What GAO Did This Study

Despite substantial federal and state investment, states have not been able to meet all outcome measures for children in their care. Given the complexity of the challenges that state child welfare agencies face, GAO was asked to determine (1) the primary challenges state child welfare agencies face in their efforts to ensure the safety, well-being, and permanent placement of the children under their supervision; (2) the changes states have made to improve the outcomes for children in the child welfare system; and (3) the extent to which states participating in the Department of Health and Human Services (HHS) Child and Family Services Reviews (CFSR) and technical assistance efforts find the assistance to be helpful. GAO surveyed child welfare agencies in 50 states, the District of Columbia, and Puerto Rico and visited 5 states, interviewed program officials, and reviewed laws, policies, and reports.

What GAO Recommends

GAO recommends that HHS develop a strategy to centralize federal program information, record all technical assistance to states in its Technical Assistance Tracking Internet System, and ensure that these data are complete, accurate, and timely. HHS agreed that data should be complete, accurate, and timely, but disagreed that centralized program information and recording all technical assistance would adequately address states’ child welfare challenges or improve their ability to more effectively allocate technical assistance to states. GAO continues to support these recommendations.

What GAO Found

In response to a GAO survey, state child welfare agencies identified three primary challenges as most important to resolve to improve outcomes for children under their supervision: providing an adequate level of services for children and families, recruiting and retaining caseworkers, and finding appropriate homes for certain children. State officials also identified three challenges of increasing concern over the next 5 years: children’s growing exposure to illegal drugs, increased demand to provide services for children with special needs, and changing demographic trends or cultural sensitivities in providing services for some groups of children in the states’ child welfare systems.

Most states reported that they had implemented initiatives to address challenges associated with improving the level of services, recruiting and retaining caseworkers, and finding appropriate homes for children. These initiatives, however, did not always mirror the major challenges. For example, with respect to services, states most frequently identified that they were challenged by the lack of mental health and substance abuse services for children and families, yet only a fourth of the dissatisfied states reported having initiatives to improve the level of these services. In states where evaluations of their initiatives had been completed under a federal demonstration project, the evaluations generally showed that states had achieved mixed results across child welfare outcomes.

States we visited reported that HHS reviews of their child welfare systems and training and technical assistance efforts helped them improve their child welfare programs. For example, officials in three of the five states we visited reported that the CFSRs prompted them to develop interagency strategies for providing an array of needed services to children and families. Similarly, nearly all states in our survey reported that HHS-sponsored technical assistance was helpful to some degree. However, HHS officials said that several factors limited their ability to use their technical assistance tracking system as a management tool. For example, not all service providers are included in the tracking system, and some providers inconsistently enter required data into the system. As a result, HHS may be limited in its ability to determine how best to allocate technical assistance resources to help maximize states’ ability to address child welfare issues.