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CHILD WELFARE

Improved Federal Oversight Could Assist States in Overcoming Key Challenges

Statement of Cornelia M. Ashby, Director
Education, Workforce, and Income Security Issues

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Highlights

Highlights of GAO-04-418T, a testimony before the Subcommittee on Human Resources, Committee on Ways and Means, House of Representatives

CHILD WELFARE

Improved Federal Oversight Could Assist States in Overcoming Key Challenges

Why GAO Did This Study

Title IV-B of the Social Security Act, comprised of two subparts, is the primary source of federal funding for services to help families address problems that lead to child abuse and neglect and to prevent the unnecessary separation of children from their families; however, a number of challenges exist that impair states' ability to deliver and track these services. This testimony is based on findings from three reports issued in 2003 and addresses the following: (1) states' use of Title IV-B funds in providing a wide array of services to prevent the occurrence of abuse, neglect, and unnecessary foster care placements, as well as in providing other child welfare services; (2) factors that hinder states' ability to protect children from abuse and neglect; and (3) the Department of Health and Human Services' (HHS) role in helping states to overcome these challenges. Findings are based on multiple methodologies, including a survey to child welfare directors on states' use of Title IV-B funds; an analysis of nearly 600 exit interview documents completed by staff who severed their employment from 17 state, 40 county, and 19 private child welfare agencies; and a survey of all 50 states and the District of Columbia regarding their experiences in developing and using information systems and their ability to report data to HHS. In each case, GAO also conducted multiple site visits to selected states and interviewed child welfare experts and HHS headquarters and regional officials.

www.gao.gov/cgi-bin/getrpt?GAO-04-418T.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Cornelia M. Ashby at (202) 512-8403 or ashbyc@gao.gov.

What GAO Found

States use of Title IV-B funds to provide a wide variety of services to prevent the occurrence of abuse, neglect, and foster care placements, as well as to provide other child welfare services. According to GAO's Title IV-B survey data for fiscal year 2002, states spent about 60 percent of subpart 1 funds on the salaries of child welfare agency staff, administration and management expenses, and child protective services, while about 10 percent were used to provide family support and family preservation services. In comparison, states spent about 62 percent of their subpart 2 funds on family support and preservation services.

Child welfare agencies face a number of challenges related to staffing and data management that impair their ability to protect children from abuse and neglect. Low salaries hinder agencies' ability to attract potential child welfare workers and retain those already in the profession. According to caseworkers GAO interviewed, high turnover rates and staffing shortages leave remaining staff with insufficient time to establish relationships with families and make the necessary decisions to ensure safe and stable permanent placements. States also face challenges developing appropriate information systems needed to track abuse or neglect reports and monitor children in foster care. In addition, several factors affect states' ability to collect and report reliable adoption, foster care, and child abuse and neglect data, including insufficient caseworker training, inaccurate and incomplete data entry, and technical challenges reporting the data.

HHS plays a role in helping states overcome some of the challenges they face in operating their child welfare programs, but additional oversight or technical assistance could assist states in meeting the needs of children served by child welfare agencies. HHS's oversight of Title IV-B focuses primarily on states' overall child welfare systems and outcomes, but the agency provides relatively little oversight specific to Title IV-B subpart 1. In addition, HHS plays a limited role in states' workforce activities by offering partial reimbursement for training expenses and managing discretionary grant programs. The agency monitors states' information systems development and data reporting, but despite the availability of technical assistance, states reported ongoing challenges reporting reliable data.

In the related reports, GAO made several recommendations to HHS. GAO recommended that HHS provide the necessary guidance to ensure that regional offices monitor states' use of Title IV-B subpart 1 and to consider gathering additional information on its use. GAO also recommended that HHS take actions that may help child welfare agencies address recruitment and retention challenges. Last, GAO recommended that HHS consider ways to enhance the guidance and assistance offered to help states overcome key data challenges. HHS generally agreed with GAO's findings and recommendations, except that it noted that its level of oversight of Title IV-B was commensurate with the program's scope and intent.

Mr. Chairman and Members of the Subcommittee:

Thank you for inviting me here today to discuss several issues related to the oversight of child welfare programs across the nation. As you are aware, state child welfare agencies determined that over 900,000 children had been the victims of abuse or neglect by their parents or other caretakers in 2001. Additionally, more than 800,000 children are estimated to spend some time in foster care each year, with the federal government allocating approximately $7 billion each year to investigate abuse and neglect, provide placements to children outside their homes, and deliver services to help keep families together. Title IV-B of the Social Security Act, comprised of two subparts, is the primary source of federal funding for services to help families address problems that lead to child abuse and neglect and to prevent the unnecessary separation of children from their families. Funding under Title IV-E of the Social Security Act is used primarily to pay for the room and board of children in foster care. Since 1994, designated federal matching funds have been available to states to develop and implement comprehensive case management systems—statewide automated child welfare information systems (SACWIS)—to manage their child welfare cases as well as to report child abuse and neglect, foster care, and adoption information to the federal government.

In addition to this funding, the Department of Health and Human Services' (HHS) Administration for Children and Families (ACF) monitors states' compliance with key federal goals, specified in part by the Adoption and Safe Families Act (ASFA) of 1997, to keep children safe and ensure their placement in stable and permanent homes. Through its formal review process, known as the Child and Family Services Review (CFSR), HHS uses specific assessment measures, such as agencies' ability to conduct timely abuse and neglect investigations and regularly visit children in their homes, to assess the performance of states' child welfare systems.

My testimony today will focus on three key issues: (1) states' use of Title IV-B funds in providing a wide array of services to prevent the occurrence of abuse, neglect, and foster care placements, as well as other child welfare services; (2) factors that hinder states' ability to protect children from abuse and neglect; and (3) HHS's role in helping states to overcome the challenges they face in protecting children from abuse and neglect. My

comments are based primarily on the findings from three reports:[1] U.S. General Accounting Office, *Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff*. GAO-03-357. Washington, D.C.: March 31, 2003; *Child Welfare: Most States Are Developing Statewide Information Systems, but the Reliability of Child Welfare Data Could Be Improved.* GAO-03-809. Washington, D.C.: July 31, 2003; and *Child Welfare: Enhanced Federal Oversight of Title IV-B Could Provide States Additional Information to Improve Services*. GAO-03-956. Washington, D.C.: September 12, 2003. Those findings were based on multiple methodologies, including a survey of child welfare directors on states' use of Title IV-B funds; an analysis of 600 exit interview documents completed by staff who severed their employment from 17 state, 40 county, and 19 private child welfare agencies; and a survey of all 50 states and the District of Columbia regarding their experiences in developing and using information systems and their ability to report data to HHS. In each case, we supplemented these surveys and analyses by conducting multiple site visits to selected states and by interviewing child welfare experts and HHS headquarters and regional officials.

In summary, we found that states use Title IV-B funds to provide a wide variety of services to prevent the occurrence of abuse, neglect, and foster care placements, as well as to provide other child welfare services. Subpart 1 dollars were most frequently used to fund staff salaries, with almost half of these funds designated for the salaries of child protective services (CPS)[2] social workers. In comparison, states spent half of their subpart 2 funds on family support or prevention programs and another 12 percent on family preservation services. CFSR results for the past 2 years, however, indicate that states have not performed strongly in terms of assessing the services families need and providing those services. Child welfare agencies face a number of issues related to staffing and data management that impair their ability to protect children from abuse and neglect. In particular, low salaries hinder agencies' ability to attract potential child welfare workers and to retain those already in the profession. Our analysis of CFSRs in 27 states indicated that large

[1]We also recently testified on one of these reports. See U.S. General Accounting Office, *Child Welfare: States Face Challenges in Developing Information Systems and Reporting Reliable Child Welfare Data*. GAO-04-267T. (Washington, D.C.: Nov. 19, 2003).

[2]Child protective services activities typically include reviewing reports of alleged child abuse and neglect, investigating those that meet the state's criteria as a potential incident of abuse or neglect to determine if the alleged incident occurred, and, in some cases, referring families to needed services and removing the child from the home, if necessary.

caseloads and worker turnover delay the timeliness of investigations and limit the frequency of worker visits with children, hampering agencies' attainment of some key federal safety and permanency outcomes. Furthermore, states face challenges developing appropriate information systems needed to track abuse or neglect reports and monitor children in foster care, with many states reporting development delays. In addition, several factors affect the states' ability to collect and report reliable adoption, foster care, and child abuse and neglect data, including insufficient caseworker training, inaccurate and incomplete data entry, and technical challenges reporting the data. Although HHS plays a role in monitoring child welfare programs, additional oversight or technical assistance could assist states in meeting the needs of children served by child welfare agencies. For example, HHS's oversight of Title IV-B focuses primarily on states' overall child welfare systems and outcomes, but the agency provides relatively little oversight specific to the services provided under Title IV-B subpart 1.[3] In addition, HHS plays a limited role in states' workforce activities by offering partial reimbursement for training expenses and managing discretionary grant programs. The agency monitors SACWIS development and data reporting, but despite the availability of technical assistance, states reported ongoing challenges reporting reliable data.

Background

ACF is responsible for the administration and oversight of federal funding to states for child welfare services under Titles IV-B and IV-E. HHS headquarters staff are responsible for developing appropriate policies and procedures for states to follow in terms of obtaining and using federal child welfare funds, while staff in HHS's 10 regional offices and 10 national resource centers provide guidance and technical assistance to improve child welfare services nationwide. HHS compiles state-reported child welfare data in two databases: the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). HHS relies on the information available in its databases to analyze and track children's experiences in the child welfare system, to determine states' performance on federal child welfare outcome measures, and to report to Congress on children's well being and child welfare experiences. However, the monitoring of children served by state

[3]Our September 2003 report on Title IV-B focused primarily on subpart 1 because little, if any, research has been conducted on how subpart 1 funds have been spent on child welfare services. In contrast, a number of studies have been conducted on the services provided under subpart 2.

child welfare agencies is the responsibility of the state agencies that provide the services to these children and their families. Child welfare caseworkers at the county or local level are the key personnel responsible for documenting the wide range of services offered to children and families, such as investigations of abuse and neglect; treatment services offered to families to keep them intact and prevent the need for foster care; and arrangements made for permanent or adoptive placements when children must be removed from their homes. Most states and counties provide some child welfare services directly and provide others through contracts with private agencies. National survey data confirm that both state and private child welfare agencies are experiencing similar challenges recruiting and retaining qualified caseworkers. For instance, turnover of child welfare staff has been estimated at between 30 percent and 40 percent annually nationwide, with the average tenure for child welfare workers being less than 2 years.

In 2000, HHS established a new federal review system to monitor state compliance with federal child welfare laws. One component of this system is the CFSR, which assesses state performance in achieving safety and permanency for children, along with well-being for children and families. The CFSR process includes a self-assessment by the state, an analysis of state performance in meeting national standards established by HHS, and an on-site review by a joint team of federal and state officials. Based on the results of this process, HHS determines whether a state achieved substantial conformity with (1) outcomes related to safety, permanency, and well-being, such as keeping children protected from abuse and neglect and achieving permanent and stable living situations for children and (2) key systemic factors, such as having an adequate case review system and an adequate array of services. States are required to develop program improvement plans to address all areas of nonconformity.

Federal Funding of Child Welfare Services and Programs

Two titles of the Social Security Act provide federal funding targeted specifically to foster care and related child welfare services.[4] Title IV-E[5] provides an open-ended individual entitlement for foster care maintenance

[4]In addition, Title XX provides funds under the social services block grant that may be used for many purposes, including child welfare.

[5]In fiscal year 2002, total Title IV-E spending was approximately $6.1 billion. The state matching rate for these payments is based on a state's per capita income and ranges from 50 percent to 83 percent.

payments to cover a portion of the food, housing, and incidental expenses for all foster children whose parents meet certain federal eligibility criteria.[6] Title IV-E also provides payments to adoptive parents of eligible foster children with special needs.[7] To qualify for federal IV-E funding for SACWIS, states must prepare and submit an advance planning document (APD) to ACF's Children's Bureau, in which they describe the state's plan for managing the design, development, implementation, and operation of a SACWIS that meets federal requirements and state needs in an efficient, comprehensive, and cost-effective manner. Since the administration and structure of state child welfare agencies vary across the nation, states can design their SACWIS to meet their state needs, as long as states meet certain federal requirements.

Title IV-B of the Social Security Act, established in 1935, authorizes funds to states to provide a wide array of services to prevent the occurrence of abuse, neglect, and foster care placements.[8] In 1993, the Congress created a new program as subpart 2 of Title IV-B (now known as Promoting Safe and Stable Families), which funds similar types of services but is more prescriptive in how states can spend the funds.[9] No federal eligibility criteria apply to the children and families receiving services funded by Title IV-B.

[6]States are entitled to Title IV-E reimbursement on behalf of children who would have been eligible for Aid to Families with Dependent Children (AFDC) (as AFDC existed on July 16, 1996), but for the fact that they were removed from the home of certain specified relatives. While the AFDC program was replaced by the Temporary Assistance for Needy Families Program in 1996, eligibility for Title IV-E payments remains tied to the income eligibility requirements of the now defunct AFDC program. In addition, certain judicial findings must be present, and all other requirements included in section 472 (a) and (b) of the Social Security Act must be met, in order for the child to be eligible for Title IV-E foster care maintenance payments.

[7]Special needs are characteristics that can make it difficult for a child to be adopted and may include emotional, physical, or mental disabilities, emotional disturbance, age, or being a member of a minority race. To qualify for an adoption subsidy under Title IV-E, a state must determine that the child cannot or should not return home; a state must make a reasonable, but unsuccessful effort to place the child without the subsidy; and a specific factor or condition must exist that makes it difficult to place the child without a subsidy.

[8]In fiscal year 2003, the Congress appropriated $292 million for subpart 1 and $405 million for subpart 2. These federal funds cover 75 percent of states' total Title IV-B expenditures because states must provide an additional 25 percent using nonfederal dollars.

[9]States must spend a "significant portion" of their subpart 2 funds on each of the four service categories. HHS program instructions require states to spend at least 20 percent of their subpart 2 funds on each of the four service categories, unless a state has a strong rationale for some other spending pattern.

Title IV-B subpart 1 provides grants to states for child welfare services, which are broadly defined. Subpart 1 funds are intended for services that are directed toward the accomplishment of the following purposes: (1) protect and promote the welfare of all children; (2) prevent or remedy problems that may result in the abuse or neglect of children; (3) prevent the unnecessary separation of children from their families by helping families address problems that can lead to out-of-home placements; (4) reunite children with their families; (5) place children in appropriate adoptive homes when reunification is not possible; and (6) ensure adequate care to children away from their homes in cases in which the child cannot be returned home or cannot be placed for adoption.

In 1980, the Congress enacted legislation that limited the total subpart 1 funds states could use for three categories of services: foster care maintenance payments, adoption assistance payments, and child care related to a parent's employment or training.[10] The total of subpart 1 funds used for these purposes cannot exceed a state's total 1979 subpart 1 expenditures for all types of services. The intent of this restriction, according to a congressional document, was to encourage states to devote increases in subpart 1 funding as much as possible to supportive services that could prevent the need for out-of-home placements.[11] However, this restriction applies only to the federal portion of subpart 1 expenditures, as the law notes that states may use any or all of their state matching funds for foster care maintenance payments.

Subpart 2 authorizes grants to states to provide four categories of services, which are defined below:

- Family preservation services: Services designed to help families at risk or in crisis, including services to (1) help reunify children with their families when safe and appropriate; (2) place children in permanent homes through adoption, guardianship, or some other permanent living arrangement; (3) help children at risk of foster care placement remain safely with their families; (4) provide follow-up assistance to families

[10]For our September 2003 report on Title IV-B and in this testimony, we mention only foster care maintenance and adoption assistance payments when referring to subpart 1 limits, although we did include planned spending on child care in our analyses of states' planned subpart 1 spending.

[11]Staff of the House Committee on Ways and Means, 106th Congress, Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means (Comm. Print 2000).

when a child has been returned after a foster care placement; (5) provide temporary respite care; and (6) improve parenting skills.

- Family support services: Community-based services to promote the safety and well-being of children and families designed to increase the strength and stability of families, to increase parental competence, to provide children a safe and supportive family environment, to strengthen parental relationships, and to enhance child development. Examples of such services include parenting skills training and home visiting programs for first time parents of newborns.

- Time-limited family reunification services: Services provided to a child placed in foster care and to the parents of the child in order to facilitate the safe reunification of the child within 15 months of placement. These services include: counseling, substance abuse treatment services, mental health services, and assistance to address domestic violence.

- Adoption promotion and support services: Services designed to encourage more adoptions of children in foster care when adoption is in the best interest of the child, including services to expedite the adoption process and support adoptive families.

States Spend IV-B Funds on A Variety of Services, With Subpart 2 Focusing More on Prevention

In our September 2003 report on Title IV-B, we found that states use these funds to provide a wide variety of services to prevent the occurrence of abuse, neglect, and foster care placements, as well as services to help children in foster care and their parents; however, relatively few subpart 1 dollars are used to provide family support and family preservation services, while the majority of subpart 2 funds are used for these purposes. According to our survey data for fiscal year 2002,[12] states spent subpart 1 funds most frequently on the salaries of child welfare agency staff, administration and management expenses, CPS services, and foster care maintenance payments. In comparison, states spent half of their subpart 2 funds on family support or prevention programs and another 12 percent on family preservation services. CFSR results for the past 2 years, however, indicate that states have not performed strongly in terms of assessing the services families need and providing those services.

[12]To obtain a breakdown of state spending for subparts 1 and 2 for the Title IV-B report, we sent a survey to all 50 states and the District of Columbia and received responses from 47 states.

States Use Subpart 1 Funds Primarily for Staff Salaries

Relatively few subpart 1 dollars were used for family support or family preservation services; instead, they were most frequently used to fund staff salaries, with almost half of these funds designated for the salaries of CPS social workers. Another 20 percent of these funds were used for the salaries of other social workers.[13] During a site visit to the state of Washington for the Title IV-B report,[14] child welfare officials told us that they used over 50 percent of the state's subpart 1 funds for salaries of staff providing direct services, including CPS social workers, other types of social workers, social work supervisors, and clerical support staff. Administration and management comprised the second largest category of service, accounting for almost 17 percent of subpart 1 dollars. This category included rent and utilities for office space, travel expenses for agency staff, and staff training.[15]

CPS represents the third largest category of services that states funded with subpart 1. States used about 16 percent of their subpart 1 funds to provide a variety of CPS services, such as telephone hotlines for the public to report instances of child abuse and neglect, emergency shelters for children who needed to be removed from their homes, and investigative services. During our site visit to California, for example, officials reported using about 40 percent of their subpart 1 dollars to fund staff salaries and operating expenses associated with a variety of shelter care services provided by counties, such as emergency shelters and foster homes. A child is placed in one of these shelters when no other placement option is immediately available—for example, when an investigation in the middle of the night determines that the child is at immediate risk of harm. States also used nearly 11 percent of their subpart 1 funds to make recurring payments for the room and board of foster children who are not eligible

[13]The survey data reported in this category reflect the salaries of staff affiliated with the child welfare agency. These figures do not include the salaries of child welfare agency staff dedicated to a specific program, which may be embedded within some of the other direct service categories, such as family support and family preservation. In addition, a state may use Title IV-B funds to contract with an organization to provide a particular program, which may include salary expenses as well as direct service expenditures.

[14]For the Title IV-B report, we conducted site visits in California, New Jersey, Ohio, and Washington to obtain more in-depth information on the services provided and the types of children and families served. These states represent both geographic diversity and diversity in how states used subpart 1 funds.

[15]This amount may be underestimated, since some states may not have separately reported administrative expenses associated with a specific program. For example, officials in one state reported that the total spending for a family support program included salaries for agency staff, overhead expenses, and related staff travel.

for reimbursement through Title IV-E. About 10 percent of subpart 1 dollars were used to provide family support and family preservation services.

Subpart 2 Most Frequently Funds Family Support and Family Preservation Services

In contrast to subpart 1, states used over 80 percent of their subpart 2 dollars to fund services in its four mandated service categories—family support, family preservation, family reunification, and adoption promotion and support services (see app. I for additional information on states' comparative expenditures on subparts 1 and 2). For example, states reported using half of their subpart 2 dollars to fund family support and prevention services. These services included mentoring programs to help pregnant adolescents learn to be self-sufficient; financial assistance to low-income families to help with rent and utility payments; and parenting classes, child care, and support groups provided by a community-based resource center. Washington funded a network of public health nurses and social service agencies to provide support services to families that are the subject of a report of abuse or neglect—these services are provided in lieu of, or following, a formal investigation when the level of risk to the child is not considered high.

Family preservation services—designed to keep families together and prevent the need to place a child in foster care—represented the second largest service category funded by subpart 2. Washington used subpart 2 funds for its statewide family preservation program, which offers counseling and parent training services for up to 6 months to families with children who are at risk of being placed in foster care.

In addition, states reported using about 11 percent of their subpart 2 funds for adoption support and preservation services. With these funds, states provided services such as counseling for children who are going to be adopted, family preservation services to adoptive families, and respite care[16] for adoptive families. Officials in Ohio reported using almost half of its subpart 2 dollars for adoption services, including post adoption services and services to recruit families for children in need of adoptive homes.

[16]Respite care refers to the temporary care of children that can provide a break for the families from the daily demands of caring for their children or respite during times of emergencies.

Finally, states spent about 9 percent of their subpart 2 dollars on family reunification services. States funded a diverse array of family reunification programs, such as supervised visitation centers for parents to visit with their children and coordinators for alcohol and drug treatment services for families whose primary barrier to reunification is substance abuse. New Jersey funded a supervised visitation program that offers parenting education, counseling, transportation, and support groups and is located in a private home, allowing families to visit together in a homelike setting and engage in more natural interactions.

CFSRs Find States Are Weak in Assessing Families' Service Needs

While states are using Title IV-B funds to provide this array of services, CFSR results for the past 2 years indicate that states have not performed strongly in terms of assessing the services families need and providing those services. When HHS reviewed case files it determined that 31of the 32 states that underwent a CFSR in 2001 or 2002 needed improvement in terms of assessing family needs and providing services to meet those needs. While 21 of the 32 states were considered to have an appropriate array of services for families, HHS found that the accessibility of services was a particular weakness in that many services were either not available statewide or had long waiting lists or other barriers to accessibility.

Staff and Data Issues Affect States' Ability to Protect Children From Abuse and Neglect

Child welfare agencies face a number of issues related to staffing and data management that impair their ability to protect children from abuse and neglect. In particular, low salaries hinder agencies' ability to attract potential child welfare workers and to retain those already in the profession. Additionally, caseworkers in the four states we visited for the March 2003 child welfare workforce report[17] cited high caseloads and a lack of supervisory support as issues impacting their ability to work effectively. According to these caseworkers, high turnover rates and staffing shortages leave remaining staff with insufficient time to establish relationships with children and families and make the necessary decisions to ensure safe and stable permanent placements. Furthermore, our July 2003 report found that states face challenges developing appropriate information systems needed to track abuse or neglect reports and monitor

[17]For this report, we conducted site visits in California, Illinois, Kentucky, and Texas to obtain more in-depth information on workforce issues and their effect on children's safety and permanency outcomes. Among other factors, these states represent geographic diversity and diversity in the practices they have implemented to address their recruitment and retention challenges.

children in foster care. While 47 states are developing or operating a SACWIS, many states[18] reported that the development of their SACWIS is delayed. Most states responding to our survey faced challenges to SACWIS development, such as obtaining state funding and developing a system that met the child welfare agency's needs statewide. In addition, several factors affect states' ability to collect and report reliable adoption, foster care, and child abuse and neglect data, including insufficient caseworker training, inaccurate and incomplete data entry, and technical challenges reporting the data.

Recruitment and Retention Challenges May Hamper Agencies' Attainment of Federal Child Welfare Outcomes

In our report on the child welfare workforce, we found that public and private child welfare agencies face a number of challenges recruiting and retaining qualified caseworkers and supervisors. Low salaries, in particular, hinder agencies' ability to attract potential staff and to retain those already in the profession. For example, caseworkers in each of the four states we visited said that many of their former child welfare colleagues pursued positions in the education field where they could not only make more money but also work with children without risking their own safety. For example, the Bureau of Labor Statistics' national wages survey[19] reports that elementary and middle school teachers earn, on average, about $42,000 annually while social workers earn about $33,000.[20]

Additionally, high caseloads, administrative burdens, limited supervision, and insufficient training reduce the appeal of child welfare work. Caseworkers and supervisors in all four states we visited cited demanding

[18]These reports were obtained through both site visit interviews and survey responses. For the child welfare information systems and data report, we conducted site visits in Colorado, Iowa, New York, North Carolina, and Oklahoma to obtain more in-depth information on states' experiences developing SACWIS and reporting data to HHS. These states represent both geographic diversity and different stages of SACWIS implementation. In addition, we surveyed all 50 states and the District of Columbia regarding their experiences in developing and using information systems and their ability to report data to HHS. We received responses from 49 states and the District of Columbia, although some states did not respond to every question. Forty-six of these states reported that they are developing or operating a SACWIS. Nevada, which HHS reported has an operational SACWIS, did not respond to our survey. Throughout this testimony, references to state survey responses for our July 2003 report include the District of Columbia.

[19]U.S. Department of Labor, Bureau of Labor Statistics, 2000 *National Occupational Employment and Wage Estimates*.

[20]This amount is specific to child, family, and school social workers (the occupation under which caseworkers would likely be classified).

and complex caseloads and related administrative requirements, such as casework documentation, as factors affecting retention. Some of the caseworkers we interviewed handled double the number of cases recommended by advocacy organizations,[21] and one study found that caseloads for individual child welfare workers ranged from 10 to 110 children,[22] with workers handling an average of about 24 to 31 children each. Furthermore, some of the caseworkers we interviewed told us that they spent between 50 and 80 percent of their time completing paperwork, thereby limiting their time to assist children and families.

Caseworkers told us that their desire to stay in the child welfare profession was influenced by high-quality supervision and adequate on-the-job training; however, these elements were often lacking. According to supervisors in one city we visited, about half of new trainees left their jobs before completing 1 year, in part, because these newly hired caseworkers were not sufficiently trained to do their jobs. Furthermore, some newly promoted supervisors have requested demotions because they felt unprepared to meet job demands, and the caseworkers they supervised complained of poor management and insufficient support.

There is some evidence to suggest how recruitment and retention challenges affect the safety and permanency of children in care, but the magnitude of this effect is unknown. Caseworkers in the four states that we visited said that high turnover rates and staffing shortages leave remaining staff with insufficient time to conduct the types of home visits necessary to assess children's safety and to make well-supported decisions to ensure safe and stable permanent placements. For example, when staff change, caseworkers may have to reestablish information to update the case record and families may become hesitant to work with unfamiliar caseworkers, making it difficult to learn the history of the case. Worker turnover also disrupts the continuity of services, particularly when newly assigned caseworkers have to conduct or reevaluate educational, health, and safety assessments due to poor or insufficient information in case files left behind by others. Furthermore, caseworkers explained that high caseloads require them to limit the number and quality of the home visits

[21]The Child Welfare League of America suggests a caseload ratio of 12 to 15 children per caseworker, and the Council on Accreditation for Children and Family Services suggests that caseloads not exceed 18 children per caseworker.

[22]American Public Human Services Association, *Report from the Child Welfare Workforce Survey: State and County Data and Findings*, May 2001.

they conduct, forcing them to focus only on the most serious circumstances of abuse and neglect. One caseworker in Texas noted that when she does make a home visit, the visit is quick and does not enable her to identify subtle or potential risks to the child's well-being.

Our analysis of federal CFSRs corroborated caseworker accounts,[23] showing that large caseloads and worker turnover delay the timeliness of investigations and limit the frequency of worker visits with children, thereby hampering agencies' attainment of some key federal safety and permanency goals. Although identifying workforce deficiencies is not an objective of the CFSR process, in all 27 CFSRs we analyzed, HHS explicitly cited workforce deficiencies—high caseloads, training deficiencies, and staffing shortages—that affected the attainment of at least one assessment measure. While the number of affected assessment measures varied by state, we found that HHS cited these factors for an average of nine assessment measures per state, with more than half of the 27 states exceeding this average. For example, in New Mexico's CFSR, reviewers cited staff turnover and vacancies as impairing workers' ability to investigate child maltreatment reports, provide appropriate services for families, and establish timely permanency goals. Furthermore, the District of Columbia's CFSR describes heavy workloads, high staff turnover, and a climate in which supervisors often call new workers out of training to handle ongoing caseload activities.

Delays in SACWIS Completion and Challenges with Data Collection Affect States' Ability to Ensure Reliable Data on Children's Experiences

In addition to performing a wide range of services to protect children, child welfare caseworkers are the key personnel who collect and document information on children and families served by children welfare agencies. Case file documentation is generally captured in state computer systems. In our July 2003 report, HHS reported that 47 states are using targeted federal funds to develop or operate their child welfare computer systems—known as SACWIS—but many continue to face challenges completing their systems. In our November 2003 testimony on SACWIS,[24] we reported on the costs associated with developing SACWIS and the associated barriers, such as development delays and difficulties in

[23]At the time of the original study, CFSR final reports were available for only 27 states; as of January 28, 2004, HHS had released reports for an additional 14 states.

[24]See U.S. General Accounting Office, *Child Welfare: States Face Challenges in Developing Information Systems and Reporting Reliable Child Welfare Data*, GAO-04-267T (Washington, D.C.: Nov. 19, 2003).

receiving state funding approval, creating a system that reflects child welfare work processes, and securing contractors knowledgeable about child welfare. Many state officials said that they recognize the benefit their state will achieve by developing SACWIS, such as contributing to the timeliness of child abuse and neglect investigations. In Oklahoma, for example, caseworkers and state officials noted that they believe their children are safer since the implementation of SACWIS simply because the information on the children is easily accessible to the caseworkers and their supervisors. According to our survey results, automated systems provided easier access to data and allowed caseworkers to better monitor children in their care, which may contribute to additional child welfare and administrative benefits, such as decreased incidences of child abuse and neglect, shortened length of time to achieve adoption, timeliness of payments to foster families, and timeliness of payments to foster facilities.

Some of the data captured in case file records are reported to two HHS databases that compile child welfare data—AFCARS and NCANDS. We found that several factors affect states' ability to collect and report reliable data to HHS on children served by state child welfare agencies. Almost all of the states responding to our survey[25] reported that insufficient caseworker training and inaccurate and incomplete data entry into their information system affect the quality of AFCARS and NCANDS data. Although most states reported these as separate factors, HHS and the states we visited found that insufficient training and inaccurate and incomplete data entry are often linked. Caseworkers, supervisors, and managers in the five states that we visited reported that additional factors, such as difficulties balancing data entry with the time that they spend with the families and children, contributed to inaccurate or incomplete data entry. Supervisors in Iowa explained that since caseworkers are responsible for ensuring that children and their families receive the services they need, the caseworkers tend to initially limit data entry to the information that is necessary to ensure timely payment to foster care providers, and complete all other data elements when the caseworkers have time. In addition, caseworkers in Colorado said that they are between 30 and 60 days behind in their data entry, so the information in the automated system may not accurately reflect the current circumstances of children in care.

[25]The analysis of survey responses about reporting data to HHS is based on responses from 49 states and the District of Columbia. All states, regardless of SACWIS development, were asked to complete these questions.

We also reported in our July 2003 report and November 2003 testimony that many states experienced technical challenges reporting their data to HHS. The problems reported by states are typically a result of challenges associated with data "mapping"—matching state data elements to the federal data elements. For example, 36 states reported in our survey that matching their state-defined data to HHS's definitions affected the quality of the data reported to NCANDS and AFCARS. In addition to the challenges reported in our survey, HHS reported that transferring data from older data systems into SACWIS affects the quality of the data reported to AFCARS and NCANDS.

Improvements in HHS'S Oversight of Child Welfare Programs Could Help States Overcome Some Challenges

HHS plays a role in helping states implement their child welfare programs, but in some cases, additional federal oversight or technical assistance could help states provide more effective services. In terms of child welfare funding, HHS focuses its programmatic oversight on the overall child welfare system in each state and provides relatively little oversight specific to Title IV-B subpart 1. HHS's role in assisting states overcome the child welfare workforce challenges is limited to partial federal reimbursement for training expenses and management of discretionary grant programs, such as the Child Welfare Training Program. HHS also monitors SACWIS development and data reporting and provides assistance to states to address some of the associated challenges; however, states reported ongoing challenges, such as the lack of clear and documented guidance on how to report child welfare data, despite the availability of this assistance.

HHS Focuses Oversight on the Overall Child Welfare System, but Has Limited Knowledge about States' Use of Subpart 1 Funds

HHS focuses much of its programmatic oversight on the overall child welfare system in each state, rather than focusing specifically on subpart 1 or any other federal funding source. A major component of HHS's subpart 1 oversight is having the regional offices actively work with states to develop appropriate goals for their child welfare systems and ensure that available funds are used to support those goals. To receive Title IV-B funding, HHS requires states to submit a Child and Family Services Plan, which covers a 5-year period and describes the state's goals and objectives toward improving outcomes related to the safety, permanency, and well-being of children and families, as well as the services and programs the state will pursue to achieve these goals. In addition to the 5-year plan, HHS requires states to submit an update each year to discuss their progress in meeting the goals outlined in their plans. Some regional officials noted that states are still struggling to use these documents appropriately for planning purposes and frequently just describe their current programs,

rather than focusing on outcomes and collecting data to measure progress toward those outcomes.

The CFSR process is an additional tool HHS uses to ensure that states conform to federal child welfare requirements and to help states improve their child welfare services. Staff at one regional office described the CFSR as a thorough review of the services funded by different federal programs, such as Title IV-B, providing an opportunity to determine whether states are providing the services they report in their planning documents and whether those services are adequate and appropriate to meet the needs of the state's children and families. When asked about HHS's role in guiding states' use of subpart 1 funds to address weaknesses identified by the CFSRs, an HHS official told us that the agency provides technical assistance to states to help them determine the most effective use of their resources, while giving states much latitude to determine the most appropriate use of their subpart 1 funds.

HHS does not require states to provide any data about their use of subpart 1 funds, such as their subpart 1 expenditures for specific services.[26] As a result, several regional offices noted that they have no way of knowing how states actually spend their subpart 1 funds. Instead, HHS requires states to submit annual estimates of the amount of subpart 1, subpart 2, and other federal funds the state plans to spend in the upcoming year on different categories of services (such as family support or CPS). However, these estimates may not provide reliable data as to how states are using subpart 1 funds. HHS officials explained that states' actual expenditures may vary from these estimates, as they address unforeseen circumstances.

[26]States are required to submit general reports on their total subpart 1 expenditures, but these provide no data on how the funds are actually used. Per instructions from the Office of Management and Budget, agencies must require states receiving federal grants to complete a financial status report (SF 269), providing general information on state expenditures. For example, the form might indicate that a state spent $10 million in subpart 1 funds in a specific fiscal quarter, but it provides no details on how the $10 million was used.

In addition, HHS requires states to submit their estimates before the final spending amounts have been appropriated.[27]

The descriptions provided by regional office staff of their review of these estimates indicate that they review them for relatively limited purposes. As a result, most HHS regional offices do not review the annual estimates for compliance with the statutory limits. In addition, HHS's annual program instruction, which details what information states must include in their estimates and serves as the basis for the regional offices' review of subpart 1 spending, does not mention the subpart 1 limits. Five regional offices were unaware that any limits on the use of subpart 1 funds existed. Four other regional offices were aware of the limits, but did not ensure that states complied with the limits.

This lack of review led HHS to approve spending plans for 15 states that reported fiscal year 2002 planned subpart 1 expenditures for foster care maintenance and adoption assistance payments that exceeded the statutory limits.[28] The dollar amounts by which the subpart 1 spending estimates surpassed the limits were small in some cases, but large in others. For example, Georgia reported that it planned to spend $1,497,000 of subpart 1 funds for these purposes in 2002, which would exceed its statutory limit by $1,558. At the other extreme, Florida's estimate indicated that it planned to spend over $9 million, which was more than $7 million over the maximum allowable spending of $1.9 million. In total, these 15 states submitted planned subpart 1 spending estimates for foster care maintenance and adoption assistance payments that would exceed the statutory limits by over $30 million.

[27]HHS requires states to submit their annual estimates for the upcoming fiscal year on a form CFS-101. For example, for fiscal year 2002, the CFS-101 was due by June 30, 2001. Because they are submitted before final appropriations have been enacted, a state might not request the full amount of funds to which it is entitled, if the final appropriation is greater than the state's initial estimate. States must submit a revised CFS-101 by June 30, 2002, to request any additional fiscal year 2002 Title IV-B funds that might be available to them once appropriations are finalized. In addition, states can request additional Title IV-B funds if other states do not use the total funds to which they are entitled.

[28]In most cases, we reviewed the final revised CFS-101 approved by HHS. For 1 state, however, we used the initial CFS-101 approved by HHS because it included planned subpart 1 expenditures that exceeded the limits for foster care and adoption assistance payments. Although the revised CFS-101 did not show that the state planned to exceed the limit, we used the initial CFS-101 to show that HHS had previously approved a spending plan that did not comply with the statutory limits.

Several regional offices said that they are not concerned about a state planning to spend significant proportions of its subpart 1 funds on foster care maintenance and adoption assistance payments if they believed the state had a strong child welfare system with an appropriate array of services. Regional office staff said that they would, however, ask a state to reconsider its funding strategy if the state were performing poorly. However, many of the states with approved subpart 1 estimates above the statutory ceilings did not achieve strong outcomes on their CFSR evaluations with regard to providing needed services and having an appropriate array of services. HHS has conducted CFSRs on 13 of the 15 states with approved annual estimates over the subpart 1 spending limits and determined that appropriately assessing family needs and providing services to address those needs was an area needing improvement in 12 of the 13 states. In addition, 7 of the 13 states were also determined to need improvement in terms of having an appropriate array of services to meet the needs of families in the state.[29]

In discussing the current structure of Title IV-B, officials in all of HHS's regional offices told us that they believe states need some flexibility to use Title IV-B funds to address state-specific child welfare needs as is currently the case under subpart 1. At the same time, officials in 8 of HHS's 10 regional offices also stressed the importance of subpart 2 to ensure that states use some funds on family support services and prevention activities to help preserve families and keep children from entering foster care. Several regional offices expressed concern that, in the absence of the minimum spending requirements outlined in subpart 2, states would neglect preventive services, while using Title IV-B funds for more urgent services, such as CPS or foster care. State and local child welfare officials in one state we visited, along with officials at 2 HHS regional offices, said that states need more federal funds to provide services to prevent foster care placements, such as an increase in funds available under Title IV-B or more flexibility to use Title IV-E funds to provide services. HHS is currently developing a legislative proposal to give states more flexibility in using Title IV-E foster care funds for such preventive services.[30]

[29]Ten of the 13 states were also cited as needing improvement in ensuring that needed services are accessible to families in all areas of the state and 9 of the 13 states were categorized as needing improvement in terms of individualizing services to meet the unique needs of individual families.

[30]Under this new proposal, states could voluntarily choose to receive a fixed IV-E foster care allocation, which could be used for any services provided under Titles IV-B and IV-E.

HHS's Involvement with States' Child Welfare Workforce Is Limited

HHS's primary connection to the child welfare workforce has been through partial federal reimbursement—75 percent—of states' training funds to implement educational programs for current child welfare staff and to enhance the child welfare curriculum of undergraduate and graduate social work programs to better educate and prepare potential caseworkers.[31] This funding may also be used for curriculum development, materials and books, support for current workers to obtain a social work degree, and incentives to induce entry to the child welfare field. During fiscal year 2002, 49 states received $286 million in title IV-E training reimbursements.[32] These reimbursements ranged from a low of approximately $10,400 in Alaska to a high of more than $79 million in California, with the median reimbursement approximating $2.7 million.

In addition, ACF's Children's Bureau manages six discretionary grant programs through which it funds various activities related to improvements in the child welfare system. One of these programs—the Child Welfare Training Program, authorized by Section 426 of Title IV of the Social Security Act—awards grants to public and private nonprofit institutions of higher learning to develop and improve the education, training, and resources available for child welfare service providers.[33] This is the only program of the six with a specific emphasis on staff training;[34] however, in fiscal year 2003, it received the second smallest share—8 percent—of the Children's Bureau's total discretionary funds.

According to HHS officials, HHS has no authority to require states to address caseload issues in their CFSR-related program improvement plans or to enforce any caseload standards. Furthermore, HHS officials said that states have made few requests of HHS's national resource centers for assistance with child welfare staff recruitment and retention. Although

[31]As authorized under Title IV-E of the Social Security Act, the federal government reimburses 75 percent of states' training expenditures related to foster care and adoption services. States providing training for contracted private agency staff can receive 50 percent federal reimbursement for this purpose.

[32]Fiscal year 2002 data are the most recent data available at the time of this testimony. The District of Columbia, Massachusetts, and Puerto Rico have not participated in title IV-E reimbursements for the last three fiscal years.

[33]In fiscal year 2003, among other child welfare training project activities, HHS awarded grants to eight recipients for developing models of effective child welfare staff recruitment and retention training.

[34]Although the other discretionary grant programs fund initiatives that can involve caseworker training, caseworker training and development is not their primary focus.

HHS officials told us that they plan to examine the CFSRs to better understand the relationship between recruitment and retention and safety and permanency outcomes across the states, the agency is still conducting these reviews and is not expected to complete them until March 2004.

HHS Offers Assistance to Help States Develop SACWIS and Improve Their Data, but States Report Ongoing Challenges with Some of HHS's Efforts

In response to some of the challenges states face in developing SACWIS and collecting and reporting child welfare data, HHS has conducted on-site reviews of information systems and provided technical assistance from a variety of sources. For example, at the time of our review, HHS had conducted on-site reviews in 26 states with operational SACWIS to ensure that the systems met all federal requirements and to offer assistance to states that faced challenges completing the development of their SACWIS. Few systems have been determined complete after an on-site review because of unresolved issues, such as not being able to build links to other state information systems or not implementing certain eligibility determination functions. To help states address some of these development challenges, the SACWIS review team provides the state with recommendations for complying with SACWIS requirements and schedules a conference call with the state officials to walk through the system's deficiencies and offer guidance on how the state can move forward. In addition, in an attempt to help states comply with the reporting standards and address some of the factors that contribute to data quality problems, HHS performs comprehensive reviews of state information systems' ability to capture AFCARS data to identify problems associated with data collection and reporting and to ensure that the information in the automated system correctly reflects children's experiences in care.

Other technical assistance is available to states in a variety of formats. HHS facilitates the sharing of information between states developing SACWIS through an automated system users' group that allows state and federal officials to exchange information, ideas, and concerns. In addition to the users' group, HHS officials sponsor a Listserv—an electronic mailing list—that allows state officials to exchange information, a monthly conference call with state information technology directors,[35] an annual technical assistance meeting, and an NCANDS state advisory group. The

[35]In commenting on a draft of the July 2003 report, HHS indicated that a Web resource is available to states interested in learning about other states' efforts to develop human services—child welfare, food stamps, Temporary Assistance to Needy Families, child care, and child support enforcement—information systems at http://www.acf.hhs.gov/nhsitrc.

National Resource Center for Information Technology in Child Welfare, which opened in 1999, also provides assistance to states on SACWIS development and data issues.

HHS has also made available to states the software it uses to examine states' AFCARS and NCANDS submissions for inconsistencies and invalid data. Officials in all the states that we visited said that they regularly use this software, and an HHS official said that nearly every state has used the software at least once. HHS officials reported that these tests help them to identify some data quality errors, such as missing data, and said that they believe that, in general, data have improved in recent years. However, the officials indicated that the tests cannot pinpoint the underlying problems contributing to these errors. Furthermore, one official reported that no specific efforts have been conducted to track the individual data elements and, therefore, HHS cannot report on how data quality has changed over time.

Although the states we visited appreciated some of HHS's efforts to assist with improving state data quality, they and most states responding to our survey agreed that the assistance is not always consistent or easily accessible. The primary concerns reported by the states we visited were delays in receiving clear written guidance on defining and reporting certain data elements and the lack of state input in suggesting changes to AFCARS. Despite the written guidance available to states in the form of regulations and an online policy manual, states reported that the variation in state policies and practices makes it difficult to interpret how to apply the general guidance. As a result, states consult with HHS to ensure they are applying the regulations appropriately. However, in commenting on a draft of the July 2003 report, officials in Oklahoma told us that a common concern among the states is the lack of timely response from HHS when seeking guidance on how to report data. In commenting on a draft of the same report, HHS explained that it first refers states to its Web site for information and believes that the available guidance addresses states' concerns in most instances. In addition, the states that have had an AFCARS review experienced delays in obtaining guidance on how to proceed following the on-site review. An HHS official told us that since the review process is relatively new, the agency is still developing a process to respond to the states and recognizes that it has not been responsive to the states already reviewed. In addition, HHS is taking steps to gather feedback from states and other users of AFCARS data to determine how to improve the system to make the data more accurate and usable. As a part of these efforts, HHS has published a *Federal Register* notice soliciting comments and held focus group meetings at national conferences. The

difficulties states face in receiving federal guidance and assistance, as well as the other challenges they face in reporting data, may negatively affect the reliability of the data available in AFCARS and NCANDS.

Concluding Observations

Despite its relatively small funding level compared to other funding sources for child welfare services, Title IV-B represents an important federal commitment to states' efforts to protect children from abuse and neglect. However, HHS does not provide in-depth oversight specific to Title IV-B subpart 1. Two key issues further compound states' ability to prevent abuse and neglect. For example, given the difficulties that public and private child welfare agencies are experiencing in hiring, training, and retaining their workforces, these agencies' ability to provide services to children is threatened. In addition, states face challenges in completing their SACWIS systems and in ensuring that caseworkers input complete and accurate case data in a timely manner.

We recommended in our September 2003 report on Title IV-B that the Secretary of HHS provide the necessary guidance to ensure that HHS regional offices monitor states' use of Title IV-B subpart 1 funds for compliance with statutory restrictions on the use of these funds. We also recommended that the Secretary consider the feasibility of collecting basic data on states' use of these funds to facilitate its oversight of the program and to provide guidance to help states determine appropriate services to fund. In commenting on a draft of that report, HHS agreed with our first recommendation but noted that the statutory limitations on Title IV-B funds no longer serve a useful purpose and are incompatible with its current proposal to offer states much more flexibility in using other federal child welfare dollars. HHS disagreed with our second recommendation, stating that it believes that its level of oversight is commensurate with the scope and intent of the program and minimizes states' reporting requirements.

We recommended in our March 2003 report on child welfare worker recruitment and retention that, because of the reported impact staffing shortages and high caseloads have on the attainment of federal outcome measures, that the Secretary of HHS take actions that may help child welfare agencies address the recruitment and retention challenges they face. In commenting on a draft of that report, HHS generally agreed with our findings and concurred with our recommendation, saying that it has begun to explore the effectiveness of child welfare training programs, with an emphasis on lessons learned and best practices. However, HHS stressed that it has no authority to require states to address caseload

issues in their CFSR program improvement plans or to enforce any caseload standard.

To improve the reliability of state-reported child welfare data, we recommended in our July 2003 SACWIS report that the Secretary of HHS consider, in addition to HHS's recent efforts to improve AFCARS data, ways to enhance the guidance and assistance offered to states to help them overcome the key challenges in collecting and reporting child welfare data. HHS generally agreed with our findings and, in response to our recommendation, noted that the data definitions need to be updated and revised and said it is currently in the process of revising the AFCARS regulations to further standardize the information states are to report. More recently, HHS said that it would be creating policy guidance that will delineate what will happen if a state fails to complete its SACWIS within a reasonable time frame.

Mr. Chairman, this concludes my prepared statement. I would be pleased to respond to any questions that you or other members of the Subcommittee may have.

GAO Contact and Acknowledgments

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Appendix I: Subparts 1 and 2 Expenditures

Table 1: Fiscal Year 2002 Expenditures for Subparts 1 and 2 Service Categories

	Subpart 1			Subpart 2		
Service category	**Number of states**	**Amount of subpart 1 funding[a]**	**Percentage of subpart 1 funding**	**Number of states**	**Amount of subpart 2 funding[a]**	**Percentage of subpart 2 funding[b]**
Staff positions	25	$70,965,578	27.6	17	$6,229,058	2.4
Administration and management	16	43,143,097	16.8	18	11,614,667	4.5
Child protective services	17	40,543,000	15.8	5	2,248,690	0.9
Foster care maintenance payments	17	27,890,783	10.8	2	647,154	0.3
Multiple responses[c]	8	25,806,347	10.0	4	3,503,585	1.4
Family support/prevention	17	19,840,891	7.7	28	127,430,496	49.8
Counseling and mental health services	2	8,350,562	3.2	5	1,354,763	0.5
Family preservation	7	5,986,045	2.3	23	30,308,896	11.8
Adoption subsidy payments	7	4,657,546	1.8	2	737,412	0.3
Family reunification	4	2,446,570	1.0	26	23,625,973	9.2
Recruitment and training for foster/adoptive parents	9	2,260,061	0.9	16	6,828,885	2.7
Adoption support and preservation services	2	446,877	0.2	27	28,481,585	11.1
Other	11	4,817,180	1.9	15	12,795,915	5.0
Total[d]		**$257,154,537**	**100.0**		**$255,807,079**	**100.0**

Source: GAO survey.

Notes: Percentages do not always total to 100 due to rounding.

Data on subpart 1 expenditures are based on survey responses from 46 states and data on subpart 2 expenditures are based on survey responses from 44 states. While Pennsylvania responded to our survey, it did not provide expenditure data for subparts 1 or 2.

[a]When providing data for our survey, states were asked to indicate the single service category that best described the type of program funded by subparts 1 and 2. Thus, programs that fall into multiple service categories may not be fully captured. For example, one state indicated it funded a family support program, which includes some family preservation and reunification services. In addition, states may not have been consistent in categorizing services. For example, several HHS officials told us that the delineation between family support and family preservation services is not clear, so that two states providing the same services to the same types of families may report them in different categories. Inconsistencies such as these could have an effect on any measured differences among service categories.

[b]States may spend less than 20 percent of their subpart 2 funds on any of the required service categories if they have a strong rationale. Some HHS regional officials said that they approve exceptions to the 20 percent requirement if a state is spending a significant amount of nonfederal funds on a subpart 2 service category.

[c]Although states were asked to indicate the single service category that best described the type of program funded by subparts 1 and 2, several states selected multiple program categories when responding to our survey. For example, Rhode Island reported that it funded a home visitation program and indicated that this program includes family support, health, and family reunification services. Thus, the responses from states that reported multiple categories for a program are represented by this category.

[d]The aggregate dollars reported in the service categories do not match the total allocations for subparts 1 and 2 in fiscal year 2002. States have 2 years to spend their Title IV-B allocations; as a result, expenditures in fiscal year 2002 may include dollars from a state's fiscal year 2001 Title IV-B allocation, as well as its fiscal year 2002 Title IV-B allocation. Similarly, some fiscal year 2002 allocations may not have been spent until fiscal year 2003.

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