FOSTER CARE

HHS Could Do More to Support States' Efforts to Keep Children in Family-Based Care

Why GAO Did This Study

About 14 percent of the more than 400,000 children in foster care nationwide lived in congregate care at the end of fiscal year 2013, according to HHS data. Given the importance of family-based care to foster children’s well-being, GAO was asked to review state use of congregate care.

This report examines (1) how selected states have reduced their use of congregate care; and (2) some challenges with reducing congregate care placements, and efforts HHS has taken to help states reduce congregate care. GAO analyzed child welfare data from HHS; reviewed relevant federal laws, regulations, and documents; and interviewed state child welfare officials in eight states—Connecticut, Colorado, Kansas, Louisiana, Maryland, Minnesota, New Jersey, and Washington. In four of these states, GAO also visited and spoke with local child welfare officials and congregate care providers. The selected states varied in their use of congregate care and geographic location, but cannot be generalized nationwide. GAO also spoke with child welfare experts.

What GAO Recommends

GAO recommends that HHS take steps to enhance its support of state actions to reduce use of congregate care as appropriate, by, for example, collecting additional information on state efforts and sharing best practices. HHS concurred with this recommendation.

What GAO Found

Eight states GAO reviewed had a variety of efforts under way to help ensure they placed foster children in family-based settings rather than in group homes or institutions, also known as congregate care. Federal law requires that foster children have a case plan designed to achieve placement in the least restrictive (most family like) and most appropriate setting available, consistent with their needs. States’ efforts to ensure appropriate placements included more oversight of decisions to place children in congregate care and the length of stay; enhanced recruiting and training for specialized foster families to care for children with serious emotional, behavioral, or medical problems; and increased supports for families in crisis. Officials in the eight states generally credited these efforts with declines in their use of congregate care—on average a 47 percent decline from fiscal years 2004 through 2013, based on the most recent available data from the Department of Health and Human Services (HHS). However, these states’ percentages of foster children in congregate care still ranged from 5 percent to 34 percent, mirroring the variation nationwide in fiscal year 2013.

Percentage of Foster Children in Congregate Care by State (Sept. 30, 2013)

Selected stakeholders (state officials, service providers, and experts) cited challenges to more appropriate use of congregate care, such as providing specialized training to foster families, addressing shortages in mental health and other community services, and working with congregate care providers to focus more on providing services in family settings. In a May 2015 report, HHS said that states’ progress in reducing congregate care was inconsistent and recognized that additional information was needed. HHS also proposed some relevant legislative changes. Stakeholders identified other HHS actions, such as additional data analysis and sharing of best practices that would help states facing challenges to transform their use of congregate care. HHS currently does not have plans to take further actions to support states.