

**SUMMARY OF FULL COST**  
**ADMINISTRATION FOR CHILDREN AND FAMILIES**  
*(Budgetary Resources in Millions)*

| HHS Strategic Goals and Objectives  | ACF               |                       |                   |
|---|-------------------|-----------------------|-------------------|
|   | FY 2010 Enacted   | FY 2011 Annualized CR | FY 2012 Request   |
| <b>1: Transform Health Care</b>   |                   |                       |                   |
| <b>1.A:</b> Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured |                   |                       |                   |
| <b>1.B:</b> Improve health care quality and patient safety  |                   |                       |                   |
| <b>1.C:</b> Emphasize primary and preventive care linked with community prevention services                         |                   |                       |                   |
| <b>1.D:</b> Reduce the growth of health care costs while promoting high-value, effective care                       |                   |                       |                   |
| <b>1.E:</b> Ensure access to quality, culturally competent care for vulnerable populations                          |                   |                       |                   |
| <b>1.F:</b> Promote the adoption of health information technology   |                   |                       |                   |
| <b>2: Advance Scientific Knowledge and Innovation</b>   |                   |                       |                   |
| <b>2.A:</b> Accelerate the process of scientific discovery to improve patient care                                  |                   |                       |                   |
| <b>2.B:</b> Foster innovation at HHS to create shared solutions   |                   |                       |                   |
| <b>2.C:</b> Invest in the regulatory sciences to improve food and medical product safety                            |                   |                       |                   |
| <b>2.D:</b> Increase our understanding of what works in public health and human service practice                    |                   |                       |                   |
| <b>3: Advance the Health, Safety, and Well-Being of the American People</b>   | <b>\$52,074.0</b> | <b>\$50,679.0</b>     | <b>\$50,679.0</b> |
| <b>3.A:</b> Ensure the safety, well-being, and healthy development of children and youth                            | <b>\$20,988.0</b> | <b>\$20,277.0</b>     | <b>\$23,073.0</b> |
| Early Childhood Education   | 12,335.0          | 12,337.0              | 14,506.0          |
| 100%  | 12,335.0          | 12,337.0              | 14,506.0          |
| Child Welfare   | 8,404.0           | 7,691.0               | 8,313.0           |
| 99.24%  | 8,340.1           | 7,632.5               | 8,249.8           |
| Youth and Adolescent Development Programs <sup>1</sup>  | 249.0             | 249.0                 | 254.0             |
| 95%   | 224.1             | 224.1                 | 228.6             |
| <b>3.B:</b> Promote economic and social well-being for individuals, families, and communities                       | <b>\$30,891.0</b> | <b>\$30,207.0</b>     | <b>\$27,433.0</b> |
| Temporary Assistance for Needy Families (TANF)  | 17,226.0          | 17,560.0              | 17,824.0          |
| 100%  | 17,226.0          | 17,560.0              | 17,824.0          |
| Child Support Enforcement   | 5,142.0           | 4,131.0               | 3,880.0           |
| 100%  | 5,142.0           | 4,131.0               | 3,880.0           |

<sup>1</sup> This category includes the newly established Affordable Care Act Programs: Abstinence Education and Personal Responsibility Education Program (PREP).

| <b>HHS Strategic Goals and Objectives (cont.)</b>  | <b>FY 2010 Enacted</b> | <b>FY 2011 Annualized CR</b> | <b>FY 2012 Request</b> |
|--|------------------------|------------------------------|------------------------|
| Low Income Home Energy Assistance Program (LIHEAP)   | \$5,103.0              | \$5,103.0                    | \$2,573.0              |
| 100%   | 5,103.0                | 5,103.0                      | 2,573.0                |
| Assets for Independence/Individual Development Accounts  | 25.0                   | 25.0                         | 25.0                   |
| 100%   | 25.0                   | 25.0                         | 25.0                   |
| Social Services Block Grant (SSBG)   | 1,701.0                | 1,701.0                      | 1,701.0                |
| 50%  | 850.5                  | 850.5                        | 850.5                  |
| Community Services Programs  | 755.0                  | 755.0                        | 397.0                  |
| 100%   | 755.0                  | 755.0                        | 397.0                  |
| Refugee and Entrant Assistance   | 752.0                  | 745.0                        | 840.0                  |
| 82%  | 616.6                  | 610.9                        | 688.8                  |
| Native American Programs   | 52.0                   | 52.0                         | 52.0                   |
| 100%   | 52.0                   | 52.0                         | 52.0                   |
| Domestic Violence  | 135.0                  | 135.0                        | 141.0                  |
| 100%   | 135.0                  | 135.0                        | 141.0                  |
| <b>3.C: Improve the accessibility and quality of supportive services for people with disabilities and older adults</b> | <b>\$193.0</b>         | <b>\$193.0</b>               | <b>\$171.0</b>         |
| Developmental Disabilities   | 193.0                  | 193.0                        | 171.0                  |
| 85.5%  | 165.0                  | 165.0                        | 146.2                  |
| <b>3.D: Promote prevention and wellness</b>  |                        |                              |                        |
| <b>3.E: Reduce the occurrence of infectious diseases</b>   |                        |                              |                        |
| <b>3.F: Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies</b>  | <b>\$2.0</b>           | <b>\$2.0</b>                 | <b>\$2.0</b>           |
| Disaster Human Services Case Management  | 2.0                    | 2.0                          | 2.0                    |
| 100%   | 2.0                    | 2.0                          | 2.0                    |
| <b>4: Increase Efficiency, Transparency, and Accountability of HHS Programs</b>  |                        |                              |                        |
| <b>4.A: Ensure program integrity and responsible stewardship of resources</b>  |                        |                              |                        |
| <b>4.B: Fight fraud and work to eliminate improper payments</b>  |                        |                              |                        |
| <b>4.C: Use HHS data to improve the health and well-being of the American people</b>                                   |                        |                              |                        |
| <b>4.D: Improve HHS environmental, energy, and economic performance to promote sustainability</b>                      |                        |                              |                        |
| <b>5: Strengthen the Nation's Health and Human Service Infrastructure and Workforce</b>                                |                        |                              |                        |
| <b>5.A: Invest in the HHS workforce to help meet America's health and human service needs today and tomorrow</b>       |                        |                              |                        |
| <b>5.B: Ensure that the Nation's health care workforce can meet increased demands</b>                                  |                        |                              |                        |
| <b>5.C: Enhance the ability of the public health workforce to improve public health at home and abroad</b>             |                        |                              |                        |
| <b>5.D: Strengthen the Nation's human service workforce</b>  |                        |                              |                        |

| HHS Strategic Goals and Objectives (cont.)   | FY 2010 Enacted   | FY 2011 Annualized CR | FY 2012 Request   |
|--|-------------------|-----------------------|-------------------|
| 5.E: Improve national, state, local, and tribal surveillance and epidemiology capacity |                   |                       |                   |
| <b>Full Cost Total</b>   | <b>\$52,074.0</b> | <b>\$50,679.0</b>     | <b>\$50,679.0</b> |

Methodology

The Administration for Children and Families (ACF) calculates full cost by allocating its Federal Administration indirect costs<sup>2</sup> proportionately among program areas on the basis of direct (FTE). ACF has been using the same indirect cost methodology since FY 1998 and ACF has received eleven consecutive clean CFO audit opinions on its financial statements. ACF uses the Staff Resource Survey to determine indirect cost elements. ACF offices complete this survey, noting the total number of staff working directly on program activities and the total number of staff not working directly on program activities (such as planning, administrative, and front office staff). Offices are instructed to include fractions of staff for those working in more than program area as well as ACF staff detailed into the office from another ACF office; offices are asked not to include contractors or detailees outside of the office. The survey respondents are notified that since auditors will review this process, all offices must be prepared to provide documentation explaining how the numbers were calculated. The survey results in two groupings: FTEs working directly on program activities, and FTEs not working directly on program activities. For the first group, FTEs are directly linked to each program area. For the second group, ACF distributes FTEs from each office to the program areas, proportionate to the percentage of staff in each office working directly in each program area. Lastly, the FTEs (both from the first and second groups) allocated to each of the program areas are summed, and divided by the total FTEs funded by Federal Administration dollars. The resultant proportion is multiplied by Federal Administration funding, and added to the program area funding (see table above).

ACF links performance measures to full costs by estimating the percentage of costs for which a program area’s performance measures account. To make these estimates, ACF compares the performance measures with the legislative goals of the programs, using the programs’ logic models as a framework to map the links between resources, activities, and outcomes.

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<sup>2</sup> E.g., salaries and benefits for staff not working *directly* on one of the fourteen program activities.