

Chapter 4

Strategic Goal 3:
Human Services

*Promote the economic and social well-being
of individuals, families, and communities.*



Welfare reform stands as a flagship achievement in social policy reform in the mid-1990s. Through welfare reform, many Americans were helped in breaking the cycle of dependency and encouraged to pursue self-sufficiency. Since the reforms were passed in 1996, the employment rates of current and former welfare recipients have risen and caseloads have declined dramatically. Earnings for current welfare recipients have increased, as have earnings for female-headed households in general. In addition, child poverty rates have declined substantially since the start of the Temporary Assistance for Needy Families (TANF) program. States are using their flexibility to focus a growing portion of welfare dollars on helping individuals retain jobs and advance in their employment.

STRATEGIC GOAL 3: HUMAN SERVICES

Strategic Objective 3.1:

Promote the economic independence and social well-being of individuals and families across the lifespan.

Strategic Objective 3.2:

Protect the safety and foster the well-being of children and youth.

Strategic Objective 3.3:

Encourage the development of strong, healthy, and supportive communities.

Strategic Objective 3.4:

Address the needs, strengths, and abilities of vulnerable populations.

Despite these achievements, self-sufficiency remains elusive for many. Only a third of adults in the TANF caseload are fully meeting work requirements. The Deficit Reduction Act (DRA) of 2005 (Public Law 109-171), which includes language reauthorizing TANF through 2011, challenges and encourages States to engage the remaining adult TANF recipients in work-related activities to move them up the economic ladder. Addressing the needs of vulnerable children continues to be a priority of HHS. The most recent annual *HHS Child Maltreatment Report* (covering 2005) indicated that each year an estimated 899,000 children in the United States are victims of abuse or neglect. At the end of FY 2005, there were 513,000 children in foster care; 114,000 of these children were waiting to be adopted. Nearly 2 million children have a parent in a Federal or State correctional facility, a number that more than doubled over the 1990s.

Since 1996, the percentage of children born out of wedlock to teens has dropped but still remains unacceptably high. In addition, more adults are choosing to have children outside the protective bonds of marriage. Research suggests that, all other things being equal, children who grow up in healthy married, two-parent families do better on a host of outcomes; for instance, they are less likely to engage in criminal activity or abuse drugs and alcohol than those who do not. HHS's multicomponent *Healthy Marriage Initiative* works to help couples who have chosen marriage to gain access to services where they can acquire the skills and knowledge necessary to form and sustain healthy marriages. Making marriage education accessible and appropriate for families is a major component.

Children are not alone in their need for support. As the American population ages, enhanced efforts are needed to help the growing number of older persons remain active and healthy. An aging society means that the number of persons requiring long-term care services will increase. The availability of these services in the home and other community-based settings will be increasingly important if people are to maintain their independence and quality of life.

People with disabilities, refugees and other migrants, and other vulnerable populations also need assistance and protection to achieve and sustain economic independence and self-sufficiency, as well as social well-being.

Strategic Goal 3, *Human Services*, seeks to protect life, family, and human dignity by promoting the economic and social well-being of individuals, families, and communities; enhancing the safety and well-being of children, youth, and other vulnerable populations; and strengthening communities. The Administration for Children and Families (ACF), Administration on Aging (AoA), Center for Faith-Based and Community Initiatives (CFBCI), Office on Disability (OD), and Substance Abuse and Mental Health Services Administration (SAMHSA) are among the operating and staff divisions primarily responsible for achieving this strategic goal. In addition, HHS's Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), and Office for Civil Rights (OCR) play important roles.

There are four broad objectives under *Human Services*:

- Promote the economic independence and social well-being of individuals and families across the lifespan;
- Protect the safety and foster the well-being of children and youth;
- Encourage the development of strong, healthy, and supportive communities; and
- Address the needs, strengths, and abilities of vulnerable populations.

Below is a description of each strategic objective, followed by a description of the key programs, services, and initiatives the Department is undertaking to accomplish those objectives. Key partners and collaborative efforts are included under each relevant objective. The performance indicators selected for this strategic goal are also presented with baselines and targets. These measures are organized by objective. Finally, this chapter discusses the major external factors that will influence HHS's ability to achieve these objectives, and how the Department is working to address those factors.

Strategic Objective 3.1

Promote the economic independence and social well-being of individuals and families across the lifespan.

HHS is committed to helping individuals and families achieve economic independence and social well-being, through individual efforts of ACF, AoA, OCR, OD, and SAMHSA, and in concert with the U.S. Departments of Justice and Labor, States, territories, tribes, and other interested stakeholders.

The focus is twofold. First, HHS will collaborate with States in moving disadvantaged families to work and economic self-sufficiency, using indicators to measure the movement of individuals from welfare to work, as well as increases in child support collection. Second, HHS supports interventions that help individuals and families who are disadvantaged improve their economic and social well-being across the lifespan; an indicator at the end of the chapter measures the success of services to individuals with developmental disabilities. The narrative below describes the efforts, initiatives, programs, and collaborations that the Department will implement in the next 5 years to address this strategic objective. Many of these are continuations and expansions of existing programs.

Work and Economic Self-Sufficiency

Temporary Assistance for Needy Families.

Temporary Assistance for Needy Families (TANF), a block grant administered by ACF's Office of Family Assistance, provides temporary assistance and work opportunities to needy families by granting States the Federal funds and wide flexibility to develop and implement their own welfare programs. TANF provides funding annually to States, territories, and eligible tribes for the design of creative programs to help families transition from welfare to self-sufficiency. States have tremendous flexibility in determining how to use their TANF dollars to achieve program goals. Reauthorization of TANF in 2006 requires that States implement more meaningful work participation rate requirements in the coming years.



Child Care. To support working families, ACF provides States, territories, and tribes with direct child care assistance payments to low-income families when the parents work or participate in education or training. In collaboration with the U.S. Department of Education, ACF's Office of Head Start, and HRSA, ACF's Child Care Bureau promotes State flexibility in developing child care programs and policies that meet the needs of children and parents within each State; supports research and evaluation of innovative child care subsidy policies and Web-based access to reports, data, and other research-related information; and helps families to achieve and maintain self-sufficiency by improving access to affordable, high-quality child care.

Assets for Independence. The *Assets for Independence* (AFI) program uses asset-building strategies to assist low-income families in achieving economic independence. The program helps participants save earned income in special-purpose, matched savings accounts called *Individual Development Accounts* (IDAs). Every dollar in savings deposited by participants into an IDA is matched by the AFI program. The IDA mechanism promotes savings and enables participants to acquire a lasting asset after saving for a few years. AFI program families use their IDA savings, including the matching funds, to acquire a first home, capitalize a small business, or enroll in postsecondary education or training. In addition to helping participants with their IDA savings, all AFI programs provide basic training and supportive services related to family financial management. AFI continues to develop new partnerships to assist families. SCORE, a U.S. Small Business resource partner, helps AFI grantees saving for small business startups. Moreover, the 360 IDAs Initiative now helps increase the availability of IDAs to people with disabilities and their families.

Programs of the Administration for Native Americans. The *Administration for Native Americans* (ANA) in ACF promotes the goal of self-sufficiency by providing social and economic development opportunities. ANA programs offer training, as well as financial and technical assistance, and support a range of projects

for eligible tribes and Native American organizations. ANA supports the creation of new jobs, development or expansion of business enterprises and social service initiatives, and formulation of environmental ordinances and training in the use and control of natural resources. Future grants will continue to support social and economic development strategies and healthy marriages to improve the well-being of children.

Child Support Enforcement. The *Child Support Enforcement* (CSE) program is a joint Federal, State, and local partnership that seeks to ensure financial and emotional support for children from both parents by locating noncustodial parents, establishing paternity, and establishing and enforcing child support orders. Child support services, as mandated in Title IV-D of the Social Security Act of 1935 (Public Law 74-271), as amended, are available for all families with a noncustodial parent, regardless of welfare status. Child support collections play an important role for families transitioning from welfare to self-sufficiency, particularly in light of time limits on receipt of cash assistance. By securing support from noncustodial parents on a consistent and continuing basis, families may avoid the need for public assistance, thus reducing government spending.

The CSE program continues to make strong gains in child support order and paternity establishment, as well as in collections of current and back support. The Deficit Reduction Act (DRA) of 2005 (Public Law 109-171) includes a series of provisions to strengthen and improve the program. Overall, DRA provisions will both strengthen existing collection and enforcement tools and allow States the option to provide additional support to families who need it most. These provisions include State options to direct more child support collections to children and families that ever received TANF; new efforts to increase collections such as expanding passport denial, mandatory review and adjustment of support orders, and improving medical support by requiring States to consider both parents' access to health insurance coverage when establishing child support orders; and an annual user fee for child support cases when enforcement efforts are successful for families who have never received TANF assistance.



Well-Being Across the Lifespan

Healthy Marriage and Responsible Fatherhood. The DRA provides funding for research and demonstrations that support healthy marriage. Approximately 125 Federal grants were awarded to States and communities to test new ways to promote and support healthy married-parent families. Grant funds will be used to test promising approaches to encourage healthy marriages and provide marriage education, marriage skills training, public advertising campaigns, high school education on the value of marriage, and marriage mentoring programs.

HHS supports several other healthy marriage activities and research, including *Building Strong Families*, *Supporting Healthy Marriages*, and the *Community Healthy Marriage Initiative*. The purpose of the *Building Strong Families* project is to evaluate healthy marriage services for romantically involved low-income, unwed parents around the time of the birth of a child. The purpose of *Supporting Healthy Marriages* is to inform program operators and policymakers of the most effective ways to help married parents to strengthen and maintain their marriages. The *Community Healthy Marriage Initiative* evaluates broad-based community-

level coalitions that help couples who choose marriage for themselves to develop the skills and knowledge to form and sustain healthy marriages. In collaboration with the U.S. Department of State, HHS also promotes programs and policies at international organizations to strengthen families and marriages and to promote the preservation of human life and dignity.

The *Promoting Responsible Fatherhood Initiative* promotes responsible fatherhood by funding programs that support healthy marriage activities, enhance responsible parenting, and foster economic stability. The initiative will enable fathers to improve their relationships and reconnect with their children. It will help fathers overcome obstacles and barriers that often prevent them from being the most effective and nurturing parent possible. Although the primary goal of the initiative is to promote fatherhood in all of its various forms, an essential point is to encourage fatherhood within the context of marriage. Grant funds will be allocated to promote involved, committed, responsible fatherhood through counseling, mentoring, marriage education, enhancing relationship skills, parenting, and activities to foster economic stability.

Family Violence. ACF's *Family Violence Prevention and Services Program*, administered by the Family and Youth Services Bureau (FYSB), provides grants to States and tribes to prevent incidents of family violence, provide immediate shelter and related assistance for victims of family violence, and support prevention services for perpetrators. FYSB also supports programs that offer safe havens and access to services for victims of domestic violence, a national toll-free hotline to provide information and assistance to victims of domestic violence, maternity group home services, and runaway and homeless youth shelters.

Several collaborative efforts both within HHS and in partnership with other departments and stakeholders support this effort to prevent family violence. The *National Advisory Committee on Violence Against Women* is an advisory body cochaired by the Attorney General and the Secretary of HHS. National Advisory Committee members meet periodically to share their thoughts, ideas, and expertise and to submit recommendations on a variety of priority issues as the Federal Government develops its policies to address the crimes of domestic violence, sexual assault, dating violence, and stalking. The *Greenbook* initiative, a joint project of HHS and the U.S. Department of Justice, supported six demonstration projects, helping child welfare and domestic violence agencies and family courts work together more effectively to help families experiencing violence. Now that the funding cycle has been completed, HHS will partner with the U.S. Department of Justice and with the National Council of Juvenile and Family Court Judges to provide technical assistance and support to communities interested in implementing the *Greenbook's* recommendations.

Support for Older Adults in Home and Community Settings. AoA's *Home and Community-Based Supportive Services* program provides an array of services to older adults and their caregivers, including access services such as transportation, case management, and information and referral; in-home services such as personal care, chore, and homemaker assistance; and community services such as adult day care, respite care, and disease prevention, health promotion, and physical fitness programs.

Together, these services strive to help older adults maintain their independence and enable them to stay in their homes and communities for as long as possible, delaying the need for costly institutional care.

New Freedom Initiative and Olmstead Decision

Response. The HHS Office on Disability (OD) was created in 2002 as an outcome of President Bush's *New Freedom Initiative*. The *New Freedom Initiative* commits the United States to a policy of community integration for individuals with disabilities. OD and OCR are involved in a variety of efforts to enhance the independence and quality of life of persons with disabilities, including those with long-term needs. OD, through the *New Freedom Initiative*, ensures a coordinated interagency and intergovernmental approach in support of community integration to tear down barriers on behalf of individuals with disabilities. In *Olmstead v. L.C.* (1999), the U.S. Supreme Court held that States unjustifiably segregating qualified persons with disabilities in institutions is a form of discrimination prohibited by Title II of the Americans with Disabilities Act of 1990 (Public Law 101-336). OCR has the authority to enforce the *Olmstead* decision, and has done so through hundreds of complaint investigations, voluntary compliance efforts, outreach initiatives, and technical assistance projects. Through these efforts, OCR ensures that, when appropriate, States provide individuals with disabilities access to services in the community. OCR will continue its *Olmstead*-related efforts, ensuring that individuals with disabilities return to or remain in their communities with adequate supports.

Low Income Home Energy Assistance Program. ACF's *Low Income Home Energy Assistance Program* (LIHEAP) will continue to provide home energy assistance through grants to States, tribes, and territories. Of the households receiving heating assistance, about one-third include a member 60 years or older; about half have at least one person with a disability; and about one-fifth include at least one child 5 years old or younger.^{xxxii} For the past several years, almost 5 million households per year received LIHEAP assistance to help them through the winter months. The program also provides cooling assistance to about 400,000 households and weatherization assistance to about 90,000 more.

Strategic Objective 3.2

Protect the safety and foster the well-being of children and youth.

HHS is committed to protecting the safety and fostering the well-being of children and youth, through the combined efforts of ACF, SAMHSA, HRSA, and OD, and in partnership with other Federal departments, such as the U.S. Departments of Education and Justice, the Corporation for National and Community Service (CNCS), and other interested stakeholders.

Several of the Department's efforts relate to child maltreatment and safe and permanent living situations for children and youth, as represented by the performance measure at the end of this chapter, which focuses on the adoption rate for children involved with the child welfare system. Other programs and collaborations focus on child care and fostering school readiness, as measured by the percentage of Head Start programs that have a positive impact on verbal and mathematical abilities. Additional initiatives, including mentoring, abstinence education, youth development, and suicide prevention, foster positive behavior, as represented in the indicator focusing on the lack of interaction with law enforcement. Although many of these programs are not new, they will continue and will be strengthened during the period covered by this *Strategic Plan*.

Child Maltreatment

The *Child Abuse State Grant Program* plays a key role in the prevention of child abuse and neglect by funding postinvestigative services such as individual counseling, case management, and parent education. The *Child Welfare Services* program helps State child welfare agencies improve their services with the goal of keeping families together. Grants also are provided to develop and improve education and training programs and resources for child welfare professionals through the *Child Welfare Training* program and to prevent the abandonment of infants and young children exposed to HIV/AIDS and drugs through the *Abandoned Infants Assistance Program*. Over the next several years, funds



for new regional partnership grants will assist State and local agencies in building cooperative efforts addressing the range of issues presented by families whose substance abuse impairs parenting and places their children at risk. The *Independent Living Education and Training Vouchers* program provides up to \$5,000 for costs associated with college or vocational training for youth ages 16 to 21 in foster care.

Two interagency workgroups focus on the issue of child abuse and neglect and provide settings within which Federal agencies coordinate and collaborate. The first, the *Federal Interagency Work Group on Child Abuse and Neglect*, led by the Office on Child Abuse and Neglect of ACF/Children's Bureau, engages ACF, CDC, HRSA, IHS, NIH, and SAMHSA, as well as the U.S. Departments of Agriculture, Defense, Interior, Justice, and Labor, State staff, and other partners, in its discussions on child abuse prevention, child welfare, and independent living support services. The group shares information, plans and implements joint activities, makes policy and programmatic recommendations, and works



toward establishing complementary agendas in the areas of training, research, legislation, information dissemination, and delivery of services as they relate to the prevention, intervention, and treatment of child abuse and neglect. The second, *NIH Neglect Consortium*, develops and supports research on child neglect, with support from ACF and the U.S. Department of Education. ACF/Children's Bureau is working with OD in supporting necessary research to understand the impact of child maltreatment on children and youth with disabilities residing in long-term care facilities and with families (including foster care).

Safety and Permanency

The Adoption and Safe Families Act of 1997 (Public Law 105-89) established that a child's health and safety must be of paramount concern in any efforts made by a State to preserve or reunify a child's family. ACF's *Foster Care*, *Adoption Assistance*, and *Independent Living* programs have demonstrated success in improving safety, permanency of living arrangements, and well-being of children. Working with the States, these programs minimize disruptions to the continuity of family and other relationships for children in foster care by decreasing the number of placement settings per year for a child in care. The programs also met goals to provide children in foster care with permanency and stability in their living situations by improving the timeliness of reunification, if possible, and promoting guardianship or adoption when reunification is not possible. In recent years, the Children's Bureau within ACF has pioneered a results-focused approach to monitoring Federal child welfare programs. The second round of these *Child and Family Service Reviews* began in 2007 and will hold States accountable for the safety, permanency, and well-being of children involved with child welfare authorities.

Additionally, the *Promoting Safe and Stable Families* (PSSF) program, a capped entitlement program authorized through the Promoting Safe and Stable Families Act of 1997 (Public Law 105-89), assists States in coordinating services related to child abuse prevention and family preservation. These services

include community-based family support, family preservation, time-limited reunification services, and adoption promotion and support services. Inspired by research showing that regular caseworker visits are related to the achievement of important child and family outcomes for children in foster care, new funding within the PSSF program provides resources to States to help them ensure that caseworkers visit children monthly.

Through the *Adoption Incentives* program, States will be able to earn bonus payments by increasing the number of adoptions of children in foster care over previous years. The *Adoption Opportunities* program supports grants that facilitate the elimination of barriers to adoption, and the adoption awareness programs support adoption efforts, including adoption of children with special needs, through training and a public awareness campaign. Adoption incentives added in the 2003 reauthorization of the *Adoption Incentive Payments Program* focus on adoptions of children age 9 and older who face particularly long waits for adoptive homes.

Early Care and Education

ACF's *Head Start* and *Early Head Start* programs are comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families. *Head Start* is designed to foster healthy development and school readiness in low-income children. *Head Start* programs help ensure that children are ready to succeed at school by supporting social and cognitive development. *Head Start* programs provide comprehensive child development services, including educational, health, nutritional, and social services, primarily to low-income families. They also engage parents in their child's preschool experience by helping them achieve their own educational and literacy goals as well as employment goals, supporting parents' role in their children's learning, and emphasizing the direct involvement of parents in the administration of local *Head Start* programs. *Early Head Start* has a triple mission. It promotes healthy prenatal outcomes, enhances the development of

infants and toddlers, and promotes healthy family functioning. HHS will continue to explore how to maximize the use of technology to disseminate information and research in ways that will improve programs and performance. HHS will investigate ways that *Head Start* and child care can collaborate with other State and local partners, such as State prekindergarten programs, to ensure that children enter school ready to succeed.

Several collaborative efforts between HHS and the U.S. Department of Education support early childhood programs and research. The *Good Start, Grow Smart* interagency workgroup, with HHS representatives from ACF/Office of Head Start, ACF/Child Care Bureau, NIH, and ASPE, focuses on enhancing early childhood programs and fosters better collaboration among agencies serving young children at risk. The *Interagency School Readiness Initiative* engages the same operating and staff divisions from HHS and the U.S. Department of Education to focus on enhancing early childhood research. Another interagency collaboration, the *Early Childhood Workgroup on English Language Learners*, involves ACF and ASPE in developing strategies for coordination of early childhood programs aimed at English Language Learners.

Mentoring

Research indicates that children with parents who are incarcerated are seven times more likely than the general population to become incarcerated themselves and are more likely to display a variety of behavioral, emotional, health, and educational problems. Through ACF's Family and Youth Services Bureau (FYSB), HHS supports the *Mentoring Children of Prisoners* program, through which public and private organizations establish or expand projects that provide one-on-one mentoring for children of parents who are incarcerated and those recently released from prison.

OD promotes physical fitness for children and youth with disabilities in conjunction with the President's HealthierUS Initiative and the President's Council on Physical Fitness and Sports awards system, through its *"I Can Do It, You Can Do It"* mentoring program. This

program features one-on-one mentoring for children and youth with disabilities across the Nation to enhance their physical fitness, with the goal of serving 6 million children with disabilities.

HHS also participates on the recently formed Federal Mentoring Council, an offshoot of the *Coordinating Council on Juvenile Justice and Delinquency Prevention* (see the section, *Collaborative Efforts to Support Youth*, for more information on this Council). Convened and staffed by the CNCS, the Council seeks to improve coordination and better leverage resources among all the mentoring programs that exist in the Federal Government. The Council includes representatives from the U.S. Departments of Defense, Education, Interior, Justice, Labor, and many others. The Council works to identify key ways in which the Federal Government can advance the goal of involving 3 million new mentors by 2010, and then act on those findings.

Abstinence Education

ACF administers two abstinence education programs—the *Community-Based Abstinence Education* program and the *State Abstinence Education* program. ACF's abstinence education programs provide grants to community-based organizations, including faith-based organizations, as well as to States, to develop and implement abstinence programs. The *Community-Based Abstinence Education* program focuses on adolescents, ages 12 through 18, and targets the prevention of teenage pregnancy and premarital sexual activity. The *Community-Based Abstinence Education* program also supports a national public awareness campaign designed to help parents communicate with their children about health risks of early sexual activity. The *State Abstinence Education* program enables States to create or augment existing abstinence education programs and, where appropriate, provide mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups most likely to bear children out of wedlock. ACF expects that all grantees will present medically accurate information. ACF is requiring *Community Based Abstinence Education* grantees to certify that

curricula are medically accurate and is conducting reviews for medical accuracy as part of the grant award process.

Within OPHS, the *Adolescent Family Life Program* (AFL) also supports abstinence education activities. Through Title XX of the Public Health Service Act (42 U.S.C., 300z et seq.), AFL authorizes two types of demonstration projects: (1) care projects to develop, implement, and evaluate innovative, comprehensive, and integrated approaches to the delivery of health care, education, and social services for pregnant and parenting adolescents and their families; and (2) prevention projects to develop, implement, and evaluate program interventions to promote abstinence from sexual activity among preadolescents and adolescents. AFL also places a strong emphasis on ensuring that educational materials are medically accurate.

OPHS, through an interagency agreement with ACF, has launched an initiative that focuses on the importance of parental communication. The *Parents Speak Up National Campaign* (PSUNC) is an educational campaign aimed at encouraging parents to talk with their children early and often about abstinence. This interactive campaign will include radio, print, and television advertisements to raise awareness. All PSUNC products direct parents to the 4Parents.gov Web site for further information and skills on talking early and often with their children about sex and abstinence. 4Parents.gov provides concise, helpful health information regarding the importance of parent-teen communication. The Web site also provides specific information on sexually transmitted diseases and teen pregnancy, benefits of abstinence from sexual involvement, drugs and alcohol, development of healthy teen relationships, and preparation for future marriage and family.

Collaborative Efforts for Youth

Positive Youth Development is an approach to youth programming based on the understanding that all young people need support, guidance, and opportunities during adolescence, a time of rapid growth and change. FYSB's *Positive Youth Development State and Local Collaboration Demonstration* grants will continue to develop and support innovative youth development strategies.

Together with nine other Federal agencies, HHS also supports the First Lady's *Helping America's Youth* initiative, which focuses on the importance of connecting caring adults with youth in order to help youth make better choices that lead to healthier, more successful lives. The *Community Guide to Helping America's Youth* helps communities build partnerships and assess their needs and resources. It also offers information about evidence-based youth program designs that could be replicated in their community. In the coming years, the *Community Guide* will continue to be enhanced so that it serves the needs of local youth-focused partnerships.

Representatives from several operating and staff divisions within HHS also participate with nine other Federal agencies and eight practitioner members on the *Coordinating Council on Juvenile Justice and Delinquency Prevention*. The Council's primary functions are to coordinate Federal juvenile delinquency prevention programs, Federal programs and activities that detain or care for unaccompanied juveniles, and Federal programs relating to missing and exploited children. The Council works to implement several of the recommendations from the 2003 report of the White House Task Force on Disadvantaged Youth. In the coming years, the Council will conduct an inventory of comprehensive community initiatives and will investigate how to support collaboration among Federal, State, and local partners, to determine how best to invest Federal resources to serve youth.

HHS will continue to participate in the Federal Government delegations that attend the meetings of the *Executive Board of the United Nations Children's Fund*. The Department also will promote programs and policies at international organizations to protect the interests and well-being of children and their families.





Strategic Objective 3.3

Encourage the development of strong, healthy, and supportive communities.

HHS is committed to encouraging the development of strong, healthy, and supportive communities. ACF, CDC, OD, OPHS, and SAMHSA fund comprehensive community initiatives to help distressed communities address the most intractable problems. The Center for Faith-Based and Community Initiatives (CFBCI) works to develop the capacity of faith-based and community-based organizations to respond to community needs. In the performance indicator section at the end of this chapter, the *Strategic Plan* uses family cohesiveness as a proxy for the strength of communities.

Below is a sampling of the Department's efforts related to faith-based and community initiatives, capacity building, and comprehensive community initiatives.

Faith-Based and Community Initiatives

HHS has made great strides in improving current faith-based and community partnerships, providing opportunities for new partnerships with faith-based and community organizations, and removing existing barriers to the inclusion of these groups in HHS programs. Through the HHS CFBCI, technical assistance has been provided throughout the country to increase the capacity of faith-based and community organizations working with vulnerable and needy populations. HHS has reached out and collaborated with religious and neighborhood organizations that for decades have been bringing solutions to bear on some of the Nation's most intractable problems. CFBCI works with operating and staff divisions across the Department to eliminate barriers to the participation of faith-based and other community organizations; these barriers include regulations, policies, and procedures. CFBCI also works with operating and staff divisions to propose the development of innovative pilot and demonstration programs. Finally, HHS staff have received training to understand how to reach out and partner with these organizations more effectively.

Capacity-Building Efforts

The Compassion Capital Fund advances the efforts of community and charitable organizations, including faith-based organizations, to increase their effectiveness and enhance their ability to provide social services where needed. Grants support intermediary organizations that provide training and technical assistance to grassroots organizations in accessing funding sources, administering programs, expanding services, and replicating promising approaches. In addition, targeted capacity-building minigrants help grassroots organizations more effectively deliver services to the most vulnerable populations including youth at risk, persons experiencing homelessness, families transitioning from welfare to work, and prisoners reentering the community.

Comprehensive Community Initiatives

SAMHSA funds several comprehensive community mental health services grants for children and youth with serious emotional disturbances and their families. Grants are used to implement a “systems of care” approach to services, based on the recognition that the needs of children with serious mental health challenges can best be met within their home, school, and community, and that families and youth should be the driving force in the transformation of their own care. The grants will be used to provide a full array of mental health and support services organized on an individualized basis into a coordinated network in order to meet the unique clinical and functional needs of each child and family.

OD is coordinating an interagency and interdepartmental 2-year seamless program, the *Young Adult Program*. This program promotes integrated support systems spanning education, health, assistive technology, employment, transportation, and housing for young adults 14 to 30 years with disabilities in six demonstration States through the National Governors Association and is documenting outcomes through a process and impact evaluation.





Strategic Objective 3.4

Address the needs, strengths, and abilities of vulnerable populations.

HHS is committed to addressing the needs, strengths, and abilities of vulnerable populations, including people with disabilities, American Indians and Alaska Natives, refugees and other entrants, victims of human trafficking, persons experiencing homelessness, and people affected by natural or manmade disasters. ACF, AoA, CDC, OCR, OD, and SAMHSA have developed programs and initiatives tailored for these particularly vulnerable populations. The two selected performance indicators at the end of this chapter that focus on this issue look at services provided to homebound older people and newly arrived refugees. Below are a few of the Department's efforts.

People With Disabilities

A number of interagency collaborations have developed to support the economic independence and social well-being of people with physical, sensory, behavioral, cognitive, and developmental disabilities. One is the joint planning effort between AoA, CMS, HRSA, IHS, NIH, OCR, OD, SAMHSA, and non-Federal organizations, including State developmental disability agencies, long-term care providers, tribal governments, State and local agencies on aging, and State and local Medicaid agencies. These agencies and organizations work to increase the independence and quality of life of persons with disabilities, including those with long-term care needs.

Another collaboration, the *Committee for Employees with Disabilities*, with representation from 14 HHS operating and staff divisions, represents the issues and needs of the Department's employees with disabilities; provides proactive advice, guidance, and recommendations to the Secretary in planning, implementing, monitoring, and evaluating the Department's affirmative action program on employment of individuals with disabilities; and serves as a focal point for the concerns of employees with disabilities on matters affecting their employment to help resolve Departmentwide problems in this area.

American Indians and Alaska Natives

The Administration for Native Americans (ANA) promotes economic and social self-sufficiency for American Indians, Alaska Natives, Native Hawaiians, and other Native Pacific Islanders by providing funding for community-based short-term projects through three competitive discretionary grant programs to eligible tribes and nonprofit Native American organizations. The three program areas are *Social and Economic Development Strategies for Native Americans*; *Native Language Preservation and Maintenance*; and *Environmental Regulatory Enhancement*, which focuses on building the capacity to identify, plan, and develop environmental programs consistent with Native culture.

Coordination with HHS is fostered by the *Intradepartmental Council on Native American Affairs*, cochaired by the Director of IHS and the Commissioner for the ANA. The purposes of the Council are to develop and promote policies to provide greater access and quality services for American Indians and Alaska Natives; identify and develop legislative, administrative, and regulatory proposals that promote effective policy; develop a comprehensive strategy that promotes self-sufficiency and self-determination; promote the tribal/Federal Government-to-government relationships on a Departmentwide basis; and ensure that the HHS policy on tribal consultation is implemented by all HHS divisions and offices. Within HHS, all operating divisions and many staff divisions are engaged in this important collaborative effort.

People Affected by Disasters

For victims of natural disasters, immediate priorities are access to water, food, shelter, medical care, and security. As individuals attempt to recover and rebuild their lives, they must also contend with stressors on their mental health, which can linger for weeks or months. Almost everyone who lives through disastrous events experiences feelings of sadness and depression. Depending on the individual, these feelings can vary in intensity and duration. This is true not only for the residents of the cities and towns devastated by natural disasters, but also for the thousands of rescue workers, emergency medical personnel, and disaster recovery experts engaged in search-and-rescue operations.

SAMHSA is focused on providing resources to aid in the recovery process, to assist both the people in areas damaged by natural disasters and the workers who are taking care of them. SAMHSA's *Disaster Technical Assistance Center* helps ensure that our Nation is prepared and able to respond rapidly when events increase the need for trauma-related mental health and substance abuse services.

AoA offers a comprehensive set of technical assistance materials to help prepare and plan for the management of major emergencies or disaster events. AoA has developed a technical assistance guide, which includes many tools to assist those with the responsibility for the safety and continued independence of the Nation's older population. The guide helps State agencies and local providers work through the intricate planning and collaborative efforts needed in an emergency. Using this guide, emergency teams will be ready to begin work immediately should a disaster or emergency occur.

The Office on Disability, in conjunction with ASPR and ACF's Administration on Developmental Disabilities, has implemented and monitored the use of a disability-based toolkit, shelter assessment tool, and public health staff training modules. Together with the HIPAA Privacy decision tool for emergency preparedness planning, created by OCR, these resources ensure that the needs of persons with disabilities are understood by first responders and other emergency response providers at the Federal, State, and local levels during all emergency situations.

Interruptions in child care services during an influenza pandemic may cause conflicts for working parents that could result in high absenteeism in workplaces. Some of that absenteeism could be expected to affect personnel and workplaces that are critical to the emergency response system. A checklist created by CDC will help child care and preschool programs prepare for the effects of a flu pandemic and will help them protect the health of their staff and the children and families they serve. Many of these steps can also help in other types of emergencies.

For more information on this topic, see *In the Spotlight: Emergency Preparedness, Prevention, and Response*.



Refugees and Other Entrants

The Office of Refugee Resettlement (ORR) in ACF offers a variety of services to support refugees, migrants, and other entrants, including victims of human trafficking. Assistance to refugees includes transitional cash assistance, health benefits, and a wide variety of social services, provided through ORR grants. The primary focus is employment services such as skills training, job development, orientation to the workplace, and job counseling. The priority is to find employment early after arrival, because it not only leads to early economic self-sufficiency for the family, but also adds greatly to the integrity of families who seek to establish themselves in a new country and provide for their own needs.

In addition to economic assistance to adults, ORR supports the *Unaccompanied Refugee Minors* program, which delivers child welfare services in a culturally sensitive manner. Specifically, the program assists refugee and entrant youth younger than 18 who are without a responsible adult in developing appropriate skills to enter adulthood and to achieve economic and social self-sufficiency. The *Unaccompanied Alien Children* program provides a safe and appropriate environment for minors during the interim period between the minor's transfer into a shelter care facility and the minor's release from custody by ORR or removal from the United States.

Victims of Human Trafficking

The Trafficking Victims Protection Act of 2000 (Public Law 106-386), as amended, designates HHS as the Federal Agency responsible for helping victims of human trafficking become eligible to receive benefits and services so that they may rebuild their lives safely in this country. As part of this effort, HHS has initiated the *Rescue & Restore Victims of Human Trafficking* campaign to help identify and assist victims of human trafficking in the United States. The intent of the campaign is to increase the number of identified trafficking victims and to help those victims receive the benefits and services needed to live safely in the United States. By initially educating health care providers, social service organizations, and the law enforcement

community about the issue of human trafficking, HHS will encourage these intermediaries to look beneath the surface by recognizing clues and asking the right questions because they might be the only outsiders with the chance to reach out and help victims. A critical component of the campaign is the creation of the *Trafficking Information and Referral Hotline*, which connects victims of trafficking to nongovernmental organizations that can help victims in their local areas. The hotline helps intermediaries determine whether they have encountered a victim of human trafficking, helps connect victims to resources, and coordinates with local social service organizations to protect and serve victims of trafficking.

People Experiencing Homelessness

The delivery of treatment and services to persons experiencing homelessness is included in the activities of the Department, both in 5 programs specifically targeted to such individuals and in 12 nontargeted, or mainstream, service delivery programs. To improve the response of HHS programs to homelessness, a crosscutting Departmental workgroup, the *Secretary's Work Group on Ending Chronic Homelessness*, meets quarterly to develop, lead, and coordinate a comprehensive Departmental approach to addressing homelessness. The group also supports the Secretary in his role as a statutory member of the *United States Interagency Council on Homelessness* (USICH). The USICH coordinates the Federal response to homelessness across 20 Federal departments and agencies and provides leadership for activities designed to assist families and individuals who are experiencing homelessness with the goal of preventing and ending it in the Nation. The Secretary chairs the USICH in 2007. HHS coordinates extensively with its Federal partners in developing research and program initiatives that will improve access to housing and treatment resources and contribute to ending homelessness.

SAMHSA's *Projects for Assistance in Transition from Homelessness* (PATH) program is a formula grant program that funds the 50 States, District of Columbia, Puerto Rico, and 4 territories to support service

delivery to individuals with serious mental illnesses, as well as individuals with co-occurring substance use disorders or other disabilities, who are homeless or at risk of becoming homeless. SAMHSA provides technical assistance to States and local providers funded by the PATH program, including onsite consultation, collection of annual reporting data, development of an annual report to the U.S. Congress, holding of biannual meetings of PATH program contacts, and identification and dissemination of best practices from the program.

HRSA's program, *Health Care for the Homeless* centers, provides individuals and families experiencing homelessness with access to comprehensive preventive and primary care services, including oral health, mental health, and substance abuse services. These services are provided in a variety of settings that promote access, including homeless shelters and mobile clinics. The program currently serves as the source of care for approximately 600,000 people per year.

Performance Indicators

		Most Recent Result	FY 2012 Target
Strategic Objective 3.1			
Promote the economic independence and social well-being of individuals and families across the lifespan.			
3.1.1	Increase the percentage of adult TANF recipients who become newly employed.	34.3%	39%
3.1.2	Increase the percentage of individuals with developmental disabilities reached by State Councils on Developmental Disabilities who are independent, self-sufficient, and integrated into the community.	11.27%	11.34%
3.1.3	Increase the child support collection rate for current support orders.	60%	63%
Strategic Objective 3.2			
Protect the safety and foster the well-being of children and youth.			
3.2.1	Increase the adoption rate for children involved in the Child Welfare System.	10.06%	10.40%
3.2.2	Increase the percentage of Head Start programs that achieve average fall to spring gains of a) At least 12 months in word knowledge (Peabody Picture Vocabulary Test); and b) At least four counting items.	a) 52%; and b) 84.6%.	a) 66%; and b) 86%.
3.2.3	Increase the percentage of children receiving Children's Mental Health Services who have no interaction with law enforcement in the 6 months after they begin receiving services.	69.3%	70%
Strategic Objective 3.3			
Encourage the development of strong, healthy, and supportive communities.			
3.3.1	Increase the number of children living in married couple households as a percentage of all children living in households.	69%	72%
Strategic Objective 3.4			
Address the needs, strengths, and abilities of vulnerable populations.			
3.4.1	Increase the number of older persons with severe disabilities who receive home-delivered meals.	313,362	500,000
3.4.2	Increase the percentage of refugees entering employment through refugee employment services funded by ACF.	53.49%	60%

Note: Additional information about performance indicators is included in Appendix B.

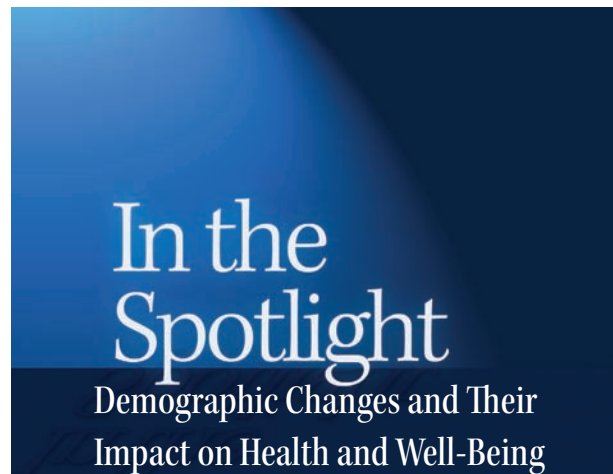


Meeting External Challenges

Within the human service goal, changes in economic conditions, specifically downturns, have been shown to be the most influential external factor influencing how successful HHS's strategies are in accomplishing its stated objectives.

Historically, when negative economic conditions occur, welfare recipients, low-income people, and persons with disabilities are more vulnerable to unemployment; and fewer local resources and safety nets exist for these populations. Decreases in State and local revenue could result in a reduction in funding for home and community-based placements for individuals with disabilities. Family stress is greater as economic situations deteriorate, leading to increased potential for violence and family breakup. Noncustodial parents may lose jobs or income resulting in fluctuations in income support ability.

To mitigate these effects, HHS works at the State level to enhance States' capacity to coordinate a broad range of services, conducts research, provides technical assistance, and identifies best practices that focus on elimination of barriers for the hard-to-employ and cost-effective service delivery. Additionally, HHS can assist community action agencies, community development corporations, and other community groups in leveraging Federal, State, local, and philanthropic resources to strengthen neighborhoods; build social capital by developing community leadership and strengthening community-based organizations; and support asset development projects for residents of distressed communities. On the individual level, HHS provides information and support for consumers and their caregivers and ensures individuals and families are connected to safety net programs for which they are eligible through outreach and referral. HHS also provides support for child care services, working to connect families with the most appropriate child care setting (also called parental choice) and helping families moving into work to remain connected to other safety net programs for which they are eligible. Child support enforcement activities can also be coordinated with opportunities for job training and supported work activities.



Efforts to improve the health and well-being of Americans over the next 5 years will be shaped by important changes in demographics. Our Nation is growing older and becoming more racially and ethnically diverse.

Aging Population

More Americans are living longer, and the proportion of the Nation's population that is age 65 or older is growing rapidly. A baby born in 2006 can expect to live to age 78. This age expectancy represents a gain of more than 10 years since 1965, when the Older Americans Act of 1965 (Public Law 89-73) first authorized Medicare and Medicaid. From 1950 to 2006, the total resident population of the United States doubled from 150 million to more than 300 million. During this same period, the population 65 years of age and over grew twice as rapidly, increasing from 12 to 36 million. According to projections from the U.S. Census Bureau, after the first Baby Boomers turn 65 in 2011, the number of older people will substantially increase. In 2030, the older population is anticipated to be twice as large as in 2000, and will represent nearly 20 percent of the total U.S. population.^{xxxiii}

The aging of the population has important implications for health care, public health, and human service systems. As the older fraction of the

population increases, more services will be required for the treatment and management of chronic and acute health conditions and disabilities. The average 75 year old has three chronic conditions and uses five different prescription drugs.^{xxxiv} Today's health care workforce lacks much of the training required to provide appropriate care to today's older adults and is thus unprepared for the projected increase in the number of older Americans over the next 20 years. Equally important, the health care workforce is older than in the past.

Across the country, long-term care providers are facing a shortage of qualified and committed direct care workers—those certified nursing assistants, home health aides, and personal care workers who provide hands-on care to millions of older adults and individuals with disabilities. Over the next 10 years, the country will need an estimated 874,000 additional direct care workers to meet growing demand. At the same time, the supply of workers traditionally relied upon to fill these positions—middle-aged women— will fall by about half by 2030.^{xxxv}

Older Americans also have behavioral health and human service needs. Some older adults experience late onset of mental and addictive illnesses; others have experienced them throughout their lives. Older adults may experience depression and anxiety as they face physical decline, death of family members and other loved ones, and increased limitations in normal daily activities. In lieu of seeking treatment, some older adults—as with other populations—may “self-medicate” with alcohol. Further, older adults may misuse prescription or over-the-counter medications, often inadvertently.

The science of aging indicates that chronic disease and disability are not inevitable. As a result, health promotion and disease prevention activities and programs are an increasing priority for older adults, their families, and the health care system.

Racial/Ethnic Diversity

Diversity has long been a characteristic of the Nation's population, but the racial and ethnic composition has changed over time. In recent decades, the percent of the population that is of Hispanic or Asian origin has more than doubled. In 2000, 19 percent of the population identified themselves as Black or African-American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or of more than one race; 12.6 percent of the total U.S. population identified themselves as of Hispanic origin. The U.S. Census Bureau projects that by 2010, 20.7 percent of the total U.S. population will identify themselves as Black or African-American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or of more than one race; and 15.5 percent will identify themselves as of Hispanic origin.^{xxxvi}

The U.S. Census Bureau also reports that nearly one in five people, or 47 million U.S. residents age 5 and older, spoke a language other than English at home in 2000—an increase of 15 million people since 1990. According to the report, Spanish speakers increased from 17.3 million in 1990 to 28.1 million in 2000, a 62 percent rise. Only 55 percent of the people who speak a language other than English at home report they speak English “very well.”^{xxxvii}

These changes in the racial and ethnic composition of the population have important consequences for the Nation's health because many of the measures of disease and disability differ significantly by race and ethnicity. These shifts in the racial and ethnic makeup of the United States require health professionals and organizations to achieve cultural competence and to ensure that they utilize appropriate and tailored approaches in working with these population groups.

