

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

SIGNIFICANT ITEMS IN OMNIBUS, SENATE, AND HOUSE  
APPROPRIATIONS COMMITTEE REPORTS

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ADMINISTRATION FOR CHILDREN AND FAMILIES

SIGNIFICANT ITEMS IN HOUSE, SENATE, CONFERENCE, AND  
OMNIBUS APPROPRIATIONS COMMITTEE REPORTS

**FY 2008 Omnibus Report Language**

Item

***Home Visitation Initiative*** – The amended bill includes \$64,802,000 for Child Abuse State Grants and child abuse discretionary programs....Within this amount, 10,178,000 is included for a home visitation initiative to support competitive grants to States to encourage investment of existing funding streams into evidence-based home visitation models, instead of \$10,000,000 as proposed by the House and Senate. The Administration for Children and Families shall ensure that States use the funds to support models that have been shown, in well-designed randomized controlled trials, to produce sizeable, sustained effects on important child outcomes such as abuse and neglect. Funds shall support activities to assist a range of home visitation programs to replicate the techniques that have met these high evidentiary standards. In carrying out this new initiative, the Department is instructed to adhere closely to evidence-based models of home visitation and not to incorporate any additional initiatives that have not met these high evidentiary standards or might otherwise dilute the emphasis on home visitation.

Action taken or to be taken

ACF will develop a Program Announcement describing the new Home Visitation Program, outlining the requirements of the new grant, evaluation criteria and funding levels. The announcement will clearly state that applicants are to use the funds to support a range of home visitation models that have been shown, in well-designed randomized controlled trials, to produce sizeable, sustained effects on important child outcomes such as abuse and neglect. The announcement will be widely disseminated, grant applications will be reviewed in early summer and awards made no later than September 30, 2008.

Item

***Abstinence Education Program*** – The Appropriations Committees direct the Secretary of Health and Human Services to require that each applicant for financial assistance under the abstinence education program certify that all materials proposed in the application and funded during the project period of the grant are medically accurate, and direct that a panel of medical experts shall review such grant applications and assess whether the materials proposed are medically accurate, as proposed by the House. Bill language concerning scientific accuracy, as proposed by the Senate, is not included.

Action taken or to be taken

The Administration for Children and Families (ACF), which administers the Community-Based Abstinence Education (CBAE) Program, requires all applicants to certify “that all medical materials proposed in this application and funded during this project period are medically accurate.”

In addition, ACF attaches a special condition to all grants awarded which states, “The grantee must, in writing and to the satisfaction of the Family & Youth Services/ACYF and the Grants Officer, address all questions raised by ACF regarding the medical accuracy of the curriculum implemented under this project. This written explanation must specify how the grantee proposes to resolve all medical accuracy issues raised by ACF within 30 days of written notification. Failure to provide satisfactory resolution to all medical accuracy issues raised by ACF shall result in continued withholding of funds and/or termination of the project.”

ACF has implemented a curriculum review process in the Community-Based Abstinence Education (CBAE) program which utilizes a team of medical doctors and registered nurses in the field of obstetrics and gynecology to review all medical information contained in abstinence education curriculum. This process involves the following steps:

- Obtain copies of all curricula identified for use by CBAE grantees;
- Identify and obtain reference material for each medical reference in all curricula that contain medical information;
- Provide each curriculum and its corresponding reference materials to a medical doctor or nurse, who checks both the curriculum and its medical references for accuracy and provides comments on any issues that require grantee attention.

### **FY 2008 Omnibus and House Appropriations Committee Report Language**

#### Item

***Unaccompanied Alien Children*** – As proposed by both the House and Senate, the amended bill does not include funds for expanded background checks within the unaccompanied minors program. After addressing increased shelter and medical costs, Office of Refugee Resettlement is directed to use the increase provided for the unaccompanied minors program to expand the pro bono legal services initiative, as proposed by both the House and Senate. (Omnibus)

***Unaccompanied Alien Children --*** The Committee recognizes the complexity of detention for unaccompanied children (UAC) awaiting removal proceedings and urges the Administration for Children and Families to ensure that the safety and humane treatment of these children are key priorities of the agencies that detain them. The Committee has included additional funds for the care and placement of an increasing number of UAC through foster care, shelter care, staff secure or secure detention centers, and for additional field staff in areas of high apprehensions. The Committee supports the Department's efforts to prioritize care for UACs in child-centered, age-appropriate, small group and foster-care settings. The Committee requests the Department to brief the Committee on the allegations of abuse by shelter staff and what steps the Department is taking to prevent such abuse in the future. The Committee does not recommend that funds be included for expanded background checks before placement of UAC. Most of the funds requested for this activity would pay for additional shelter costs as new background checks would lengthen the average shelter stay of a UAC by one to three weeks. The Committee believes this additional cost is excessive because ORR currently performs, and the Committee expects it to continue to perform, a rigorous background check on each adult to whom a child is released and conducts a home assessment as circumstances warrant. (H. Rpt 110-231, p. 192)

#### Action taken or to be taken

ACF is prepared to brief the Committee on allegations of abuse by shelter staff at the Committee's convenience. Three individuals employed by a single grantee in Nixon, Texas were terminated over alleged—and in one case, confirmed—inappropriate sexual conduct with a total of nine children in ORR custody. One offending former employee, who had been fired, was charged with indecency with a child by local law enforcement authorities and has subsequently been convicted. The shelter in Nixon is no longer receiving ORR funding and has appealed the termination of its grant to the Departmental Appeals Board.

The following steps are being implemented to prevent abuse in the future:

- The UAC Annual Training Conference for shelter employees, held in August 2007, focused on proper reporting of all significant incidents, and recognizing and preventing sexual abuse.
- ACF plans to perform background checks on shelter employees in states in which the State Licensing Agency does not conduct FBI criminal background checks.
- ACF is in the process of hiring a new Associate Director for Child Welfare in the Office of Refugee Resettlement (ORR), who will coordinate a child-centered, age-appropriate approach to all care provided to minors in ORR-funded programs and services.
- ACF has provided funding to Bridging Refugee Youth and Children's Services /to develop a manual and provide training to shelter staff at all facilities beginning January 2008 on the definition and identification of sexual abuse and appropriate responses and interventions.
- ACF takes its responsibility for the care and placement of unaccompanied alien children (UAC) awaiting removal proceedings very seriously. Consistent with the recommendation of the committee, ACF will continue to conduct a background check on each adult to whom a child is released and to perform suitability assessments on a case by case basis as circumstances warrant. ORR will not perform expanded background checks before release of unaccompanied minors.

### **FY 2008 House and Senate Appropriations Committees Report Language**

#### Item

***Child Victims of Trafficking*** -- The Committee supports efforts to ensure that child trafficking victims do not remain trapped in life-threatening situations out of fear of being interrogated by law enforcement authorities. The Committee requests the Department to expedite letters of eligibility so that minor victims may be connected to benefits without delay. Furthermore, the Committee is concerned about the low number of child trafficking victims being identified and recommends that the Department expand its practices on the identification of human trafficking victims. (H. Rpt. 110-231, p. 191)

#### Item

***Child Victims of Trafficking*** -- The Committee is troubled by reports that HHS has been hampered by the Department of Homeland Security and the Department of Justice in providing emergency benefits and services to child victims of trafficking. Congress clearly intended in the Trafficking Victims Protection Act of 2000 to allow children to receive assistance regardless of their ability or willingness to participate in an investigation and prosecution of their traffickers. Yet the Committee understands that, in practice, children are often coerced into working with law enforcement because they have contacted HHS for access to services. The Committee expects HHS to use its authority from the Trafficking Victims Protection Act to expedite the determination of eligibility of child victims without delays from law enforcement authorities. (S. Rpt. 110-107, p. 185)

#### Action taken or to be taken

Under the Trafficking Victims Protection Act, minors are not required to cooperate with law enforcement in order to have access to Federal benefits and services. In 2004, HHS signed an MOU with DOJ and DHS that states that HHS will issue an eligibility letter to a minor after a recommendation from DOJ and DHS. HHS issues a letter of eligibility for a child victim within hours of a law enforcement recommendation by DOJ or DHS. HHS is designated as the primary agency responsible for helping victims of human trafficking receive benefits and services and collaboration with DHS and DOJ is a daily programmatic necessity for increasing the identification of child victims of trafficking.

HHS currently funds 18 street outreach grants to organizations engaged in direct and/or community outreach to support identification of human trafficking victims among trafficking vulnerable populations that the organizations are serving. HHS also funds four intermediary contracts that oversee and build the capacity of a local anti-trafficking network. By acting as a focal point for regional anti-trafficking efforts, Rescue and Restore Regional partners encourage a cohesive, collaborative approach intended to identify victims and connect them with services. HHS has conducted extensive awareness efforts through its Rescue and Restore Campaign to increase identification of child trafficking victims. This year we began an “In-Reach” campaign to improve the capacity of HHS in making referrals to law enforcement for the identification of child victims and to expand the capacity of HHS to provide care and services for child trafficking victims.

### **FY 2008 Senate Appropriations Committee Report Language (S. Rpt. 110-107)**

#### Item

***Status of Children Receiving ORR Care*** -- The Committee notes that \$25,000,000 of the funding increase provided for the UAC program is for shelter needs, partly due to an estimated 12 percent increase in the average length of stay in ORR facilities. The Committee is alarmed by this increase and directs the Department to prepare a report that identifies factors contributing to increased shelter costs and delays in the release of children from ORR care. The report should examine such factors as backlogs in background checks, issuance of travel documents and delays in repatriations. The report should also propose cost-effective and expedient solutions to remedy the delays that are costing the Department thousands of dollars in shelter care costs per day. (pp. 185-186)

#### Action taken or to be taken

ORR carefully monitors UAC length of stay in ORR facilities. This issue is very complex and dynamic. Most recently, removal issues and a renewed focus on improving quality of services to UAC children have impacted length of stay.

I. Removal Issues – The procedures for removing a UAC from the U.S. contribute to an increased length of stay.

- In approximately 28 percent of FY 2007 UAC cases, DHS was called upon to execute final immigration judges’ orders of removal, this is a 19 percent increase in the proportion of UAC removed compared to FY 2006.
- The average length of stay for UAC removed to their country of origin in FY 2007 was 68 days, a 33 percent increase in just two years.
- Execution of removals depends on the time needed to arrange transportation and DHS escort of UAC, as well as the time associated with issuing required travel documents by the respective home country embassy/consulate for each UAC.

#### Response to delays related to removal issues

- ORR has a good working relationship with DHS field offices, and is working closely with DHS to improve efficiency of removals.
- ORR has been working with DHS/Detention and Removals (DRO) to schedule regular visits to all consulates that provide travel documents for UAC prior to their return to their country of origin in a

coordinated effort to expedite the issuance of travel documents. Much of our success in this area is dependent on the receiving countries' willingness to participate in the removal process.

- ORR is in discussion with several consulates regarding the use of videoconferencing to expedite the required interviews with each UAC prior to removal and issuance of travel documents by the consulate.
- ORR, in collaboration with the Department of Justice, Executive Office of Immigration Review (EOIR), has installed EOIR videoconferencing equipment in a few remote shelter locations. This allows UAC to participate in immigration hearings from the shelters, making hearings easier to schedule and hopefully reducing the need for continuances.
- ORR and EOIR also have partnered to improve immigration courts' ability to handle the increased flow of UAC cases. In a few districts where the demand for hearings exceeded the number of available judges and led to backlogs, ORR and EOIR have worked to increase the number of juvenile dockets, and to assign judges exclusively to juvenile cases.

II. Improved Quality of Services – ORR has taken steps to ensure that the best interests of children are met and sometimes these steps result in increased length of stay for UAC.

- **Improved background checks** – Over the past two years, ORR has standardized the use of background checks in all facilities and improved the accuracy and comprehensiveness of checks on a child's primary adult sponsor. Currently, all background checks on the primary sponsor include fingerprinting, FBI checks, and criminal background checks, rather than simple internet checks (as was done prior to FY 2007). The enhanced procedures may extend children's stay in ORR facilities, while prospective sponsors initiate the background check process by going to a UAC facility or local police station for fingerprinting. However, these enhanced procedures are critical to ensure the safety and well-being of children released from ORR care.
- **Improved treatment of children identified with complex needs** –When a UAC placement determination is made, all placement options are examined carefully and weighed based on the best interests of the child. New standardized assessment tools and analysis of data reported by shelter care providers has helped better identify children with special needs, revealing a markedly higher number of children with complex mental health needs and trauma histories. As the number of children with identified special needs increases, the need for specialized services (including medical or mental health services) increases and results in a longer stay in ORR care while their problems are addressed.
- **Increase in the number of children in long-term foster care** –In addition, small children, pregnant teens, children with developmental delays, or children whose pending immigration cases are expected to exceed six months may require long-term foster care, where their lengths of stay may be very high. Between FY 2006 and FY 2007, the number of children in long-term foster care increased 16 percent, from 140 to 163; these children had an average length of stay of 368 days in FY 2007.
- **Increase in the number of children with a history of juvenile delinquency** – Due to changes in DHS enforcement strategies, growing numbers of UAC have been apprehended in the interior of the United States. Many of these youth have been present in the U.S. for extended periods of time, and a good number have a history of juvenile delinquency. Such minors require placement in secure or staff-secure facilities. The number of children in staff-secure care rose by 51 percent between FY 2006 and FY 2007 (from 256 to 387), and these children had a 36 percent longer length of stay than those in shelters.
- **Increased access to pro bono legal counsel** – Though ORR is legally barred from using federal funds to pay for legal representation of UAC in removal proceedings before an immigration judge,

ORR has a contract with the Vera Institute of Justice to maximize UAC access to pro bono legal services through outreach and national capacity building and training of attorneys. Children that have access to legal representation remain in UAC program care for longer periods of time while their legal representatives evaluate and pursue their claims for immigration relief. As the number of children working with pro bono lawyers increases, so will length of stay as lawyers work on case preparation, filing of continuances as necessary, and scheduling hearings.

Response to delays related to improved quality of services

- ORR is working with the Executive Office of Immigration Review (EOIR), Department of Justice to facilitate expediting cases on the juvenile docket in geographical areas where ORR has added capacity due to increases in DHS apprehensions.
- ORR is considering ways to complete suitability assessments more efficiently, thereby reducing the impact on length of stay.
- ORR will continue to examine placement options to improve the level of care to UAC without further increasing the length of stay

Item

***Migrant and Seasonal Head Start (MSHS)*** – Since 2001, when the Department released a study documenting that only 19 percent of eligible children were able to access MSHS programs, the Committee has requested that the Secretary come forth with a plan for serving a larger proportion of eligible farm worker children. While the Committee was pleased that \$35,000,000 in fiscal year 2005 expansion funds were made available to serve additional migrant children, the Committee continues to be concerned that the needs of at risk migrant and seasonal farmworker children are not being adequately addressed. The Committee continues to look to the Secretary for a plan that describes how adequate systems are being put in place within the Department to ensure that children of migrant and seasonal farmworkers have adequate access to Head Start programs. (p. 188)

Action taken or to be taken

The Head Start reauthorization act, P.L. 110-134, includes a provision in section 640(a)(3)(A)(i)(II) that would expand enrollment of American Indian/Alaskan Native and Migrant/Seasonal Head Start programs by increasing funding in both programs by up to \$10 million (or 5 percent of any funding increase, whichever is less). Consistent with those requirements ACF will, in FY 2008, initiate efforts to identify barriers that prevent migrant and seasonal children from participating in Head Start. ACF will also determine what the need is for migrant and seasonal Head Start services across the country and will use this information to target the allocation of expansion funds designed to serve additional migrant and seasonal farm-worker families. In FY 2009, the President's budget request will allow ACF to increase migrant and seasonal enrollment by approximately 900 additional children.

Item

***Bus Purchase*** – The Head Start Bureau shall continue to provide the Committee with the number and cost of buses purchased, by region with Head Start in the annual congressional budget justification. (p. 188)

Action taken or to be taken

During the 2006-2007 program year, Head Start programs purchased 383 buses at an estimated cost of \$17,618,000. Specific data on the number and cost of buses purchased by ACF region is provided below:



<b>2006-2007 Program Year</b>	<b># Buses</b>	<b>Cost</b>
Region I	4	\$184,000
Region II	31	1,426,000
Region III	46	2,116,000
Region IV	71	3,266,000
Region V	70	3,220,000
Region VI	60	2,760,000
Region VII	15	690,000
Region VIII	12	552,000
Region IX	12	552,000
Region X	9	414,000
Indians	21	966,000
Migrants	32	1,472,000
<b>TOTAL</b>	<b>383</b>	<b>\$17,618,000</b>

Item

**Compassion Capital Fund** – The Committee is concerned that the compassion capital fund has yet to demonstrate its effectiveness and for this reason has not provided funding for new grants. A program assessment ratings tool [PART] review conducted in 2006 gave the program a rating of “Results Not Demonstrated.” In addition, the Committee notes that the program lacks baseline data for its performance measures and therefore it is not possible to determine the CCF’s effectiveness. The Committee understands that ACF is conducting a multi-year evaluation of the program to be completed in 2008. The Committee will consider funding increases for the program when the results of the evaluation are available. (p. 188)

Action taken or to be taken

The Compassion Capital Fund program was implemented in 2002 to help faith-based and community organizations increase their effectiveness and enhance their ability to provide social services by building their organizational capacity. As a new federal program, CCF grantees and federal staff were charged with implementing the program, determining the benchmarks to measure program effectiveness, and collecting the data necessary to establish the required benchmarks to link the new program to performance outcomes. At the time of the PART review in 2006, the first CCF grantees had only recently completed their projects. Much of the data from those projects was not available to inform the PART review. As such, the 2006 PART assessment of "Results Not Demonstrated" for the CCF program was not based on a review of a fully-implemented program that took into consideration a baseline for program operations, had identifiable program targets or could demonstrate comparable program outcomes.

In support of the outcome-focused framework supported by the Program Assessment Rating Tool, ACF has worked to establish PART performance targets for the CCF program, and has committed to conducting annual assessments to compare program outcomes to these targets with the goal of monitoring program operations so as to demonstrate program results. Baseline data for the CCF was published in April 2007.

Additionally, ACF has completed two studies of the CCF program. The first study, "Findings from a Retrospective Study of Faith-Based and Community Organizations (FBCOs): An Assessment of the Compassion Capital Fund," was published in June 2007. In this study, an independent evaluator surveyed 125 faith-based and community organizations from the first year of the program through the end of their grant. The survey found that more than 88 percent of FBCOs reported that the CCF services contributed

“somewhat” or “to a great extent” to improving their organizational capacity, improving the level or quality of their services, and improving the outcomes for their participants. Nearly 80 percent reported that the assistance the organization received through CCF resulted in improving their financial stability. This study can be found on the ACF website at this location:

[http://www.acf.hhs.gov/programs/ccf/surveys/retrospective/retrospective\\_page1.html](http://www.acf.hhs.gov/programs/ccf/surveys/retrospective/retrospective_page1.html).

Results from the second study, also conducted by an independent evaluator, show similar findings. Results from this study will be posted to the ACF website during Spring 2008.

Item

***Consolidated Runaway and Homeless Youth Program*** – The Committee is concerned that the Department has not published a report on promising strategies to end youth homelessness, as required by the Runaway, Homeless, and Missing Children Protection Act of 2003. The Committee urges the Secretary to release the report to Congress within 6 months of enactment of this act. (pp. 188-189)

Action taken or to be taken

The Secretary submitted the report to Congress on June 27, 2007.

Item

***CSBG Training and Technical Assistance B*** The Committee is aware that the Government Accountability Office [GAO] has found severe deficiencies in the Office of Community Services= [OCS] oversight of the CSBG. A GAO review found that OCS lost 2 year=s worth of key documents relating to State monitoring visits, sent monitoring teams without the necessary financial expertise to States, and did not use performance data or audit findings to target its monitoring resources toward high risk States. The review also found that training and technical assistance funds were used to support Federal staff in OCS and that 60 percent of the funding was used for a variety of grants unrelated to assisting local agencies with problems. The GAO reported OCS has ignored the Committee=s direction from the fiscal year 2005 appropriations conference report to implement a training and technical assistance needs assessment and delivery plan in consultation with CSBG State and local eligible entities. The Committee believes the Secretary must make better use of funds reserved for training and technical assistance by ensuring that the funds are provided solely to State grantees, local eligible entities, or their State, regional, and national associations for the purpose of expanding their capacity to achieve the purposes of the act effectively. While some share of these resources should be available to assist State and local agencies to correct deficiencies, the primary purpose of such funding should be to build the organizational and programmatic resources needed to reduce poverty and rebuild communities. The Committee believes that this funding is not intended for support of Federal administrative expenses. The Committee directs that OCS report to the Committee the results of training and technical activities at the end of each grant period. Funding for fiscal year 2008 should support, but not be limited to, a system for rating the quality and effectiveness of training and technical assistance activities and providers; a program of technical assistance for establishing and assessing voluntary local agency benchmarks for high performance; and a system for providing effective responses to needs identified by monitoring or corrective action plans. (pp. 195-196)

Action taken or to be taken

ACF will provide the report requested at the end of FY 2009.

**FY 2008 House Appropriations Committee Report Language (H. Rpt. 110-231)**

Item

***Unaccompanied Minors Expenditures*** -- The Committee supports the Department=s efforts to provide medical service that meet quality standards for the children under its care. The Committee directs the

Department to provide the Committee a report on expenses incurred in fiscal years 2007 and 2008 and what it expects to incur in fiscal year 2009 delivering routine, emergent, and emergency mental and physical medical services to UAC. (p. 192)

Action taken or to be taken

UAC Medical Services spending for FY 2007-2009:

	<b>FY 2007 Actual</b>	<b>FY 2008 Projected</b>	<b>FY 2009 Projected</b>
Medical Services	5,360,000	5,787,800	6,020,000
Catastrophic Medical	-	2,500,000	2,500,000
<b>Total</b>	<b>5,360,000</b>	<b>6,208,000</b>	<b>8,520,000</b>

Medical Services include the costs of routine health assessments and basic medical care.

Catastrophic medical services include treatments and appropriate medical interventions in response to serious diseases and life-threatening illnesses or injuries.

Item

**Head Start** -- The Committee recognizes that a recent study showed that children who participated in early Head Start had a higher cognitive development score, demonstrated a higher level of social-emotional development, a higher vocabulary, and higher rates of immunization than children not enrolled in early Head Start. The Committee further recognizes that only 2 percent of children eligible for early Head Start are currently served by this program. Therefore, the Committee urges the Office of Head Start to consider its value to children, families, and our communities and increase the level of funding available for grants for early Head Start programs. (p. 194)

Action taken or to be taken

ACF will, consistent with the provisions of Section 645(a)(5) of the Head Start Act, as reauthorized by the “Improving Head Start for School Readiness Act of 2007” (P.L. 110-134), develop policies that will allow grantees to propose, within their current Head Start funding allocation, converting pre-school enrollment slots to enrollment slots for infant and toddler age children. When enrollment slots are converted from pre-school to Early Head Start this will result in a reduction in the total number of children receiving Head Start services because the cost of serving a child in an Early Head Start program is approximately 50 percent higher than the costs of serving a pre-school age child.

Item

**Runaway Prevention** – The Committee supports the Department’s efforts to place greater emphasis on runaway prevention activities under the RHYA program. The Committee encourages the Secretary to explore additional methods to promote and expand these prevention efforts. (p. 194)

Action taken or to be taken

Prevention has always been a keystone of Runaway and Homeless Youth (RHY) programs, administered by the Family and Youth Services Bureau (FYSB) in ACF. During recent years RHY programs have increased their emphasis on prevention of running away and other risky behaviors, with further innovations in development.

- During FY 2007, FYSB published the Report to Congress, “Promising Strategies to End Youth Homelessness,” which discussed causal, intervention, and preventive factors. ([www.acf.hhs.gov/programs/fysb/content/docs/reporttocongress\\_youthhomelessness.pdf](http://www.acf.hhs.gov/programs/fysb/content/docs/reporttocongress_youthhomelessness.pdf)).
- Transitional Living (TLP) program residencies for homeless older youth are intended to prevent chronic and adult homelessness in the youth’s future. As mandated by the Runaway and Homeless Youth Act, FYSB has engaged an independent research organization to measure and assess long term outcomes for TLP youth, such as appropriate housing, education completion, and employment success, all of which prevent homelessness and dependency. Development of measurement instruments and selection of research sites are well underway.
- On September 30, 2007, OMB renewed the approval for the Runaway and Homeless Youth Management Information System (RHYMIS), including new prevention measurements being added for baseline measurement for the Basic Center Program (BCP).
- The National Runaway Switchboard receives around 100,000 calls each year, mostly from youth in crisis. These youth are often seeking counseling or assistance either before they run away or after they are in the street. Parents and guardians frequently call the hotline for advice. In 2006, 12% of the calls were from youth “contemplating running away.” Switchboard counselors can engage the youth, direct them to appropriate services and shelter (e.g., a nearby BCP), or help them safely return home.
- The Basic Center Program has traditionally permitted qualified and accountable BCP agencies to engage in community outreach activities, drug abuse education/prevention/ treatment services and street-based and home-based (including family-centered) services, all of which seek to be preventive by helping to resolve crises in family dynamics and other issues before youth run away or are kicked out of their homes (“thrown away.”) Counseling, life skills development and other services for youth already in emergency shelters have an important role in preventing future episodes of running away.
- The Street Outreach (SOP) program connects with and helps youth who are already living on the street. The longer a youth remains on the street or without suitable shelter, the higher the risk for chronic homelessness and other dysfunctions. SOP provides nutrition and other immediately needed resources to the youth and urges them to seek emergency shelter. While in a BCP or other youth shelter, services can prevent further risk-taking and reunify the family, if this is in the youth’s best interest.
- Transitional Living (TLP) Programs help homeless youth avoid a lifetime of homelessness, dysfunction, and dependence through residencies that support education, training, counseling, life skills, mental health and other positive developmental factors.

Item

***Community-Based Abstinence Education*** -- The Committee urges the Administration for Children and Families (ACF) to utilize the set-aside to ensure that programs around the country are using appropriate and approved curricula that are evidence-based and comply with the appropriate Federal legislation. To that end, the Committee requests ACF to issue a report to the Committees on Appropriation of the House and Senate no later than 90 days after enactment of this Act on the use of the 5 percent set-aside and the intended use of the fiscal year 2008 funds. The Committee also requests ACF to include in this report the funds from the national abstinence education campaign that are being used for training and technical assistance. The Committee reinforces the guidance from its report accompanying the fiscal year 2005

appropriation with respect to the abstinence messages given by the public health entities that are grantees in the community-based abstinence education program and to the conduct of evaluation activities for the program. (p. 202)

Action taken or to be taken

The requested information on ACF use of the technical assistance and capacity-building set-aside in fiscal year 2007 and the planned use in fiscal year 2008 is shown below. No funds from the National Abstinence Education Campaign have been used for training and technical assistance.

Task	FY 2007	FY 2008
<p><u>Task #1 – Capacity Building and Technical Assistance</u></p> <p><b>Continuation and Modification of Contract with National Capacity Building Organization</b> – ACF competitively awarded a contract to provide support to grantees in five broad areas – sound business practices, compliance with federal law, integrating the latest medical and scientific findings, communicating clearly with constituent groups, and program evaluation. The contractor has delivered this training through a number of means, including a national grantees workshop, regional workshops, web casts, conference calls, and TA workshops. Hundreds of grantees and their staff have attended at least one of these training sessions.</p> <p><b>Peer Networking Technical Assistance Project</b> – This project will provide networking opportunities between grantees and other organizations. It will provide the logistics to allow one group to connect with another group for TA purposes. For example, a grantee that is seeking to collaborate with a healthy marriage or responsible fatherhood program in the local community could receive consultation and guidance from an abstinence education grantee that is already collaborating with those partners in a different community.</p>	<p>\$1,960,242</p>	<p>\$1,930,256</p> <p>\$710,000</p>
<p><u>Task #2 – Targeted Technical Assistance Projects</u></p> <p><b>Centers for Groups at High Risk for Out-of-Wedlock Pregnancies</b> – Through this project, site visits were made to abstinence education providers to research replicable practices for reaching high-risk populations. Technical assistance has been provided to other abstinence education grantees based on observations made.</p> <p><b>Reaching Youth In Schools</b> – ACF will encourage partnerships at Federal, State and local levels so that more youth can be reached with abstinence education in schools. TA funds will be used to align abstinence education with state health guidelines to make in-roads at teacher conferences and establish best practices at the local levels, including developing partnerships with schools and school systems.</p> <p><b>International Youth Leadership Development Program</b> – ACF will seek to partner with USAID or other international agencies for International Youth Peer Leadership Program. Youth leaders from CBAE programs and youth leaders from the President’s Emergency Plan for Aids Relief prevention programs will meet to exchange multicultural best practices for peer abstinence education. In addition, the peer leaders will educate and inform the community about the cross-cultural programs.</p>	<p>\$309,417</p>	<p>\$650,000</p> <p>\$650,000 (25 youth leaders will participate)</p>

Task	FY 2007	FY 2008
<p><u>Task #3 – Technical Assistance Related to Evaluation</u></p> <p><b>Center for Research and Evaluation on Abstinence Education</b> – ACF partnered with ASPE to fund the Center for Abstinence Education Research and Evaluation to conduct a needs assessment to identify gaps in abstinence education evaluation and technical assistance needs and to develop technical resources to meet those needs.</p> <p><b>Public Education Study</b> – A survey was conducted to assess public knowledge of and attitudes toward abstinence and abstinence education. The survey covers topics including parent-child relationships and communication, sexual values, and sources of messages on sexual values and health.</p> <p><b>Online Data Collection</b> – ACF started developing an Online Data Collection (OLDC) System in FY 07 to assist with abstinence education data collection. OLDC will continue assisting FYSB in collecting information from CBAE grantees on core measures of program effectiveness, including initiation and discontinuation of sexual activity among program participants. This data will be used to improve program information and efficiency.</p>	<p>\$525,000</p> <p>\$1,321,817</p> <p>\$83,360</p>	<p></p> <p></p> <p>\$200,000</p>
<p><u>Task #4 – Training, Travel and Communications</u></p> <p><b>Site Monitoring and Logistical Support</b> – Funds will be used to support monitoring CBAE grantees and conducting program analysis. The project will provide for 24 site visits every year. Technical assistance may be provided based on results of site visits or program analysis.</p>	<p>\$994,576</p>	<p>\$1,027,950</p>
<p><u>Task #5 – Curricula Review</u></p> <p><b>Surveys of Abstinence Education Curricula and Comprehensive Sex Education Curricula</b> – ACF competitively awarded a contract to study the abstinence education curricula regarding the extent to which the curricula are compliant with federal abstinence education guidelines. Once the contractor reports the results of its work, ACF will use the information to provide focused technical assistance to grantees and help them utilize compliant curricula.</p> <p><b>Medical Accuracy Review</b> – Funds will be used to review curriculum used by grantees to ensure medical accuracy</p>	<p>\$498,954</p>	<p></p> <p>\$500,000</p>
<p>Total</p>	<p>\$5,693,366</p>	<p>\$5,668,206</p>