



Title IV-B Subpart 1 Stephanie Tubbs Jones Child Welfare Services Program

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IV-B1 Funding

- States receive an annual IV-B1 grant and have two years to spend each grant, which allows states to better plan and provides increased flexibility.
- Requires a plan submitted to the federal government
 - Child and Family Services Plan with updates
 - Annual Progress and Services Review with updates
- Requires meeting compliance measures such as the 95% standard for monthly visits of children in foster.
- States receive a capped allocation distributed by formula based on the population under 21 and the per capita income.
- Congress set the maximum appropriation of IV-B1 funding at \$325,000,000 per year nationally for each of the fiscal years, 2017 through 2021.
- Requires a 25% state match.

Funding Utilization

- CWS funds can be used for a broad variety of child welfare services including, but not limited to, the prevention of maltreatment, family preservation, family reunification, services for foster and adopted children, and training for child welfare professionals.
- IV-B1 is the most flexible federal funding source devoted to child welfare. Unlike IV-E and other federal child welfare grants, it can be used for all children to fund virtually any child welfare service.
- In addition to the main flexible grant that each state receives, IV-B1 also funds smaller family connection (Kinship Navigator) grants, grants to tribes, and studies of child welfare.

Reauthorization Considerations

- Congress typically authorizes IV-B1 funding for five years
- Determines the following:
 - The annual funding levels and allowable uses
 - Requirements for drawing down
 - Contents of plans that serve as reporting requirements
- IV-B1 is a critical element of federal support to child welfare that needs to be reauthorized.
- IV-B1 is one of the few federal funding sources that can be used flexibly on services to strengthen families prior to children entering foster care or even before children become candidates for foster care.
- IV-B1 was decreased by 26% between SFYs 2008 and 2018.
- IV-B1 funding should be increased to retain its positive impact.