in conflict with an approved title IV-E waiver demonstration, note this fact in the 2019 APSR submission and provide an explanation for why the delay is needed.<sup>3</sup>

All states and tribes operating a foster care program will need to submit a new complete Health Care Oversight and Coordination Plan, including the fully developed procedures and protocols for preventing inappropriate diagnoses of children and youth, with their CFSP for FYs 2020 – 2024 that will be due June 30, 2019 (unless the state or tribe has received Children’s Bureau approval for a later effective date for this provision).

**Services for Children Under the Age of Five** (*applicable to all states and tribes applying to receive title IV-B, subpart 1 funding*)

FFPSA amended the state/tribe plan requirement at section 422(b)(18) of the Act relating to services for children under the age of five which previously required states and tribes to describe the activities undertaken to reduce the length of time that young children under age five are in foster care without a permanent family and the activities to address the developmental needs of children under five who are in foster care. As amended, the provision expands the requirement to address the services and activities being provided to address the developmental needs of all vulnerable children under age five, including children in foster care, as well as those being served in-home or in a community-based setting. The amendment became effective on February 9, 2018.

**Instruction:**

**States and tribes:** In the 2019 APSR due June 30, 2018, include a description of the activities that the state or tribe has undertaken to reduce the length of time children in foster care under age five are without a permanent family, and the activities the state or tribe undertakes to address the developmental needs of all vulnerable children under five years of age.

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<sup>3</sup> All tribes and states seeking a legislative delay for this provision must indicate the need in the APSR. In addition, the Children’s Bureau will issue a separate program instruction requiring states and tribes that directly operate the title IV-E program to submit a certification indicating whether a legislative delay is required for this or other applicable provisions amended by the FFPSA.

**Steps to Track and Prevent Child Maltreatment Deaths** (*applicable to states; provision not applicable to tribes*)

FFPSA amended requirements at section 422(b)(19) of the Act relating to information about child maltreatment deaths. Prior to amendment, the law required states to describe the sources of information relating to child maltreatment fatalities they use to report data to the National Child and Abuse and Neglect Data System (NCANDS) and to describe the steps they are taking to track and compile complete information on child maltreatment deaths from specified sources. As amended, states will need to document steps taken to track and prevent child maltreatment deaths by including:

- A description of the steps the state is taking to compile complete and accurate information on child maltreatment deaths to be reported to NCANDS, including gathering relevant information on the deaths from the relevant organizations in the state including entities such as state vital statistics department, child death review teams, law enforcement agencies, or offices of medical examiners, or coroners; and
- A description of the steps the state is taking to develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities that involves and engages relevant public and private agency partners, including those in public health, law enforcement, and the courts.

The amendment to section 422(b)(19) of the Act is effective October 1, 2018, unless the state has received Children’s Bureau approval for a later effective date for this provision.

**Instruction:**

States only: Because the amendment to section 422(b)(19) of the Act does not become effective until October 1, 2018, in the 2019 APSR, due June 30, 2018, states will report on the sources of data on child maltreatment as directed in [ACYF-CB-PI-18-01](#), Section G2, page 23.

States will need to address provision as amended by FFPSA and described above in the CFSP for FYs 2020 – 2024, due June 30, 2019 (unless the state has received Children’s Bureau approval for a later effective date for this provision.)

**Section B. Title IV-B, subpart 2**

**Information.** FFPSA reauthorized the title IV-B, subpart 2, the Promoting Safe and Stable Families (PSSF) program, through FY 2021. It also made changes to the definitions of “family support” and “family reunification services.”

**Changes in PSSF Service Definitions** (*applicable to all states and tribes applying to receive title IV-B, subpart 2 funding*)

- FFPSA revised the definition of “family support services” at section 431(a)(2)(B)(iii) of the Act to include community-based services “to support and retain foster families so they can provide quality family-based settings for children in foster care.” The change in the statutory definition became effective upon the enactment of FFPSA on February 9, 2018.
- FFPSA revised and renamed the definition of “family reunification services” (formerly “time-limited family reunification services”) at section 431(a)(7)(A) effective October 1, 2018 (the first day of FY 2019). The change in definition removes the previous time limit for providing reunification services to the family of a child in foster care, and allows reunification services to be provided for a period of up to 15 months once the child is returned home. The definition, as amended, now reads:

**FAMILY REUNIFICATION SERVICES.**

(A) **IN GENERAL.**—The term 'family reunification services' means the services and activities described in subparagraph (B) that are provided to a child that is removed from the child's home and placed in a foster family home or a child care institution or a child who has been returned home and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion, and to ensure the strength and stability of the reunification. In the case of a child who has been returned home, the services and activities shall only be provided during the 15-month period that begins on the date that the child returns home.

(B) **SERVICES AND ACTIVITIES DESCRIBED.**—The services and activities described in this subparagraph are the following:

- (i) Individual, group, and family counseling.
- (ii) Inpatient, residential, or outpatient substance abuse treatment services.
- (iii) Mental health services.
- (iv) Assistance to address domestic violence.
- (v) Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries.
- (vi) Peer-to-peer mentoring and support groups for parents and primary caregivers.
- (vii) Services and activities designed to facilitate access to and visitation of children by parents and siblings.
- (viii) Transportation to or from any of the services and activities described in this subparagraph.

**Instruction:**

States and tribes applying to receive title IV-B, subpart 2 funding: As previously directed in [ACYF-CB-PI-18-01](#) and [ACYF-CB-PI-18-02](#), states and tribes are required to describe the services to be provided using title IV-B, subpart 2 (PSSF) funding in FY 2019, highlighting any changes or additions in services or program design and how the services will assist in achieving program goals. If the state or tribe plans to make changes in their use of funds and service array as a result of the revised statutory definitions of family support and family reunification, they must describe the changes being made in their use of funds and service array as a result of the revised statutory definitions of family support and family reunification.

**Section C. John H. Chafee Foster Care Program for Successful Transition to Adulthood** (*applicable to all states and tribes administering the Chafee and/or ETV programs*)

**Information:** FFPSA amended section 477 of the Act by changing the name of the John H. Chafee Foster Care Independence Program (CFCIP) and making a number of other changes to the program purposes and populations of youth eligible to receive services through base Chafee program and the Educational and Training Voucher (ETV) program. The changes became effective upon enactment of FFPSA on February 9, 2018. We summarize the revised program below.

Program Name: John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee program)

Program Purpose: The purpose of the Chafee program (see section 477(a) of the Act) is to provide states and participating tribes with flexible funding that will enable programs to be designed and conducted:

1. To support all youth who have experienced foster care<sup>4</sup> at age 14 or older in their transition to adulthood through transitional services such as assistance in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training and opportunities to practice daily living skills (such as financial literacy training and driving instruction), substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention);
2. To help children who have experienced foster care at age 14 or older achieve meaningful, permanent connections with a caring adult;

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<sup>4</sup> In general, the term, "foster care," as used in the Chafee program, has the same meaning as the definition in federal regulations at 45 CFR 1355.20, i.e., "24-hour substitute care for all children placed away from their parents or guardians and for whom the title IV-E agency has placement and care responsibility..." However, in light of the requirement in section 477(b)(3)(G) of the Act that States make benefits and services available to Indian children on the same basis as other children in the State, children in Tribal or Bureau of Indian Affairs (BIA) placements who are otherwise eligible are considered to have "experienced foster care" for purposes of this program.

3. To help children who have experienced foster care at age 14 or older engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families experience;
4. To provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood;
  - States or tribes that have amended their title IV-E plan to offer extended foster care to eligible youth up to age 21 or are operating a comparable program for youth up to age 21 through state or tribal funding may offer services outlined in purpose 4 to youth up to the age of 23.
5. To make available vouchers for education and training, including postsecondary training and education, to youths who have aged out of foster care<sup>5</sup>;
6. To provide the services referred above to children who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption; and
7. To ensure children who are likely to remain in foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally-appropriate activities (as those terms are defined in section 475(11) of the Act.

Eligibility for Services through the Chafee Program: FFPSA changes the populations of youth whom states and tribes may serve through the Chafee Program from the previous CFCIP. We provide a summary of the categories of youth eligible for services under the amended base Chafee program in Figure 1 on the next page. Eligibility for the ETV program is addressed separately in this PI.

Limitation on the Use of Chafee Funds for Room and Board: As under the former CFCIP, there is a limit on the amount of Chafee funds that may be used for room and board for youth ages 18 and older. For states/tribes not operating an extended foster care program or that choose not to exercise the option to offer benefits to youth beyond their 21<sup>st</sup> birthday, the provision is unchanged; no more than 30 percent of Chafee funds may be used for room and board for youth ages 18 – 21.

For states/tribes that operate an extended foster care program (either through an approved title IV-E plan amendment or a comparable state/tribe program) and choose to offer benefits to youth up to their 23<sup>rd</sup> birthday, no more than 30 percent of Chafee funds may be used for room and board for youth ages 18 – 23.

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<sup>5</sup> Separate funding is provided for the education and training voucher (ETV) program and the base program funds may not be used for this purpose. See below for additional information on the ETV program.

**Figure 1: Eligibility for Chafee Services**

Minimum age	Age 14
Maximum age	21 <sup>st</sup> birthday <u>or</u> 23 <sup>rd</sup> birthday if the state/tribe operates an extended foster care program up to age 21 <u>and</u> chooses to exercise this option.
Eligibility for youth in foster care	Youth who have experienced foster care at age 14 or older are eligible for Chafee services. This means any youth in foster care, including extended foster care, may be served starting at age 14 up through their 21 <sup>st</sup> birthday.
Eligibility for youth who aged out of foster care at age 18 or older	Youth who aged out of foster care at age 18, 19 or 20 may be served up until their 21 <sup>st</sup> birthday <u>or</u> their 23 <sup>rd</sup> birthday if the state/tribe operates an extended foster care program for youth up to age 21 <u>and</u> chooses to exercise this option.
Eligibility for youth who exited foster care to adoption or legal guardianship	Youth who exited foster care to either adoption or legal guardianship after attaining age 16 may be served until their 21 <sup>st</sup> birthday <u>or</u> their 23 <sup>rd</sup> birthday if the state/tribe operates an extended foster care program for youth up to age 21 <u>and</u> chooses to exercise this option.
Eligibility for youth who exited foster care for reasons other than adoption, legal guardianship or aging out of foster care	Youth who exited foster care for reasons other than adoption, guardianship or aging out of foster care (e.g., youth who were reunified) may be served if they experienced foster care at age 14 or older. These youth may be served until their 21 <sup>st</sup> birthday <u>or</u> their 23 <sup>rd</sup> birthday if the state/tribe operates an extended foster care program for youth up to age 21 <u>and</u> chooses to exercise this option.

## Educational and Training Voucher Program

The FFPSA amended the ETV program to extend eligibility to youth up until their 26<sup>th</sup> birthday, while placing a five-year limit on the total length of time a youth can receive an ETV voucher. The maximum annual amount of the voucher (\$5,000) and its purpose (to apply toward the cost of attendance at an institution of higher education) remain unchanged. Vouchers under the program may be available to youth as follows:

- Youth otherwise eligible for Chafee services who have attained 14 years of age (see above section on Chafee program eligibility).
- Youth who, after attaining 16 years of age, exit foster care to adoption or guardianship may receive ETVs.
- A state or tribe may allow youth participating in the voucher program to remain eligible until they attain 26 years of age, as long as they are enrolled in a postsecondary education or training program and are making satisfactory progress toward completion of that program.
- In no event may a youth participate in the program for more than 5 years (whether or not the years are consecutive).

### **Instruction:**

*All States and Tribes directly operating the Chafee and ETV Programs:* All states and tribes operating the Chafee and ETV programs must review their Chafee program services and eligibility requirements to ensure that they are consistent with the amended program.

As previously directed in [ACYF-CB-PI-18-01](#) and [ACYF-CB-PI-18-02](#), states and tribes are required to provide in their 2019 APSR, due June 30, 2018 updates on their Chafee and ETV programs and to describe the services to be provided using Chafee funds and any planned changes to their use of funds in FY 2019. In addressing these requirements, states and tribes must indicate any changes they intend to make as a result of the amendments to the Chafee and ETV programs.

*States and Tribes Operating Extended Foster Care Programs:* As described above, a state or tribe that has an approved title IV-E plan amendment to serve youth in foster care until age 21 or that is operating a comparable program using state or tribal funds, now has the option to extend Chafee Program services to youth up through their 23<sup>rd</sup> birthday (see section 477(b)(3) of the Social Security Act).

To exercise this option and begin offering Chafee-funded services to this population, the state or tribe must:

- Include in their 2019 APSR due June 30, 2018 a description of the services to be offered to youth ages 21 – 22 (up through 23<sup>rd</sup> birthday) and how the expansion of the program will be implemented, including how youth, service providers, and community partners will be informed of the change.
- Submit a certification signed by the Chief Executive Officer (Governor) of the State or Tribal Leader of the Tribe (see Attachment A).

- In addition to submitting the signed certification (Attachment A), if the state or tribe does not have an approved title IV-E plan amendment to serve youth in foster care up to age 21, but operates a comparable state- or tribal-funded program serving youth up to age 21, the state or tribe must also submit information documenting that the state provides such services and assistance to youth.
- The state or tribe must receive approval (in the form of a counter-signed certification) from the Children’s Bureau prior to initiating use of Chafee funds to serve youth age 21 or older (up through 23<sup>rd</sup> birthday).

**Section D. Child Abuse Prevention and Treatment Act (CAPTA)** (*applicable to states only; not applicable to tribes*)

**Information.** The Consolidated Appropriations Act of 2018 signed into law on March 23, 2018 appropriated \$85.3 million for the CAPTA State Grant in FY 2018, an increase of \$60 million<sup>6</sup> over the annual funding provided in previous years. The committee report for the appropriations act agreement specified that the increase in funding is intended to help states improve their response to families and infants affected by substance use disorders. States are required to prioritize use of the funds for the development, implementation and monitoring of plans of safe care for substance-exposed infants, consistent with the requirement found at section 106(b)(2)(B)(iii) of CAPTA, as amended by the Comprehensive Addiction and Recovery Act of 2016 (CARA).

As a reminder, the CAPTA State Grant has a five-year expenditure period; i.e., the FY 2018 grant award must be obligated by no later than September 30, 2022.

**Instruction:**

States only: All states have already been approved to receive their FY 2018 CAPTA State Grant; therefore, no additional action is required to request the increased funding. (States are not required to submit a revised CFS-101 budget form for the increased funding.) For informational purposes, FY 2018 allotments are provided at Attachment B.

[ACYF-CB-PI-18-01](#) (Section D, p. 17) included a requirement for states to provide an update in the 2019 APSR and CAPTA Annual Report due June 30, 2018 on the state’s continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, as required by section 106(b)(2)(B)(ii) and (iii) of CAPTA.

In addressing this requirement, states must also include specific information on their plans for using the increased funding included in the FY 2018 appropriation, with a

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<sup>6</sup> A small amount of the increased funding is available to support the Children’s Bureau’s monitoring and oversight of these requirements.

priority on developing, implementing or monitoring plans of safe care. This information is to be included in the APSR and CAPTA Annual Report submission due June 30, 2018.

**Paperwork Reduction Act:**

Under the Paperwork Reduction Act of 1995 (P.L. 104-13), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The Control Number for this OMB approved information collection is 0970-0426, approved through January 31, 2021.

**Inquiries To:** CB Regional Program Managers

/s/

Jerry Milner  
Acting Commissioner  
Administration on Children, Youth and  
Families

Attachment A:

Certification for John H. Chafee Foster Care Program for Successful Transition to Adulthood (to opt into serving youth ages 21 to 23)

Attachment B:

FY 2018 CAPTA State Grant Allotments

Attachment C:

CB Regional Program Managers

## Certification for the John H. Chafee Foster Care Program for Successful Transitions to Adulthood<sup>1</sup>

As Chief Executive Officer of the State or Tribal Leader of the Tribe of \_\_\_\_\_,  
(Fill in State/Tribe Name)

I certify:

[Check one of the following boxes]:

*If the State/Tribe has an approved title IV-E plan amendment to serve youth up to age 21, check here:*

the State/Tribe has elected under section 475(8)(B) of title IV-E of the Social Security Act to extend eligibility for foster care to all children who have not attained 21 years of age;

*If the State/Tribe has a comparable program to serve youth in foster care up to age 21, check here:*

the State/Tribe agency responsible for administering the State/Tribe plans under titles IV-B and IV-E of the Social Security Act uses State/Tribal funds or any other funds not provided under title IV-E to provide services and assistance for youths who have aged out of foster care that are comparable to the services and assistance the youths would receive if the State/Tribe had elected to extend eligibility for foster care up to age 21 under section 475(8)(B) of title IV-E.

I further certify that the State/Tribe has in effect and is operating a Statewide or areawide program pursuant to section 477(b) of the Act relating to the Chafee Foster Care Program for Successful Transitions to Adulthood (the Chafee program) and that the following provisions to effectively implement the Chafee program are in place:

- (A) The State/Tribe provides assistance and services to youths who have aged out of foster care, and have not attained 23 years of age.
- (B) Not more than 30 percent of the amounts paid to the State/Tribe from its allotment for a fiscal year will be expended for room or board for youths who have aged out of foster care and have not attained 23 years of age.

\_\_\_\_\_  
Signature of State Chief Executive Officer or Tribal Leader

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Associate Commissioner, Children’s Bureau

\_\_\_\_\_  
Date

<sup>1</sup> This certification is required only if the State/Tribe wishes to serve youth up to their 23<sup>rd</sup> birthday.

**Federal Fiscal Year 2018  
Child Abuse Prevention and Treatment Act (CAPTA) State Grant  
Allotments to States and Territories**

State	FFY 2018 Allotments
ALABAMA	\$1,282,573
ALASKA	343,433
ARIZONA	1,834,669
ARKANSAS	878,034
CALIFORNIA	9,539,236
COLORADO	1,452,485
CONNECTICUT	927,847
DELAWARE	360,932
DISTRICT OF COLUMBIA	274,833
FLORIDA	4,431,870
GEORGIA	2,743,405
HAWAII	468,055
IDAHO	601,422
ILLINOIS	3,171,483
INDIANA	1,776,802
IOWA	904,548
KANSAS	888,254
KENTUCKY	1,193,569
LOUISIANA	1,300,257
MAINE	413,016
MARYLAND	1,542,689
MASSACHUSETTS	1,573,020
MICHIGAN	2,412,472
MINNESOTA	1,480,325
MISSISSIPPI	894,798
MISSOURI	1,582,066
MONTANA	385,030
NEBRASKA	638,753
NEVADA	849,507
NEW HAMPSHIRE	419,082
NEW JERSEY	2,199,443
NEW MEXICO	656,656
NEW YORK	4,466,822
NORTH CAROLINA	2,523,645
NORTH DAKOTA	332,058
OHIO	2,847,313
OKLAHOMA	1,142,971
OREGON	1,047,042

**Federal Fiscal Year 2018  
Child Abuse Prevention and Treatment Act (CAPTA) State Grant  
Allotments to States and Territories**

<b>State</b>	<b>FFY 2018 Allotments</b>
PENNSYLVANIA	2,911,988
RHODE ISLAND	365,173
SOUTH CAROLINA	1,283,397
SOUTH DAKOTA	370,239
TENNESSEE	1,700,745
TEXAS	7,682,347
UTAH	1,101,817
VERMONT	272,391
VIRGINIA	2,081,078
WASHINGTON	1,832,610
WEST VIRGINIA	537,293
WISCONSIN	1,479,664
WYOMING	293,428

**Subtotal States \$83,692,585**

<b>Territories</b>	<b>FFY 2018 Allotments</b>
AMERICAN SAMOA	\$174,230
GUAM	204,017
NORTHERN MARIANA ISLANDS	167,708
PUERTO RICO	868,553
VIRGIN ISLANDS	177,907

**Subtotal Territories \$1,592,415**

**TOTAL \$85,285,000**

## Regional Program Managers – Children’s Bureau

1	<p><b>Region 1 - Boston</b>          Bob Cavanaugh  <a href="mailto:bob.cavanaugh@acf.hhs.gov">bob.cavanaugh@acf.hhs.gov</a>          JFK Federal Building, Rm.          2000 15 Sudbury Street          Boston, MA 02203          (617) 565-1020  <b>States:</b> Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p>	6	<p><b>Region 6 - Dallas</b>          Janis Brown  <a href="mailto:janis.brown@acf.hhs.gov">janis.brown@acf.hhs.gov</a>          1301 Young Street, Suite 945          Dallas, TX 75202-5433          (214) 767-8466  <b>States:</b> Arkansas, Louisiana, New Mexico, Oklahoma, Texas</p>
2	<p><b>Region 2 - New York City</b>          Alfonso Nicholas  <a href="mailto:alfonso.nicholas@acf.hhs.gov">alfonso.nicholas@acf.hhs.gov</a>          26 Federal Plaza, Rm. 4114          New York, NY 10278          (212) 264-2890, x 145  <b>States and Territories:</b> New Jersey, New York, Puerto Rico, Virgin Islands</p>	7	<p><b>Region 7 - Kansas City</b>          Deborah Smith  <a href="mailto:deborah.smith@acf.hhs.gov">deborah.smith@acf.hhs.gov</a>          Federal Office Building, Rm.          349 601 E 12th Street          Kansas City, MO          64106 (816) 426-2262  <b>States:</b> Iowa, Kansas, Missouri, Nebraska</p>
3	<p><b>Region 3 - Philadelphia</b>          Lisa Pearson  <a href="mailto:lisa.pearson@acf.hhs.gov">lisa.pearson@acf.hhs.gov</a>          The Strawbridge Building          801 Market Street          Philadelphia, PA 19107-3134          (215) 861-4030  <b>States:</b> Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p>	8	<p><b>Region 8 - Denver</b>          Marilyn Kennerson  <a href="mailto:marilyn.kennerson@acf.hhs.gov">marilyn.kennerson@acf.hhs.gov</a>          1961 Stout Street, 8<sup>th</sup> Floor          Byron Rogers Federal Building          Denver, CO 80294-3538          (303) 844-1163  <b>States:</b> Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</p>
4	<p><b>Region 4 - Atlanta</b>          Shalonda Cawthon  <a href="mailto:shalonda.cawthon@acf.hhs.gov">shalonda.cawthon@acf.hhs.gov</a>          61 Forsyth Street SW, Ste. 4M60          Atlanta, GA 30303-8909          (404) 562-2242  <b>States:</b> Alabama, Mississippi, Florida, North Carolina, Georgia, South Carolina, Kentucky, Tennessee</p>	9	<p><b>Region 9 - San Francisco</b>          Debra Samples  <a href="mailto:debra.samples@acf.hhs.gov">debra.samples@acf.hhs.gov</a>          90 7<sup>th</sup> Street - Ste 9-300          San Francisco, CA 94103          (415) 437-8626  <b>States and Territories:</b> Arizona, California, Hawaii, Nevada, Outer Pacific—American Samoa Commonwealth of the Northern Marianas, Federated States of Micronesia (Chuuk, Pohnpei, Yap) Guam, Marshall Islands, Palau</p>
5	<p><b>Region 5 - Chicago</b>          Kendall Darling  <a href="mailto:kendall.darling@acf.hhs.gov">kendall.darling@acf.hhs.gov</a>          233 N. Michigan Avenue, Suite 400          Chicago, IL 60601          (312) 353-9672  <b>States:</b> Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</p>	10	<p><b>Region 10 - Seattle</b>          Tina Naugler  <a href="mailto:tina.naugler@acf.hhs.gov">tina.naugler@acf.hhs.gov</a>          701 Fifth Avenue, Suite 1600, MS-73          Seattle, WA 98104          (206) 615-3657  <b>States:</b> Alaska, Idaho, Oregon, Washington</p>