



**Providing Comprehensive, Integrated Social Services to  
Vulnerable Children and Families:  
Are There Legal Barriers at the Federal Level to Moving Forward?**

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**Part of the Cross-Systems Innovation Project of the National Governors  
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## Preface

This paper was written as part of a collaborative effort between the National Governors Association Center for Best Practices (NGA), the Center for Law and Social Policy (CLASP), and the Hudson Institute (Hudson). Funded by the Annie E. Casey Foundation, the purpose of the “Increasing State and Local Capacity for Cross-Systems Innovation” project is to gain a clearer understanding of the flexibility, opportunities, and barriers that exist under current federal law with respect to cross-program integration both within human services programs and across the welfare and workforce systems. Working in consultation with state and local officials, the partner organizations developed three models of cross-system integration focusing on comprehensive services for children and families; integration of the Workforce Investment Act (WIA) and Temporary Assistance for Needy Families (TANF); and benefits simplification. The components of these models were then analyzed to determine whether current federal laws or regulations permitted, prohibited, or hindered the implementation of the models. This paper represents the findings of the analysis of the model for providing comprehensive services to children and families. The analysis and conclusions contained in this paper are those of the author and do not necessarily reflect the views of all the partner organizations.

The other papers produced under this project to date are:

- “Integrating TANF and WIA Into a Single Workforce System: An Analysis of Legal Issues,” by Mark H. Greenberg (CLASP), Emil Parker (consultant), and Abbey Frank (CLASP).
- “Aligning Policies and Procedures in Benefit Programs: An Overview of the Opportunities and Challenges Under Current Federal Laws and Regulations,” by Sharon Parrott and Stacy Dean of the Center for Budget and Policy Priorities (CBPP).

## Why Develop an Integrated Approach to the Delivery of Social Services?

Over the past several years, social service providers have increasingly recognized that families seeking assistance often face multiple, complex needs and that they require the services of more than one program. For example, Temporary Assistance to Needy Families (TANF) workers who have focused on helping move clients into jobs, often find that in addition to needing basic job skills, their clients may face substance abuse, domestic violence, or mental health issues that interfere with successfully obtaining and keeping a job.<sup>1</sup> Child welfare workers are increasingly recognizing that in addition to mental health, substance abuse, and domestic violence challenges, their clients frequently

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<sup>1</sup> Hutson, R., *A Vision for Eliminating Poverty and Family Violence: Transforming Child Welfare and TANF in El Paso County, Colorado* (hereafter referred to as: “*Eliminating Poverty & Family Violence*”) Center for Law and Social Policy, Washington, DC: 2003 available at [http://www.clasp.org/DMS/Documents/1043875845.58/El\\_Paso\\_report.pdf](http://www.clasp.org/DMS/Documents/1043875845.58/El_Paso_report.pdf); See also, Zedlewski, S., *Snapshots of America’s Families: Work and Barriers to Work among Welfare Recipients in 2002*, Urban Institute, Washington, DC: 2003 available at [http://www.urban.org/UploadedPDF/310836\\_snapshots3\\_no3.pdf](http://www.urban.org/UploadedPDF/310836_snapshots3_no3.pdf).

need economic supports and assistance to more effectively manage their lives and provide adequate care for their children.<sup>2</sup>

In order to access the range of services they need, these families must often go to multiple locations and interact with a range of rules and regulations and a variety of caseworkers and case plans. Some caseworkers may have inconsistent expectations and obligations in different case plans or programs may conflict.<sup>3</sup> In addition, agencies often face limitations (actual or perceived) on the type of services they can fund. The fragmentation and complexity of such service delivery makes it extremely difficult, if not impossible, for many families to obtain the services they need. Ironically, the most vulnerable families, those who need the most help, are the least likely to be able to navigate such a complex, fragmented “system.” Thus, a number of states and localities have begun experimenting with ways to provide a more family-centered, seamless service delivery system, a system that offers a broad continuum of services and tailors these services to the strengths and needs of individual families.<sup>4</sup>

The goal is generally to provide services and supports to families to help them move towards greater independence while promoting the health and well-being of all family members. The service array is intended to focus not only on immediate, crisis needs of families, but also to provide prevention and early intervention services that help families avoid reaching a crisis.

### **What Does an Integrated Social Services System Look Like?**

There are a variety of ways to integrate social services across programs, but five components are generally present when integration is sought. These components may vary in emphasis and may be approached in different ways, but they seem to be core components to integrated systems of social service delivery.

#### **Single Point of Entry**

The first element of most models of integrated service delivery is a single point of entry for families. The notion here is that “there is no wrong door,” that wherever a family first interacts with the social services system, family members can be connected to a broad range of services.

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<sup>2</sup> See, Hutson, *Eliminating Poverty & Family Violence*.

<sup>3</sup> Geen, R., Fender, L, Leos-Urbel, J., & Markowitz, T., *Welfare Reform’s Effect on Child Welfare Caseloads*, Urban Institute, Washington, DC: 2001 available at [http://www.urban.org/UploadedPDF/310095\\_discussion01-04.pdf](http://www.urban.org/UploadedPDF/310095_discussion01-04.pdf).

<sup>4</sup> See, Ragan, M. *Building Better Human Service Systems: Integrating Services for Income Support and Related Programs*, The Nelson A. Rockefeller Institute of Government, Albany, NY: 2003; *Planning Guide to Coordinate CalWORKS and Child Welfare Services*, California Center for Research on Women and Families, Berkeley, CA: 2002 available at <http://www.ccrwf.org/calworks/pdf/PlanningGuideFinal.pdf>; Hutson, *Eliminating Poverty & Family Violence*.

## **Comprehensive Family Assessment**

A second element involves a comprehensive assessment of the family's needs in order to develop an appropriate service plan. This may mean a preliminary screening of all family members, followed by a more intensive assessment of particular concerns identified in the screening. Alternatively, comprehensive assessments may be initiated for all family members from the outset. The goal is to identify the strengths and needs of a family early on and connect them with relevant services and supports as quickly as possible.

## **Joint Case Planning**

A third component of many cross-program integration models involves a single case plan or service plan for the family and a primary caseworker who coordinates with a multi-disciplinary team made up of staff from all relevant programs. Alternatively, a family may have more than one plan, but the plans are jointly developed across programs, with input from the family, so that the resulting plans are complementary, not conflicting. Under such circumstances, the family generally has a primary caseworker or team member who ensures that the plans are coordinated.

## **Co-Location**

Co-location of services is often a fourth element of integrated service delivery. This enables a family to obtain all needed services at a single location. When co-location is not feasible, it becomes important that the case manager or some other member of the family's team ensure that referrals are made and received and that the family can access services at other locations. Facilitating coordinated services in such situations often requires the provision of ongoing contact with and support for the family.

## **A Sense of Partnership**

A fifth element of cross-program integration is often a new way of doing business for staff. As the previous components indicate, staff's day-to-day interactions with families under integrated models of service delivery differ from the more typical fragmented, "silo," or "stove-pipe" program-specific model. Rather than trying to determine if a family meets the requirements to participate in a program, staff work with the family to determine what the family needs and then look to what programs and funding streams are available to address those needs.

Staff interactions across programs also differ in an integrated model. Staff need cross-training and knowledge about the variety of services and supports available to families, not just those available in their program. Staff need to share information, but do so in a way that is respectful of families' privacy. Staff from different programs and agencies also share accountability and joint responsibility for the success of the families they serve and for compliance with relevant statutes, regulations, and policies. The traditional boundaries and "turf" lines no longer apply.

## **What Programs Could be Included in an Integrated Social Services Model?**

While states and localities may choose to coordinate or integrate a variety of programs in different ways, this paper cannot explore all potential combinations of service delivery. In consultation with state and local administrators and other experts in the field, NGA, Hudson, and CLASP agreed upon a critical set of programs we felt many states and localities are attempting to coordinate or considering coordinating. These programs fall into four basic clusters:

**(1) Programs that provide basic income and other economic supports** [e.g. Temporary Assistance for Needy Families (TANF), Food Stamps, and Child Support];

**(2) Programs and funding streams that provide services to meet the other basic needs most families have** [e.g. Medicaid, State Children’s Health Insurance Program (SCHIP), and the Child Care and Development Fund (CCDF)];

**(3) Programs that provide more specialized services and supports to families who need them** [e.g. the Substance Abuse Prevention and Treatment Block Grant (Substance Abuse Grant); the Mental Health Services Block Grant (Mental Health Grant); the Family Violence Prevention and Services grant (Family Violence Grant); the Child Abuse Prevention and Treatment Act grants (CAPTA Grants); the Child Welfare Services grant (Child Welfare Services Grant); the Promoting Safe and Stable Families grant (PSSF Grant) and the Foster Care and Adoption Assistance program (Foster Care and Adoption Grants)]; and

**(4) Funding streams that provide a wide range of services and can often serve as “glue money” in patching together a comprehensive set of services for a family** [e.g. the Community Services Block Grant (CSBG) and the Social Services Block Grant (SSBG)].<sup>5</sup>

A brief description of these programs is found in Appendix I. There are certainly other programs or funding streams that could be included in an effort to provide integrated social services to vulnerable families, but these appear to be the ones states and communities are most interested in bringing together at this time.

## **What Are the Challenges to Developing Integrated Social Services?**

As various states and localities experiment with different models of providing more comprehensive, integrated services, many questions and concerns arise. Some argue that there are too many rules and regulations, many of which are inconsistent. Others argue that there is little flexibility about who can be served in what ways. There are questions

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<sup>5</sup> In many ways, it would be more appropriate to categorize TANF in this last group since the program now provides a wide range of services in addition to basic income support. However, since many people still think of TANF in terms of cash assistance, we initially include it in that category.

about who can and should administer programs and provide services (e.g. public agencies versus non-profit organizations). There are often concerns that attempting to meet a family's multiple needs will result in a failure of the state or locality to meet performance indicators in particular programs that are primarily focused on meeting only one or two of the family's needs.

In general, the questions and concerns about integrating social services fall into four general categories: (1) legal issues, (2) information systems challenges, (3) concerns about performance indicators, and (4) managerial or administrative issues.

### **Legal Issues:**

- What funds are available to support various components of the model (e.g. assessment, services delivery, personnel costs, training, and mechanisms for sharing information)? How can funds be combined to meet a family's multiple needs?
- Who is eligible for what services and supports? What eligibility review is required? Does the review become more complicated if funding streams and programs are combined?
- What about confidentiality? Are there statutes, regulations, or policies that prevent information gathered by a worker in one program from being shared with workers in other programs?
- How are costs to be allocated when funds from a variety of funding streams or programs are used jointly? For example, if cross-training is provided to staff from five different programs, which programs pay for what part of the training?
- How do requirements about Management Information Systems help or hinder the integration of services for families? How do cost allocation requirements impact the ability to develop joint MIS structures?
- How can waiver authority facilitate cross-program integration where barriers exist?

As illustrated by these questions, legal issues often focus on what funds can be utilized for cross-program activities and how costs are to be allocated among the relevant programs. There are also issues related to differing eligibility requirements and how those eligibility requirements apply when multiple funding streams are being used. In the social services arena, questions about confidentiality can hinder the type of information sharing that is critical to providing families with an appropriate set of services to address the particular needs of each family.

### **Information System Challenges:**

- How can existing information systems be used to promote coordination and integration across programs? For example, can the systems in relevant programs interface with each other to share information? Can they work together to facilitate reporting of all required data?

- Is there a single information system that can be used to determine eligibility for relevant programs and track individual and family progress towards desired goals?
- If the information systems do not facilitate coordination and integration, can new systems be developed and implemented? Can problems in existing systems be worked around?
- Can confidentiality be protected as needed while utilizing the information system(s)?
- Are there adequate resources to re-program information systems in ways that facilitate integration?

Information system challenges often arise when information systems from different programs fail to interface efficiently. For example, a state may have one information system for its child welfare program and another for its cash assistance program, so that workers cannot tap into a single system to find out if the families they are working with are in both systems. Workers may be required to enter information repeatedly to determine eligibility for a variety of programs if the system is not designed to determine eligibility based on a single set of data entered into an integrated information system. Similarly, a worker may have to enter data repeatedly if the systems cannot work together to extract the required data elements that must be reported.

#### **Concerns Raised by Performance Indicators :**

- How do the performance goals for various programs encourage or discourage cooperation and integration across programs?
- To what extent are the performance indicators for relevant programs consistent?
- What services and activities get fewer resources and less attention because performance indicators do not measure them?

Performance indicators may also impact a state's or locality's ability to integrate across programs. Some indicators may discourage a program from working with other programs to serve certain families. For example, the child support agency hoping to perform well on child support indicators measuring child support collections may find it difficult to allocate resources to conduct outreach to unemployed fathers or to establish domestic violence protocols that make it easier for a woman to disclose domestic violence and pursue child support collection more safely. On the other hand, some performance indicators may encourage coordination and integration. A child welfare agency seeking to shorten its average duration of stay in foster care may be inclined to work closely with the local substance abuse treatment agency so that substance abuse issues in child welfare families can be more quickly addressed.

#### **Managerial or Administrative Issues:**

- Who will administer the services in an integrated model?

- Will a single caseworker conduct an assessment or will the assessment be conducted by a multi-disciplinary team?
- Will families have a primary caseworker despite their involvement in multiple programs and services?
- Will services be co-located so that families receive services in a single place? If co-location is not feasible, what structural or procedural components can be put in place to ensure that service delivery is seamless?
- What is the appropriate level of expertise needed by any given worker for the integrated model to work?
- Will there be joint case plans (e.g. a single plan for all programs in which the family participates) or is joint case planning sufficient (e.g. multiple plans that are complementary, not conflicting)?
- How will the use of funds be tracked and reported? What mechanisms are needed to ensure that relevant reporting requirements are met when multiple funding streams are utilized?
- What decision-making provisions are needed to determine whether the benefits of using a funding stream for a particular purpose outweigh the “costs” of using that funding stream? In other words, when do the costs of fulfilling the reporting requirements, meeting the performance indicators, and complying with the requisite cost allocation methodologies outweigh the costs of using a particular funding stream?

There are a range of managerial and administrative challenges to integrating different programs. Some of these challenges involve developing mechanisms to comply with relevant legal provisions. The challenges also include coping with inadequate or unsuitable resources and modifying or applying sometimes conflicting operational requirements and policies. Often workers in different programs approach families from different perspectives (e.g. protecting the child from the parent versus helping the parent overcome a problem that might endanger a child). These “cultural” differences often create resistance to change. There may also be political considerations that interfere with coordinating programs.

To address all four categories of challenges to cross-program integration, state and local policy makers and administrators must have a thorough understanding of the existing programs and systems. This understanding must be both legal and practical. Implementation of an integrated child and family services delivery system, in the face of these challenges, requires vision and creativity.<sup>6</sup>

The purpose of this paper is to assess the concern that federal law (statutory and regulatory), in particular, creates barriers to effective collaboration and integration across programs. This paper will examine potential barriers arising from *federal law*. State laws and policies may also create barriers in particular states.<sup>7</sup> Policy makers and

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<sup>6</sup> Hutson, *Eliminating Poverty & Family Violence*.

<sup>7</sup> For example, El Paso County, Colorado, has an integrated child and family services delivery system. However, the flexibility to use TANF to fund child care is limited by a state statute that requires the County to develop an Individual Responsibility Contract for a family when TANF funds are used directly to

administrators at the state and local level will need to undertake an analysis of state laws, regulations, policies, and procedures to determine whether changes need to be made to facilitate integration. We hope that the analysis here can serve as a template for the analysis needed at the state level.

### **Does Federal Law Create Barriers or Obstacles to Cross-Program Integration?**

Our legal analysis of federal law focuses on five areas. First, does federal law restrict what services and supports can be provided? This question involves an analysis of the purposes of the programs and the allowable uses of funds. Second, does federal law restrict who can be served in an integrated model? This question requires an examination of federal eligibility requirements.<sup>8</sup> Third, does federal law interfere with information sharing across programs? This question involves an analysis of federal confidentiality provisions. Fourth, does federal waiver authority facilitate cross-program integration? Finally, how problematic is cost allocation? In a separate component of the project we consider whether federal cost allocation provisions create barriers to integrating and coordinating services.<sup>9</sup>

### **What Funds Can Be Used for What Services and Supports?**

Our review of the statutes, regulations, and policy guidance on the programs and funding streams described above revealed significant support for combining services to provide more comprehensive, integrated services to families. First, most of the programs and funding streams require some coordination with at least one, and often many, of the other programs. For example, CSBG plans require states to certify that funds will be used “to make more effective use of, and coordinate with, other programs related to the purposes of . . . [CSBG].”<sup>10</sup> Similarly, the Substance Abuse Block Grant requires states to “coordinate prevention and treatment activities with the provision of other appropriate services (including health, social, corrections and criminal justice, educational, vocational rehabilitation, and employment services).”<sup>11</sup> Likewise, the Child Welfare Services Grant, the PSSF Grant, and the Foster Care and Adoption Grants require states to coordinate the programs under these grants and to coordinate with TANF and SSBG programs.<sup>12</sup> Finally, CCDF requires coordination between child care agencies, public health agencies,

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purchase child care. As a result, the County transfers the maximum amount permitted to CCDF to provide child care without the bureaucratic strings imposed by the state. Hutson, *Eliminating Poverty & Family Violence*.

<sup>8</sup> The eligibility issues are addressed briefly in this paper, but are discussed in more detail in the paper on benefit simplification and joint application processes. Parrott, S., & Dean, S., *Aligning Policies and Procedures in Benefit Programs: A Legal Analysis of Opportunities and Challenges* (hereafter “*Aligning Policies & Procedures*”), Center on Budget and Policy Priorities, Washington: DC, *forthcoming*.

<sup>9</sup> We choose to look at this issue separately because it was an issue that cut across all three models addressed by the Cross-System Innovations project. Jennifer Noyes of the Hudson Institute is coordinating this analysis.

<sup>10</sup> 42 U.S.C. § 9908.

<sup>11</sup> 45 C.F.R. § 96.132.

<sup>12</sup> 42 U.S.C. § 622(b)(2); 42 U.S.C. § 629b(a)(3); 42 U.S.C. § 671(a)(4).

TANF agencies, agencies providing employment and workforce development services, and education agencies.<sup>13</sup>

In addition to requirements for coordination, our analysis revealed a significant confluence of general purposes and goals across programs and funding streams. This commonality of purpose can facilitate the integration of social services in states and localities. Several programs and funding streams are broadly targeted at reducing poverty, increasing families' independence, and enhancing child well-being in some fashion (e.g. CSBG, SSBG, and TANF). Other programs are specifically targeted at a particular barrier (e.g. Food Stamps addressing hunger). The remaining programs fall somewhere in between. They are targeted at a particular barrier (e.g. substance abuse, mental health, domestic violence, or child maltreatment) but permit (or require) states and localities to address the particular barrier through a broad range of services that may also address other barriers.<sup>14</sup>

Appendix II summarizes the manner in which funds from the selected programs and funding streams can legally be used. The left-most column lists each of the programs or funding streams. The remaining columns each represent a set of services and supports that we have labeled a function. The cells in the table indicate whether or not the funds from the program in a particular row can be used for that function. Several very important caveats are in order and these caveats are noted in the Appendix.

As Appendix II illustrates, the use of monies from several of the programs and funding streams is fairly restrictive. For example, maintenance payments and adoption subsidies available under the Foster Care and Adoption Grants cover very limited functions. Funding is essentially available to pay the room and board costs of very poor children in foster care and certain children who have been adopted from foster care.<sup>15</sup> In addition to room and board, subsidies for adoption may contain additional funds to cover the costs of

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<sup>13</sup> 45 C.F.R. § § 98.12 & 98.14(a).

<sup>14</sup> For example, the Substance Abuse Grant is aimed at the prevention and treatment of substance abuse. The regulations explain, however, that a state receiving the grant must: "ensure that, at a minimum, treatment programs . . . also *provide or arrange for* the provision of the following services . . . :

- (1) primary medical care for women, including referral to prenatal care, and, while the women are receiving services, child care;
- (2) primary pediatric care, including immunizations, for their children;
- (3) gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care while the women are receiving these services;
- (4) therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual or physical abuse, and neglect; and
- (5) sufficient case management and transportation to ensure that women and their children have access to services provided by paragraphs . . . (1) through (4) (*emphasis added*).

45 C.F.R. § 96.124(e).

<sup>15</sup> The definition of "Administrative services" under Title IV-E of the Social Security Act is considerably broader than under most programs. There is a limited availability to obtain federal reimbursement for "child placement services"—which can include things like the cost of recruiting foster or adoptive parents and sometimes, under certain circumstances, providing services that avoid a foster care placement. However, this is a very complicated area of the law, the analysis of which is beyond the scope of this paper.

services to address the child's special needs. However, the total amount of the subsidy cannot exceed the foster care payment rate the child would have received if still in foster care. Thus, the Foster Care and Adoption Grants are of limited use in providing comprehensive, integrated services.

On the other hand, most of the programs and funding streams are flexible enough to provide families with a wide range of services. For example, funding from all but three of the programs or funding streams can be used to conduct assessments. Similarly, eleven of the programs or funding streams can be used to provide child care, under certain circumstances. A different eleven programs are potential funding sources for job training, advancement, or retention services. Twelve funding streams or programs can be used to provide family support services and thirteen can be used to provide services to prevent child abuse and neglect in certain situations. Together these funding streams and programs provide the opportunity to offer comprehensive, integrated services to vulnerable children and families.

For example, states and localities can blend funding from various programs to conduct a comprehensive assessment of individuals and families. If the assessment reveals a need for a mother to receive substance abuse treatment, the state or locality can look to the following funding sources to provide needed treatment and services: the Substance Abuse Block Grant, CSBG, and SSBG. Depending on the family's income, the state or locality can also look to TANF and Medicaid. If the mother is also struggling with mental health issues, the Mental Health Block Grant might be available to provide the needed substance abuse treatment, as well as mental health treatment. If children in the family are at risk of maltreatment because of the substance abuse, funds from CAPTA, the Child Welfare Services Grant, and the PSSF Grant might be available to provide the needed services.

If the mother needs child care while she participates in treatment, the state or locality can look to the Substance Abuse Grant, SSBG, and CSBG for funding. Depending on the family income, CCDF and TANF might also be available. If the mother faces mental health issues, the Mental Health Block Grant might be tapped to provide child care. If issues of abuse and neglect are of concern, funds from CAPTA, the Child Welfare Services Grant, and the PSSF Grant might be available.

As the above example indicates, there is a great deal of *legal flexibility* to help families by tapping and combining various programs and funding streams. Between the programs and funding streams that have broad purposes and those that have narrower purposes, but wide latitude in methods to achieve the purposes, there are, *from a legal perspective*, a number of very flexible sources of funding. The funds in these programs can be used to package services and supports in a comprehensive fashion. Funds from these programs can be used to fill gaps in a particular state's or locality's service array. In addition, two programs, TANF and SSBG, have the authority to transfer a portion of their funds to other programs.<sup>16</sup> Thus, we conclude that federal restrictions on the use of funds do not create significant obstacles or barriers to cross-program integration.

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<sup>16</sup> Under TANF, up to 30 percent of the funds can be transferred to CCDF or to SSBG. 42 U.S.C. § 604. There is a further limit on the transferability to SSBG, which is currently 10 percent. Although the statute

However, the fact that a state or locality can legally pay for a service with a particular funding stream may not provide much *practical flexibility*, if the state or locality is already using those funds for other crucial services. Similarly, different funding streams or programs may be under the control of different agencies that identify different priorities. Additionally, states and localities may be hesitant to utilize funds in innovative ways for fear that an audit will come to a different conclusion about the allowable use of funds.

CAPTA provides an example of these practical challenges. The authorizing legislation for the CAPTA grant for community-based services is quite broad. These funds are available “to strengthen and support families to reduce the likelihood of child abuse and neglect.”<sup>17</sup> Arguably most functions in Appendix II could strengthen and support families in this way. However, the total amount of funding authorized for this particular grant in FY 2003 is \$66,000,000<sup>18</sup> (FY 2003 *appropriated* funding is only \$33,000,000) and states have been using these CAPTA monies for specific activities, such as parenting education, home visiting, and respite care, for a number of years. Thus, while there is no federal legal barrier to using these funds for something like job training, there may be political and practical barriers that prevent a state or locality from beginning to use these funds for another purpose—particularly when resources are limited.

### **Who May be Served in an Integrated Social Services Model?**

Some argue that integration of services is hampered by federal restrictions on who can be served by different programs and funding streams. It is true that several programs contain detailed eligibility requirements, particularly around income and household composition, that restrict who may be served with program funds. However, many of the programs and funding streams, alone and in combination, can serve a wide range of individuals and families.

Appendix III sets out a brief outline of the key eligibility criteria for all programs discussed in this paper. There are essentially three clusters of programs and funding streams. First, there are those with detailed, prescriptive eligibility requirements. These include Food Stamps, Medicaid, and Foster Care and Adoption Assistance. Second, there are programs and funding streams that create broad eligibility parameters and permit states to establish more explicit eligibility criteria within those parameters. These include TANF, CCDF, and SCHIP. Finally, the remaining programs and funding streams essentially have no federal eligibility criteria regarding income and household composition.

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says 4.25 percent, the appropriations process increased the transfer amount for FY 2003 to 10 percent. Under SSBG, up to 10 percent of the funds can be transferred to a variety of health-related programs or to the Low-Income Home Energy Assistance Program. 42 U.S.C. § 1397a

<sup>17</sup> 42 U.S.C. § 5116

<sup>18</sup> 42 U.S.C. § 5116i. Note that CAPTA was reauthorized in 2003 and the new authorization level for community resource centers is \$80,000. P.L. 108-36.

More detailed eligibility criteria for Food Stamps and Medicaid are covered in the companion paper *Aligning Policies and Procedures in Benefit Programs: A Legal Analysis of Opportunities and Challenges*. That paper describes a number of options states can take to simplify applications and align eligibility for these programs. It also discusses options states can take to serve more people in these programs. Nonetheless, there are limitations on whom states can serve with funds from these programs.

Similarly, the Foster Care and Adoption Assistance Grants cover only very poor children. Eligibility criteria for foster care maintenance payments and adoption assistance payments are tied to the eligibility criteria for Aid to Families with Dependent Children (AFDC) that were in place in a given state in 1996. Eligibility for adoption assistance can also be obtained for a disabled child via eligibility for Supplemental Security Income.<sup>19</sup> Thus, states and localities will be limited in whom they can serve with Foster Care and Adoption Assistance Grants.

On the other hand, the Child Support program has no income eligibility requirements and thus can help many children and families; although, given the purpose of the program, the basic Child Support program only serves children who are apart from one or both of their parents. States and localities can also reach a number of families with TANF, SCHIP, and CCDF funds.<sup>20</sup> Particularly with TANF funds, a state or locality can use funds to cover individuals within a wide income range.<sup>21</sup>

CSBG, SSBG,<sup>22</sup> the Substance Abuse Grant, the Mental Health Grant, the Family Violence Grant, the CAPTA Grants, the Child Welfare Services Grant, and the PSSF Grant have even broader flexibility regarding whom they serve. These programs and funding streams have no income or household composition eligibility requirements. They may be targeted towards specific goals (e.g. preventing or treating substance abuse, treating mental health, reducing poverty, preventing child maltreatment) that create some limits.<sup>23</sup> However, states and localities have extremely broad discretion in whom to serve with funds from these programs and funding streams. Thus, while eligibility provisions

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<sup>19</sup> 42 U.S.C. § § 672, 673.

<sup>20</sup> The companion paper, *Aligning Policies and Procedures in Benefit Programs: A Legal Analysis of Opportunities and Challenges* discusses the flexibility states and localities have in determining whom to serve with these funds in more detail.

<sup>21</sup> For example, a state can define “needy” to be 250 percent of poverty if it chooses. A state may also define “needy” differently for different services and supports. Greenberg, M., & Savner, S., *The Final TANF Regulations: A Preliminary Analysis*, Center for Law & Social Policy, Washington, DC: 1999 available at:

<http://www.clasp.org/DMS/Documents/1011717542.61/the%20final%20tanf%20regulations.pdf>.

<sup>22</sup> Note that funds transferred from TANF to SSBG can only be used for families with incomes under 200 percent of FPL. 42 U.S.C. § 604.

<sup>23</sup> These limits should not create significant barriers to integration. With the exception of the Mental Health Grant, that is intended to serve those with a mental illness, the remaining grants are designed to prevent as well as remediate the targeted problem. Activities and services that prevent family violence, child maltreatment, substance abuse, and poverty are likely to overlap considerably. Similarly, services to remedy mental health concerns are likely to overlap with the prevention and remediation of the other targeted problems.

create some restraints on whom states can serve with certain funds, legally speaking, broad flexibility remains.

### **What Information Can be Shared Across Programs and Under What Circumstances?**

Many who are interested in providing comprehensive, integrated services to children and families raise concerns that the confidentiality provisions of federal law<sup>24</sup> prevent effective cross-program integration because they prohibit workers in different programs from sharing critical information with each other. For example, a mother with a substance abuse problem may be receiving TANF assistance and family support services from the child welfare agency to avoid having to place her children in foster care. Assume the child welfare worker is aware of the mother's substance abuse problem and is encouraging her to get treatment, but the mother says she cannot participate in the day-treatment program the child welfare worker recommends because she is required by the TANF agency to be at job club and job training classes each day. Better coordination could result if the child welfare worker contacted the TANF worker to discuss options and plan modifications that would allow the mother to participate in substance abuse treatment instead of or in conjunction with job preparation activities. However, without the mother's consent, the child welfare worker would probably not be able to let the TANF worker know of the mother's substance abuse problem.

There are a number of federal statutes and regulations that require states and localities (and other providers) to keep certain information confidential, including the recently implemented Health Insurance Portability and Accountability Act of 1996 (HIPAA), which has received a great deal of attention.<sup>25</sup> Some of these provisions are more extensive than others. For example, federal law prohibits any federally assisted drug or alcohol abuse program<sup>26</sup> from disclosing even the fact that a person is a client of the program.<sup>27</sup> Other programs require only that certain information be kept confidential.

In addition to the various confidentiality requirements of the relevant programs, there are at least two situations where disclosure of certain information is both prohibited and required. For example, most federal and states agencies providing supports and services to families are required to report information to the child support program to help locate non-custodial parents for child support purposes. However, data maintained by the child support agency cannot be disclosed except in very limited circumstances.<sup>28</sup> Similarly, CAPTA requires states to provide statutory protection against disclosure of reports of

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<sup>24</sup> There are also state law provisions that require confidentiality in certain circumstances, but the analysis here about obtaining consent should apply similarly to those laws.

<sup>25</sup> See e.g., 7 U.S.C. § 2020; 42 U.S.C. § 602; 42 U.S.C. § 1396a; 42 U.S.C. § 290dd-2; 42 U.S.C. § 10402; 42 U.S.C. § 5106a; 42 U.S.C. § § 653 & 663; 42 U.S.C. § 671; 45 C.F.R. § 1355.50; 45 C.F.R. § 205.50; and 45 C.F.R. 164.502.

<sup>26</sup> The definition of such programs is quite broad and includes programs that: receive money directly from the federal government; receive assistance from states that originated with the federal government; operate under a license, certification, or registrations of the federal government; or receive tax exempt status from the Internal Revenue Service. 42 C.F.R. § 2.12.

<sup>27</sup> 42 U.S.C. § 290dd-2.

<sup>28</sup> 42 U.S.C. §§ 653, 654, 654a, 663, and 669a.

child abuse and neglect. At the same time, CAPTA requires that states disclose this confidential information to federal, state, or local entities that have a need for such information to carry out their responsibilities to protect children from abuse and neglect and that states allow for the public disclosure of confidential information when child abuse or neglect results in a child fatality or near fatality.<sup>29</sup> These provisions may seem contradictory, although a careful reading of the statutes and implementing regulations indicates that they are not. Nonetheless, the perception of inconsistency and the need to know when to disclose and when not to disclose creates more fear and pressure for workers who do not want to run afoul of the law.

### **Exceptions**

There are some general exceptions to the confidentiality requirements that allow for information sharing. For example, a number of programs that provide public benefits can share information to determine eligibility.<sup>30</sup> Similarly, federal law permits otherwise protected information about the diagnosis and treatment of substance abuse to be shared, on a need to know basis, among persons within the program, with persons in an entity which has direct administrative control over the program and between persons that provide services to the program or provide services to prevent or treat child abuse and neglect.<sup>31</sup> In certain instances a court can order disclosure of confidential information.<sup>32</sup> In addition, disclosures necessary to report suspected child abuse or neglect are generally permissible.<sup>33</sup> However, the most straightforward means of legally sharing information is to obtain consent from the individuals involved.<sup>34</sup>

### **Consent to Share Information**

With the exception of child support information obtained from the Internal Revenue Service,<sup>35</sup> all provisions of confidentiality can be waived by the person or persons to whom the protections attach. In the case of information originally collected from the Internal Revenue Service, states or localities must obtain the information from other sources, such as the individuals themselves.

Some may argue that consent to information sharing will be difficult to obtain and thus will prevent agencies from integrating their services. However, it is important to note that the confidentiality provisions apply whether or not the states and localities integrate their services or provide them in a fragmented manner. Thus, confidentiality provisions

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<sup>29</sup> 42 U.S.C. § 5106a.

<sup>30</sup> See companion paper by CBPP

<sup>31</sup> 42 C.F.R. § 2.12. Note there is disagreement about whether this provision permits sharing of information by child welfare agencies to obtain substance abuse services. See e.g., the summary report from *Confidentiality Forum: Center for Substance Abuse Treatment and Administration for Children, Youth and Families*, held March 28-29, 2001.

<sup>32</sup> 42 C.F.R. § 2.61-2.67.

<sup>33</sup> See e.g., 42 C.F.R. § 2.12. Note also that many persons working in the programs described here will be mandatory reporters of child abuse and neglect under state law.

<sup>34</sup> This is true of HIPAA, as well. 45 C.F.R. § 164.502, 164.506, 164.508.

<sup>35</sup> 26 U.S.C. § 6103.

may interfere with the ability of service providers to work with families more quickly and effectively, but they do so whether or not the state or locality is trying to offer seamless, comprehensive services.

In addition, many believe confidentiality protections promote service utilization. For example, substance abuse protections were intentionally designed to be stringent to encourage people to obtain treatment without fear that the information disclosed during treatment could be used against them. Similarly, some believe confidentiality of child abuse and neglect records increases the likelihood that perpetrators will be forthcoming with relevant information and more cooperative in obtaining appropriate services. Confidentiality can also minimize the embarrassment and stigma felt by children who have been maltreated. Thus, unless we are prepared to abandon confidentiality protections for those who need services, the goal in coordinating, collaborating, and integrating should be to ensure that information can be shared to help children and families while preserving privacy as much as possible. This can often be done by seeking consent from the families to share information between the programs and service providers working with the family to meet its needs.

The federal provisions regarding confidentiality of substance abuse treatment require specific elements of consent, as do the regulations implementing HIPAA, in certain circumstances. Thus, states and localities can develop a model consent form that allows families to decide which programs may share information. A sample of such a consent form is attached as Appendix IV.<sup>36</sup> This form can be utilized to explore different strengths and needs with the families over time. This approach acknowledges the power and strengths families have in deciding their future. Asking for their permission to share information is respectful and sets a tone of cooperation and partnership between service providers and families. Such partnerships are believed by many to be the key to providing family-centered holistic services in an integrated fashion.<sup>37</sup> Thus, as staff from different programs wrestle with how to find the right balance between disclosure and privacy and seek consent to share information, they are probably beginning to develop a family-centered approach to social services delivery.

### **Can Waiver Authority Facilitate Cross-Program Integration?**

States often utilize waiver authority when seeking greater flexibility in administering programs and delivering services. Of the programs and funding streams discussed in this paper, waiver authority is available for Child Support, Food Stamps, TANF, Medicaid, SCHIP, the Child Welfare Services Grant, the PSSF Grant, and the Foster Care and Adoption Grants.<sup>38</sup> Waiver authority is not available for CCDF, CSBG, SSBG, the

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<sup>36</sup> This sample is intended to provoke discussion of how to create a single consent form. Obviously, the form must be tailored to reflect state confidentiality requirements. It may also need additional tailoring to meet HIPAA requirements. The sample attempts to cover basic HIPAA requirements, but there may be particular situations or programs that will require additional information to be included in the form.

<sup>37</sup> Hutson, *Eliminating Poverty & Family Violence*.

<sup>38</sup> Waiver authority for Food Stamps, TANF, Medicaid, and SCHIP is found at 42 U.S.C. § 1315 and is discussed in Parrott et al., *Aligning Policies and Procedures*. Child Support waiver authority is also found

Substance Abuse Grant, the Mental Health Grant, the Family Violence Grant or the CAPTA grants, which in general provide significant flexibility anyway.

There are several different sources of waiver authority for the programs with such authority.

Section 1115 of the Social Security Act permits HHS to waive certain state plans provisions, procedures, and requirements which are “likely to promote the objectives of” the relevant program.<sup>39</sup> This provision covers, Child Support, TANF, Medicaid, and SCHIP.

Section 1120a-9 of the Act authorizes child welfare demonstration projects and permits HHS to waive state compliance with “any requirement” of the Child Welfare Services Grant, the PSSF Grant, or the Foster Care and Adoption Grant if the project is “likely to promote the objectives” of those grants. However, HHS may not waive the individual entitlement of a child to foster care maintenance payments, the collection of certain data or the operation of certain review processes.<sup>40</sup>

The Food Stamp program permits waivers “to test program changes that might increase the efficiency of the food stamp program and the delivery of food stamp benefits to eligible households.”<sup>41</sup>

While the specifics of what can and cannot be waived vary from program to program, waiver authority in each program is fairly broad. However, two requirements common to all waiver authority limit the flexibility of waivers: (1) a requirement that a waiver of program requirements furthers the purposes of that program<sup>42</sup> and (2) a requirement (sometimes explicit, sometimes implicit)<sup>43</sup> of cost-neutrality. Waivers provide broad flexibility to states, but that flexibility is not unlimited. The policy question is whether waiver authority needs to be broader for states to accomplish cross-program integration.

For purposes of cross-program integration, there are two general scenarios where a state might pursue waivers. First, the state may seek waivers of procedures or requirements that hinder integration because they create additional reporting requirements or require duplicative processes. A number of these sort of hindrances are discussed in *Aligning*

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at 42 U.S.C. § 1315, which includes additional child support-specific requirements. The authority for these three child welfare programs is found at 42 U.S.C. § 1320a-9.

<sup>39</sup> 42 U.S.C. § 1315(a).

<sup>40</sup> 42 U.S.C. § 1320a-9.

<sup>41</sup> As noted in the companion paper *Aligning Policies and Procedures*, there are several waiver provisions for Food Stamps. The broad waiver provision described here is found at 7 U.S.C. § 2206(b).

<sup>42</sup> In the case of child welfare waivers, the waiver authority permits the waiver if it is likely to promote the objectives of either Title IV-B (the Child Welfare Services Grant and the PSSF Grant) or Title IV-E (the Foster Care and Adoption Grant).

<sup>43</sup> In *Aligning Policies and Procedures* Parrott et al. note that the waiver provisions for Medicaid, TANF, SCHIP, and Food Stamps (42 U.S.C. § 1315 and 7 U.S.C. § 2026(b)) do not explicitly require cost neutrality. However, as a matter of practice, waivers that are not cost neutral are seldom granted. The waiver provisions for the child welfare programs (42 U.S.C. § 1320a-9) explicitly require cost neutrality.

*Policies and Procedures* and will not be discussed here except to note that these sort of obstacles can generally be minimized by obtaining a waiver in each of the relevant programs (or as the companion paper notes, by exercising state options).

The second scenario in which a state might want to pursue waivers to promote cross-program integration involves the expansion of families served or the expansion of services that can be supported through particular programs or funding streams. The ability to use waivers in this way turns on the particular waiver authority in question.

For example, child welfare waiver authority could, at least in theory, expand both the population served and the services available. Foster Care and Adoption Grants might be used to increase the availability of subsidized guardianships for relatives who are caring for children who would otherwise need foster care. Waiver authority might also be utilized to provide services, for example substance abuse treatment to families, instead of or in addition to providing foster care. Waiver authority could also be used to serve a broader population, for example, by providing foster care maintenance payments for children who do not meet the income eligibility criteria. However, even here, where the waiver authority covers almost any program requirement, the demonstration project must be cost neutral. As a result, an increase in the number of children served would necessarily call for a reduction in expenditures per child. Similarly, an increase in the cost of services per child resulting from an expansion of the services provided would necessarily require a reduction in the number of children served. Thus, even though child welfare waivers could theoretically allow states to provide additional children and families with more services, the expectation of cost neutrality means waiver authority is unlikely to further this objective.

The question then arises as to whether waiver authority should be broad enough to permit HHS to expand the populations covered and the services provided under certain programs. Why not eliminate the requirement of cost neutrality? Why not use waivers to allow states to spend federal funds in ways not within the purposes of the relevant program or funding stream if such funding promotes the provision of integrated social services delivery? Broadening waiver authority in such ways requires a rethinking of the division of responsibility currently shared by Congress, the Administration, and the states.

Only Congress has the power to authorize spending, and it exercises that authority by authorizing spending for specific purposes.<sup>44</sup> Waiver authority cannot be utilized to change the purposes for which federal monies can be expended or to increase the amount of federal spending. Waiver authority is not intended to circumvent debate in Congress about whether a program's purpose should be broadened or whether additional resources should be expended for a particular purpose. If additional authority to use federal funds to serve a broader population or to offer broader services would help states and localities provide more comprehensive, integrated services, then Congress needs to determine how high a spending priority that goal is and how best to provide the additional funding. In

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<sup>44</sup> See generally, U.S. General Accounting Office, *Principles of Federal Appropriations Law: Second Edition*, Washington, DC: 1991.

the meantime, it is important to remember that current federal law creates few *legal* barriers to cross-program integration.

### **What Are the Barriers to Cross-Program Integration?**

Our review of federal law suggests that neither the program purposes, the rules regarding allowable uses of funds, nor the eligibility requirements create substantial barriers to cross-program integration. Federal confidentiality provisions may create challenges to sharing information, but these challenges can be overcome by obtaining consent from individuals and families to share the information.

This paper does not examine the extent to which cost allocation rules create legal barriers to integration. However, in a separate component of the project, Jennifer Noyes, preliminarily concludes that while cost allocation concepts do not prevent cross-program integration, they present significant logistical challenges. Cost allocation provisions are intended to ensure that costs are charged to a particular program according to the relative benefits received by that program. By definition, the more programs and activities that are integrated, the greater this challenge becomes.

Similarly, while this paper identifies few federal *legal* barriers to providing comprehensive, integrated, family-centered services to children and families, there are a host of other barriers that must be addressed. Some of those barriers also result from the involvement of multiple entities and levels of government. There are practical ways to deal with these challenges that have been explored by others.<sup>45</sup> For example, El Paso County, Colorado, developed a set of criteria to determine how to make budget decisions in tight fiscal times. These criteria try to get various agencies and organizations to look at the big picture and how their various components of service delivery fit together. A copy of the criteria is set forth in Appendix V. Subsequent components of this project will continue to examine strategies for dealing with these potential barriers to developing a system for delivering comprehensive, seamless services to vulnerable children and families.

### **Conclusion**

Many see federal law regarding the purposes and uses of funds, the eligibility requirements of various programs, and federal confidentiality provisions as creating barriers to integrated social services delivery. In reality, these federal statutes and regulations do not prevent states and localities from developing comprehensive, integrated services for children and families. However, other barriers remain. By beginning with an examination of the legal (federal and state) barriers facing their particular state or locality, administrators and policy makers can provide an

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<sup>45</sup> See, Ragan, M., *Building Better Human Service Systems: Integrating Services for Income Support and Related Programs*, The Nelson A. Rockefeller Institute of Government, Albany, NY: 2003; *Planning Guide to Coordinate CalWORKS and Child Welfare Services*, California Center for Research on Women and Families, Berkeley, CA: 2002 available at <http://www.ccrwf.org/calworks/pdf/PlanningGuideFinal.pdf>; Hutson, *Eliminating Poverty & Family Violence*.

opportunity—a forum, format, and process—for building the foundation of cross-program integration. As members of different programs come together to discuss whether and how they can combine their resources, they can begin to see how much their missions and goals overlap. As they struggle to align program eligibility requirements, they can work together to build a common vision. Finally, as they work to obtain consent from families about sharing information to better provide services, they have the opportunity to practice working with families in a family-centered, strength-based manner. All of these are important steps towards developing an integrated child and family service model.

## Appendix I: Program Descriptions

**TANF:** The Temporary Assistance for Needy Families (TANF) program<sup>46</sup> replaced the Aid to Families with Dependent Children (AFDC) program in 1996. Under TANF, states receive a lump sum of money that can be used to provide an array of supports and services, not just cash assistance. Spending must be consistent with at least one of the following purposes:

- (1) provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
- (2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
- (3) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; or
- (4) encourage the formation and maintenance of two parent families.<sup>47</sup>

Eligibility for assistance is limited to “needy families,” but states have broad discretion in defining the income level that constitutes “needy.” There is a federal time limit of 60 months on the receipt of “assistance” (essentially payments designed to meet basic needs and child care and transportation assistance for families that are not employed). However, states can impose shorter time limits if they wish. TANF block grant funds are set at about \$16.5 billion annually. In addition, states are required to contribute a specified level of state funding for services and supports for low-income families. This state “maintenance of effort” requirement totals \$10-11 billion annually.

**Food Stamps:** The Food Stamp program<sup>48</sup> is a federally funded, state-administered program that provides nutrition assistance to low-income families, elderly persons, individuals with disabilities, and childless adults to enhance their food purchasing power. Eligibility is time-limited for some unemployed, able-bodied adults without children, but not for families with children or those who are elderly or disabled. The federal government sets most rules, including eligibility requirements (130 percent of the federal poverty level (FPL)) and benefit levels. States have significant flexibility regarding benefit delivery policies, such as recertification requirements. States also have some flexibility regarding eligibility policies, such as establishing asset limits or creating a transitional Food Stamp benefit for families leaving welfare. The federal government pays 100 percent of the benefit with states sharing 50 percent of the administrative costs. Food Stamp funding is an open-ended entitlement for states—they receive funding for every eligible person the state serves. Thus, the funding level will vary from year to

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<sup>46</sup> 42 U.S.C. § 601 *et seq.*

<sup>47</sup> For an overview of allowable spending under TANF, *see* U.S. Department of Health and Human Services, *Helping Families Achieve Self-Sufficiency: A Guide to Funding Services for Children and Families Through the TANF Program* (1999), <http://www.acf.dhhs.gov/programs/ofa/funds2.htm>.

<sup>48</sup> 7 U.S.C. § 2011 *et seq.*

## Appendix I: Program Descriptions

year. In FY 2003, the Food Stamp program provided nearly \$21.5 billion in benefits. In addition, the federal government and states spent \$346 million to provide employment services.

**Child Support:** The Child Support program<sup>49</sup> is jointly administered and funded by federal, state, and county governments. The child support program enforces child support obligations by attaching part of the income of non-custodial parents and transferring it to their children. The program establishes the legal relationship between unmarried fathers and their children, sets child support orders, and obtains health insurance for the children. Programs in some states link parents to employment and other services. Like Food Stamps, the basic child support funding is an open-ended entitlement. For FY 2003, Congress appropriated approximately \$3.5 billion. States must also put up a state match of 34 percent to draw down these federal funds. In addition, states can earn performance bonuses that can be used “for any activity . . . which may contribute to improving the effectiveness or efficiency” of the state’s child support program. These funds are discretionary and Congress appropriated approximately \$470 million for FY 2003.

**Medicaid:** Medicaid<sup>50</sup> finances health insurance for low-income children, families, pregnant women, the elderly and person with disabilities. The program is jointly funded by the federal and state governments, with the federal government paying half or more of the costs. Medicaid is administered by states within federal guidelines. Eligible persons fall into one of three basic groups: parents and children; the elderly; and individuals with disabilities. Eligibility requirements vary, but individuals in each of the three groups must have income and assets below specified thresholds. States can have broader eligibility coverage but at a minimum must cover children under age 6 in households up to 133 percent of the FPL and children under age 19 up to 100 percent of the FPL. States must also cover certain very low-income parents. States are required to cover a specific set of services and can adopt optional coverage of others.

As with Food Stamps and Child Support, Medicaid is an open-ended entitlement for states. Based on best estimates, Congress appropriated approximately \$112 billion for FY 2003. In addition, states must put up state dollars to match the federal dollars. The federal match is determined based on the financial condition of the state and ranges from 50-73 percent of the costs.

**SCHIP:** The State Children’s Health Insurance Program<sup>51</sup> is a federal block grant program to states that provides health insurance coverage to uninsured children under age 19 in families up to 200 percent of FPL who are not eligible for Medicaid or covered by private health insurance. Some states have taken advantage of options to cover children above 200 percent of poverty. States can

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<sup>49</sup> 42 U.S.C. § 651 *et seq.*

<sup>50</sup> 42 U.S.C. § 1396 *et seq.*

<sup>51</sup> 42 U.S.C. § 1397aa *et seq.*

## Appendix I: Program Descriptions

use SCHIP funds to expand their Medicaid programs, create a separate state health insurance program or to do both. For FY 2003, Congress appropriated \$3.1 billion for SCHIP. In addition, the states must put up state matching funds at their Medicaid match rates.

**CCDF:** The Child Care Development Fund awards funds to states to provide child care subsidies to low-income families and funds to improve the quality and availability of child care services. States set the income eligibility for their subsidy program, but federal funds cannot be used for families with incomes above 85 percent of the state median income. Children are eligible for CCDF-funded subsidies if they are younger than 13 (or in many states 19 if the child cannot care for himself or herself due to a disability, or is under court supervision) and if their parents are working or in education or training. In FY 2003, Congress appropriated \$ 4.7 billion for CCDF. In addition, states must meet a maintenance of effort requirement (about \$887 million) and put up state matching funds to draw down some of the federal funds. In FY 2003, if all states draw down their full federal matching funds, they will spend about \$1.1 billion.

**Substance Abuse Grant:** The Substance Abuse Prevention and Treatment Block Grant<sup>52</sup> provides states with lump sum funding for preventing and treating substance abuse. States have broad discretion in how these funds are used, although there are some limitations; including limitations on the circumstances under which inpatient treatment can be supported with these funds and a limitation on the amount spent for services provided in a penal or correctional institution. There are also requirements that certain percentages of the funds will be spent on prevention and on services for women. For FY 2003, Congress appropriated approximately \$1.7 billion for this block grant. States must continue to expend a certain level of state funds to be eligible for these grants.

**Mental Health Grant:** The Mental Health Services Block Grant<sup>53</sup> provides states with lump sum funding to help states provide comprehensive community mental health services. States have broad flexibility in the use of these funds. However, a certain portion of the funds must be spent to provide integrated systems of services for children. In addition, there are some limitations on spending, including a prohibition on the use of funds to provide inpatient treatment. For FY 2003, Congress appropriated approximately \$437 million for this block grant. States must continue to expend a certain level of state funds to be eligible for these grants.

**Family Violence Grant:** The Family Violence Prevention and Services Grant provides states and tribes with lump sum funding to increase public awareness about and prevent family violence and to provide for immediate shelter and related assistance to victims of family violence, including their children. States and tribes distribute these funds to local public agencies and nonprofit

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<sup>52</sup> 42 U.S.C. § 300x-21 *et seq.*

<sup>53</sup> 42 U.S.C. § 300x-1 *et seq.*

## Appendix I: Program Descriptions

organizations, but must ensure that at least 70 percent of the funding is allocated to entities that provide immediate shelter and related assistance and that at least 25 percent of the funding goes for providing related assistance, which includes prevention and outreach services, counseling, transportation and child care. The funds cannot be used to provide direct financial payments to victims of family violence, but can be used to help them obtain financial assistance and health care through other programs. In addition to providing funding for shelter and related assistance (80 percent of total funding) the Family Violence Grant provides funding for state domestic violence coalitions and for technical assistance through National Domestic Violence Resources Centers. For FY 2003, Congress appropriated approximately \$126 million for the Family Violence Grant.

**CAPTA Grants:** The Child Abuse Prevention and Treatment Act provides several different discretionary funding streams. One provides funding and guidance to states to improve their child protective services systems (e.g. the investigation and prosecution of child abuse and neglect cases). CAPTA also provides funding for innovative research and demonstration projects and for community-based efforts that support and strengthen families to reduce the likelihood of child maltreatment. The authorization level for all three programs is \$200 million. However, Congress rarely funds these programs at the authorization level. In FY 2003, Congress appropriated approximately \$22 million for the state grant program, \$34 million for research and demonstration projects and \$33 million for community-based family resource centers.

**Child Welfare Services Grant:** The Child Welfare Services Grant,<sup>54</sup> (Title IV-B, subpart 1, of the Social Security Act) provides matching funds to states for a wide range of child welfare services. The definition of services that can be supported includes services aimed at: “(A) protecting and promoting the welfare of all children . . . ; (B) preventing or remedying . . . the neglect, abuse, exploitation, or delinquency of children; (C) preventing the unnecessary separation of children from their families . . . ; (D) restoring to their families children who have been removed . . . ; (E) placing children in suitable adoptive homes . . . ; and (F) assuring adequate care of children away from their homes . . . .” Funding for this program is discretionary and capped at \$325 million. For FY 2003, Congress appropriated approximately \$297 million for this grant. State allocations are determined on a formula basis and within that allocation states may draw down three federal dollars for every one dollar of state money spent in the program.

**PSSF Grant:** The Promoting Safe and Families Grant<sup>55</sup> (Title IV-B, subpart 2, of the Social Security Act) provides states matching funds for a set of family support, family preservation, time-limited reunification and adoption support services. Federal funding for the program consists of two parts, a capped entitlement (\$305 million) and discretionary funds (up to \$200 million). States

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<sup>54</sup> 42 U.S.C. § 622 *et seq.*

<sup>55</sup> 42 U.S.C. § 629 *et seq.*

## Appendix I: Program Descriptions

are awarded funds on a formula basis and up to the amount of their allocation, receive a 75 percent federal share for the costs of the program. In FY 2003, Congress appropriated approximately \$404 million for the Grant.

**Foster Care and Adoption Grants:** The Foster Care and Adoption Assistance Grants<sup>56</sup> (Title IV-E of the Social Security Act) guarantee reimbursement to states for a portion of the foster care costs of certain children. A child is entitled to federally funded foster care maintenance payments if: (1) he or she is removed from the home of his or her parents or specified relatives pursuant to a voluntary placement agreement or judicial order; (2) responsibility for the care and placement of the child rests with the child welfare agency; and, (3) at the time of removal, the child's family meets the state's 1996 AFDC eligibility criteria. The federal government reimburses states at their Medicaid matching rate for each eligible child. In addition, the federal government reimburses states for certain training expenses at a 75 percent match rate and for administrative expenses and certain child placement costs at a 50 percent match rate.

These Grants also provide financial assistance to adoptive parents on behalf of certain children with special needs. Although states have discretion defining "special needs," a child generally meets the criteria if he or she has a condition that makes it unlikely that he or she will be adopted absent financial assistance. The adoptive parents of a child with special needs are entitled to payments for certain non-recurrent adoption expenses. In addition, if the child meets the eligibility criteria of the states 1996 AFDC plan or the eligibility criteria for Supplemental Security Income (SSI), the state may provide the parents with ongoing assistance payments and seek reimbursement from the federal government at the state's Medicaid match rate. States are also entitled to reimbursement for certain training costs at a 75 percent federal match rate and for administrative costs and certain child placement activities at a 50 percent match rate.

As with Food Stamps, Medicaid, and Child Support, the Foster Care and Adoption Assistance Grants are open-ended entitlements to the state. Based on best estimates, Congress appropriated approximately \$4.9 billion for the Foster Care Grant and approximately \$ 1.6 billion for the Adoption Grant in FY 2003.<sup>57</sup>

**CSBG:** The Community Services Block Grant<sup>58</sup> provides very flexible funding to states "to ameliorate the cause of poverty in communities." At least 90 percent of the funding received by states is to be distributed by the state to local community action agencies and other neighborhood organizations. Up to 10 percent of a state's funds can be used by the state to provide technical assistance, training, coordination, communication services, and other statewide activities that help support the work of local agencies. In FY 2003, Congress appropriated

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<sup>56</sup> 42 U.S.C. § 670 *et seq.*

<sup>57</sup> From these amounts, Congress subtracted approximately \$1.75 billion in advance funding. However, the Appropriations Committee's charts do not break these down between foster care and adoption assistance.

<sup>58</sup> 42 U.S.C. § 9901 *et seq.*

## Appendix I: Program Descriptions

approximately \$646 million for CSBG. No state match is required to receive funding.

**SSBG:** The Social Services Block Grant provides very flexible funding to states to provide a broad range of social services. The goals of SSBG include helping families achieve and maintain economic self-support and self-sufficiency, preventing or remedying maltreatment of children or adults unable to protect themselves, preventing or reducing inappropriate institutional care by providing community-based or home-based services, and securing referrals for institutional care when other forms of care are not appropriate. In FY 2003, Congress appropriated \$1.7 billion for SSBG. States are not required to put up a match to receive funding

## **Appendix II: Use of Funds**

### **Caveats and Guidance to Interpreting the Table**

By definition, summarizing complex federal statutes and regulations into a simple “yes” or “no” is challenging. There may be nuances that are too detailed to include in the table. The purpose is to give readers a general sense of what funding can and cannot be used for, but it is important to consult the applicable statutes and regulations when designing and implementing a specific model of integrated services.

In addition, the legal interpretation of whether certain funds can be used for a particular function often involves an assessment of whether the function in question furthers the purposes or goals of the relevant program. These decisions are often judgment calls and it is possible that others might reach different conclusions than we did in certain cases. It is important to remember that we are not indicating whether we think funds should or should not be used in particular ways from a policy perspective. Nor are we indicating whether funds are currently being used in these ways. Instead, we are merely indicating whether we believe the use of funds in particular ways is legally permissible. To clarify the basis of our judgments, it is also important to understand two general assumptions we made in undertaking the analysis.

We assume that the question of whether funds can be used for a particular function turns on an assessment of a family’s particular circumstances. For example, there may be situations where providing child care through a family crisis helps avoid neglect or abuse, while in other circumstances the provision of child care would not be connected to preventing maltreatment. We indicate that a funding source can be used for a particular function if there are reasonably imaginable circumstances under which such uses would be appropriate. In many cases the statutes and regulations do not specifically mention the use of funds for particular functions and some people may not think of the use of particular funds in such ways. In fact, it may be that no funds or only a small amount of funds are currently being used for these functions, even though a close reading of the statutory purposes indicates that such uses are permissible. When the use of funds is permissible but is not mentioned specifically in the relevant statute or regulations, we note an asterisk next to the “yes” in the table.

In addition to assuming that interpretation of federal law requires consideration of individual circumstances, we assume that language throughout the relevant statutes about the importance of coordinating with other programs indicates a Congressional belief that states and localities should use federal resources to provide coordinated, seamless services to families (although Congress does not necessarily make funds available for the activities involved in coordinating and integrating). Therefore, when a judgment call about a particular use of funding is a close one, we ask whether the proposed use of funds would facilitate coordination and integration and would avoid duplication or waste of resources.

A third caveat should be kept in mind while reviewing the table. Sometimes the use of funds for a function is permissible, but only in certain circumstances. For example, child care can be provided with Substance Abuse Grant funds, but only while persons are

## Appendix II: Use of Funds

receiving services to address substance abuse. Similarly, the ability to provide inpatient substance abuse treatment is limited under the Substance Abuse Grant and the ability to provide inpatient mental health treatment is prohibited under the Mental Health Block Grant. Likewise, child support funds can be used to provide domestic violence assessments, but only for the purpose of determining the level and type of child support services provided.<sup>59</sup>

Also, the funds available for a particular function may be limited to a specific pot of money or to an earmark of the general program. Therefore, the reader should not assume that a “yes” under a function means that all funds from the relevant program or funding stream can always be used for that function. Nor should the reader assume that a “yes” means funds from the program can be used to fulfill all aspects of that function.

Finally, different people might define the functions identified in the table differently, so it is important to have some sense of what we mean by the functions listed. Our definitions are set out below:

- **“Needs assessment”** captures a process or set of processes that identify the strengths and needs of individuals and families so that appropriate services and supports can be provided.
- **“Income support”** captures the provision of cash or cash-like supports to families or individuals.
- **“Child support”** means the collection of child support for families and related services.
- **“Child care”** means the provision of substitute care for children for less than 24 hours per day. This care may be provided while parents are working, attending training or education, receiving treatment or are otherwise unable to care for the child. Child care is not to be confused with foster care, which is *full-time* (e.g. 24 hours per day) substitute care for children who cannot remain in their own homes.
- **“Job training, retention, and advancement”** covers a broad range of services to help people prepare for, obtain, retain, and advance in employment.
- **“Transportation assistance”** covers the costs of transportation for an individual or family. Sometimes the transportation may be provided in conjunction with another service and sometimes the assistance may be broader, such as help with car repair.
- **“Medical care”** includes the provision of medical services and the provision of insurance benefits (or other financial assistance) to pay for such services.
- **“Food”** includes the provision of food and the provision of vouchers, coupons, or financial assistance specifically for the purchase of food.
- **“Investigation/Follow-up of Child Maltreatment Claims”** captures the processes involved in receiving and investigating reports of maltreatment and

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<sup>59</sup> Turetsky, V., & Notar, S., *Models for Safe Child Support Enforcement*, Center for Law and Social Policy, Washington, DC: 1999 available at: <http://www.clasp.org/DMS/Documents/999730078.749/models%20for%20safe%20child%20support%20enforcement.PDF>.

## Appendix II: Use of Funds

deciding how to proceed on the report. This category is *not* intended to cover the provision of treatment, rehabilitation or prevention services.

- **“Services to prevent maltreatment”** encompass a wide range of services that seek to prevent child maltreatment. Some services may be universal, others may be targeted at families with particular risk factors and still other services may be aimed at preventing abuse or neglect from reoccurring. Prevention services may also include services to address underlying risk factors such as substance abuse, mental health disorders, or domestic violence.
- **“Family support services”** includes many of the same services under the prevention function, but are not limited to services specifically aimed at preventing maltreatment. For example, these services might include parent mediation, child visitation and access services and other services that help strengthen and support families where both parents do not reside with the child(ren).
- **“Services to reunify families”** includes many of the same services covered by the prevention function. In addition, reunification services include efforts to ameliorate the harm of the abuse and neglect experienced by the child.
- **“Adoption services”** include those services that help create an adoptive family and then support and stabilize that adoption. There are a range of services that any family (birth or adoptive) may need (e.g. child care). The adoption services function is not intended to cover these services, but rather services that are particularly aimed at supporting adoptive families.
- **“Substance abuse treatment”** includes services to address individual or family problems with alcohol or other drugs.
- **“Mental health services”** encompass services to help individuals and families deal with mental health issues. The services can include counseling, hospitalizations, medications, and other supportive services.
- **“Domestic violence services”** includes services that help victims of domestic violence address the issues in their lives. The services may cover basic needs like food and shelter. They may include legal assistance, counseling, job training and other supportive services.
- **“Pregnancy prevention and family planning”** includes services to provide information, education and, where desired, contraceptives to individuals and families who wish to plan when to have their children.
- **“Marriage activities”** includes relationship counseling and other services to help support couples who wish to enter into or strengthen their marriages. For purposes of this analysis, the category does *not* include policies or programs that give preferences or bonuses to married couples.
- **“Youth development activities”** includes a broad range of services and activities to help youth develop to their full potential.

## Appendix II: Use of Funds

FUNCTION	Needs Assessment	Income Support	Child Support	Child Care	Job Training, Retention, & Advancement
<b>PROGRAM</b>					
Child Support - Basic Funds	yes	yes	yes	no	no
Child Support - Discretionary Funds	yes	yes	yes	no	yes *
Food Stamps	no	no	no	no	yes
TANF	yes	yes	no	yes	yes
Medicaid	yes	no	no	no	no
State Children's Health Insurance Program	yes	no	no	no	no
Child Care & Development Fund	no	no	no	yes	no
Community Services Block Grant	yes	yes	no	yes	yes
Social Services Block Grant	yes	no	no	yes	yes
Substance Abuse Prevention & Treatment Block Grant	yes	no	no	yes	yes *
Mental Health Services Block Grant	yes	no	no	yes *	yes *
Family Violence Prevention & Services	yes	no	no	yes	yes
Child Abuse Prevention & Treatment Act	yes	yes *	no	yes *	yes *
Child Welfare Services	yes	yes <sup>1</sup>	no	yes <sup>1</sup>	yes *
Promoting Safe and Stable Families	yes	yes *	no	yes	yes *
Foster Care and Adoption Assistance	no	yes	no	yes	no

<sup>1</sup> A limited amount of child welfare services funds can be used for foster care maintenance payments, adoption assistance payments and child care related to employment or training.

\* Denotes that the use of funds is permissible but not specifically mentioned in the relevant statute or regulations.

## Appendix II: Use of Funds

FUNCTION	Transportation Assistance	Medical Care	Food	Investigation/Follow-up of Child Maltreatment Claims	Services to Prevent Child Maltreatment
<b>PROGRAM</b>					
Child Support - Basic Funds	no	no	no	no	no
Child Support - Discretionary Funds	no	no	no	no	no
Food Stamps	yes	no	yes	no	no
TANF	yes	no	yes	no	yes
Medicaid	yes	yes	no	no	yes *
State Children's Health Insurance Program	yes	yes	no	no	yes *
Child Care & Development Fund	yes	no	yes	no	yes
Community Services Block Grant	yes	yes	yes	no	yes
Social Services Block Grant	yes	no <sup>2</sup>	yes	yes	yes
Substance Abuse Prevention & Treatment Block Grant	yes	yes	yes *	no	yes <sup>3</sup>
Mental Health Services Block Grant	yes *	yes	yes *	no	yes <sup>3</sup>
Family Violence Prevention & Services	yes *	no	yes	no	yes
Child Abuse Prevention & Treatment Act	yes *	yes *	yes *	yes	yes
Child Welfare Services	yes	yes *	yes *	yes	yes
Promoting Safe and Stable Families	yes	yes	yes *	no	yes
Foster Care and Adoption Assistance	yes	no	yes	no	no

<sup>2</sup> SSBG can be used for a very limited set of medical services related to other services being provided.

<sup>3</sup> Substance abuse and mental health services can function as preventive, family support, or reunification services.

\* Denotes that the use of funds is permissible but not specifically mentioned in the relevant statute or regulations.

## Appendix II: Use of Funds

FUNCTION	Family Support Services	Services to Reunify Families	Adoption Services
<b>PROGRAM</b>			
Child Support - Basic Funds	no	no	no
Child Support - Discretionary Funds	yes *	no	no
Food Stamps	no	no	no
TANF	yes	yes	yes
Medicaid	yes *	yes *	yes *
State Children's Health Insurance Program	yes *	yes *	yes *
Child Care & Development Fund	no	no	no
Community Services Block Grant	yes	yes	yes
Social Services Block Grant	yes	yes	yes
Substance Abuse Prevention & Treatment Block Grant	yes <sup>3</sup>	yes <sup>3</sup>	yes <sup>3</sup>
Mental Health Services Block Grant	yes <sup>3</sup>	yes <sup>3</sup>	yes <sup>3</sup>
Family Violence Prevention & Services	yes	yes	No
Child Abuse Prevention & Treatment Act	yes	yes	yes *
Child Welfare Services	yes	yes	yes
Promoting Safe and Stable Families	yes	yes	yes
Foster Care and Adoption Assistance	no	no	no <sup>4</sup>

<sup>3</sup> Substance abuse and mental health services can function as preventive, family support, or reunification services .

<sup>4</sup>Adoption assistance payments sometimes include funds that can be used to purchase these services. However, the adoption subsidy cannot exceed the foster care maintenance payment the child would receive in foster care.

\* Denotes that the use of funds is permissible but not specifically mentioned in the relevant statute or regulations.

## Appendix II: Use of Funds

FUNCTION	Substance Abuse Treatment	Mental Health Services	Domestic Violence Services
<b>PROGRAM</b>			
Child Support - Basic Funds	no	no	no
Child Support - Discretionary Funds	no	no	yes *
Food Stamps	no	no	no
TANF	yes	yes	yes
Medicaid	yes	yes	no
State Children's Health Insurance Program	yes	yes	no
Child Care & Development Fund	no	no	no
Community Services Block Grant	yes	yes	yes
Social Services Block Grant	yes	yes	yes
Substance Abuse Prevention & Treatment Block Grant	yes	yes	yes *
Mental Health Services Block Grant	yes	yes	yes *
Family Violence Prevention & Services	no	yes	yes
Child Abuse Prevention & Treatment Act	yes *	yes *	yes *
Child Welfare Services	yes	yes	yes
Promoting Safe and Stable Families	yes	yes	yes
Foster Care and Adoption Assistance	no <sup>4</sup>	no <sup>4</sup>	no

<sup>4</sup> Adoption assistance payments sometimes include funds that can be used to purchase these services. However, the adoption subsidy cannot exceed the foster care maintenance payment the child would receive in foster care.

\* Denotes that the use of funds is permissible but not specifically mentioned in the relevant statute or regulations.

## Appendix II: Use of Funds

FUNCTION	Pregnancy Prevention & Family Planning	Marriage Activities	Youth Development Activities
<b>PROGRAM</b>			
Child Support - Basic Funds	no	no	no
Child Support - Discretionary Funds	yes *	yes *	yes *
Food Stamps	no	no	no
TANF	yes	yes	yes
Medicaid	yes	no	yes *
State Children's Health Insurance Program	yes	no	yes *
Child Care & Development Fund	no	no	no
Community Services Block Grant	yes	yes	yes
Social Services Block Grant	yes	yes *	yes
Substance Abuse Prevention & Treatment Block Grant	yes *	yes	yes
Mental Health Services Block Grant	yes *	yes *	yes *
Family Violence Prevention & Services	no	no	yes
Child Abuse Prevention & Treatment Act	yes *	yes *	yes *
Child Welfare Services	yes *	yes	yes
Promoting Safe and Stable Families	yes *	yes	yes
Foster Care and Adoption Assistance	no	no	no

\* Denotes that the use of funds is permissible but not specifically mentioned in the relevant statute or regulations.

### Appendix III: Eligibility Requirements and Other Limitations

Program	Income	Household Composition or Demographic Characteristics	Time Limit	Type of Funding
Child Support - Basic Funds	no	child lives apart from one or both parents	no	Open-ended Entitlement
Child Support - Discretionary Funds	no	no, but must involve services or activities that enhance the basic child support program	no	Appropriated
Food Stamps	yes, less than 130% of FPL	families, persons with disabilities, elderly persons, childless adults	yes, for able-bodied adults	Open-ended Entitlement
TANF	yes, determined by state	family with minor child	yes, a family cannot receive assistance when an adult has received assistance for 60 months	Mandatory Fixed Funding
Medicaid	yes, varies by household composition or demographic characteristics	children, families with children, persons with disabilities, elderly persons, pregnant women	no, except for Transitional Medical Assistance	Open-ended Entitlement
State Children's Health Insurance Program	yes, up to 200% of FPL and not otherwise insured, state options above 200% FPL	children under age 19	no	Mandatory Fixed Funding
Child Care & Development Fund	up to 85% of state median income	children under age 13, or 19 at state option for children who cannot care for themselves or are under court supervision	no	Some Mandatory Fixed Funding - Some Appropriated
Community Services Block Grant	no	no	no	Appropriated
Social Services Block Grant	no	no	no	Mandatory Fixed Funding*

\* SSBG provides for mandatory funding in the statute [42 U.S.C. 1379b(c)]. However, Congress has not funded this program at those levels, but appropriated lesser amounts.

### Appendix III: Eligibility Requirements and Other Limitations

Substance Abuse Prevention & Treatment Block Grant	no	no	no	Appropriated
Mental Health Services Block Grant	no	no	no	Appropriated
Family Violence Prevention & Services	no	no	no	Appropriated
Child Abuse Prevention & Treatment Act	no	no	no	Appropriated
Child Welfare Services	no	no	no	Appropriated
Promoting Safe and Stable Families	no	no	no	Some Mandatory Fixed Funding, Some Appropriated
Foster Care and Adoption Assistance	yes, AFDC eligibility criteria in place in state on July 16, 1996 or, for adoption, meet criteria for SSI	yes, judicial removal of child from home for foster care and for adoption assistance child must have special needs; available while child, children under age 18 or age 19 if in school	no	Open-ended Entitlement

## Appendix IV: Sample Consent<sup>1</sup> and Redisclosure Forms

### Consent for the Release and Sharing of Confidential Information

I/We, \_\_\_\_\_, authorize

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(names or general designations of persons and programs making disclosing information)

to disclose to: ? Child Support Program<sup>2</sup> ? Food Stamp Program ? TANF Program  
? Medicaid Program ? SCHIP Program ? Child Care Program ? Substance Abuse  
Treatment Program ? Mental Health Service Program ? Domestic Violence Provider  
? Child Welfare Agency and also to:

\_\_\_\_\_  
\_\_\_\_\_  
(names of other person(s) or organizations to which information may be disclosed)

the following information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(kind and amount of information to be disclosed)

**Note: individuals and families may permit disclosure of different information to different programs, organizations, and individuals.** For clarity, separate consent forms identifying the permissible disclosure should be prepared when different disclosures are authorized for different entities.<sup>3</sup> In addition, the **disclosure of psychotherapy notes requires a separate, specific consent form.**<sup>4</sup>

<sup>1</sup> This form was developed after a review of 45 C.F.R. 2.31; 45 C.F.R. § 164.500 et seq.; a model form contained in Legal Action Center, *Welfare Reform and Substance Abuse Treatment Confidentiality: General Guidance for Reconciling Need to Know and Privacy: Technical Assistance Publication Series*, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, Washington, DC: 1999; and a model form used by the Fayette County, Pennsylvania, Community Action Center.

<sup>2</sup> The form should be modified to indicate the names by which programs are known in a particular state or locality.

<sup>3</sup> It is possible to do a separate form for each entity that will receive information, but it may be more efficient to group the entities according to permissible disclosures. For example, income, resource, and household composition information may be all that a family wants disclosed to the Food Stamps, Child Care, Medicaid, and SCHIP programs. The same family may be willing to disclose that information plus any mental health, domestic violence or substance abuse information to the TANF, Child Welfare, Substance Abuse and Mental Health programs. Thus, only two consent forms would need to be prepared.

<sup>4</sup> 45 C.F.R. § 164.508. The term “psychotherapy notes” refers to notes of a mental health provider that are separate from the rest of the client’s medical record. They do not include: medication and prescription monitoring, the modalities and frequencies of treatment provided, results of clinical tests and summary of: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. 45 C.F.R. § 64.501.

The purposes of disclosing the information described above are to:

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I/We understand that certain records and information are protected under various federal and state laws and this information cannot be disclosed without my/our consent. I/We also understand that access to benefits may not be conditioned on consent to disclosure, except to the extent the information is required to determine if I/we am/are eligible for benefits. I/we understand that I/we may revoke the consent at any time, except to the extent that action has already been taken in reliance on it. In any event, my/our consent automatically expires as follows: \_\_\_\_\_ (indicate a date, event or condition that will cause the consent to expire).

Dated: \_\_\_\_\_

<sup>5</sup>Signature of \_\_\_\_\_ Signature of \_\_\_\_\_

Dated: \_\_\_\_\_

Signature of \_\_\_\_\_ Signature of \_\_\_\_\_

**Prohibition on Redisclosure of Confidential Information<sup>6</sup>**

The information disclosed to you in connection with this consent form is confidential and should not be redisclosed. The information may come from a variety of sources, including alcohol and drug abuse treatment records. Federal law prohibits redisclosure of information from such records except as noted below. Since you may not know what information is covered by the protections of that law, you should not redisclose any of the information unless expressly permitted by written consent of the person to whom it pertains or unless advised by legal counsel that the disclosure is consistent with 42 C.F.R. Part 2 and other relevant federal, state, and local laws on confidentiality.

Required notice regarding the redisclosure of information concerning a client in alcohol or drug abuse treatment:

This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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<sup>5</sup> The signatures of all relevant family members and parties must be obtained.

<sup>6</sup> A particular notice about redisclosure must accompany any disclosure of information from alcohol or drug treatment records. To be safe, states and localities may wish to attach a notice such as this sample, which includes the required substance abuse notice as well as other information, to every disclosure of confidential information.

## Appendix V: El Paso County's Criteria for Budget Decisions

- Decisions should consider how they affect the safety, permanency, and well-being of the children and families that we serve.
- Cuts by one agency should consider how they affect other agencies.
- Look for win/win strategies.
- Consider how investments or reductions will effect specific populations.  
Always keep issues of racial and social justice in mind.
- Short-term gain should not result in long-term crisis.
- Look for internal efficiencies.
- Look for cross systems approaches that may include investing more in one system that allows for savings in another.
- Concentrate primarily on balancing the budget through improved outcomes.  
Determine what every partner can and must do to accomplish the outcomes.
- Blend funding and resources when it is more effective.
- Bring everyone into the decision-making process. Do not try to do it alone. Share the workload as well.
- Include accurate measurements of progress. Share authority, responsibility, work, success, and challenges. Celebrate success and hold ourselves and each other accountable for accomplishing our objectives.