

GAO

Report to the Ranking Minority
Member, Subcommittee on Human
Resources, Committee on Ways and
Means, House of Representatives

October 2006

CHILD WELFARE

Improving Social Service Program, Training, and Technical Assistance Information Would Help Address Long- standing Service-Level and Workforce Challenges





Highlights

Highlights of [GAO-07-75](#), a report to Minority Member, Subcommittee on Human Resources, Committee on Ways and Means, House of Representatives

Why 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.

www.gao.gov/cgi-bin/getrpt?GAO-07-75.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Cornelia M. Ashby at (202) 512-7215 or ashbyc@gao.gov.

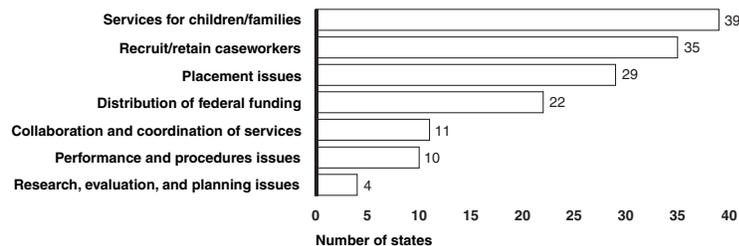
CHILD WELFARE

Improving Social Service Program, Training, and Technical Assistance Information Would Help Address Long-standing Service-Level and Workforce Challenges

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.

Child Welfare Challenges Reported by States, in Fiscal Year 2006, as the Top Three Most Important Challenges to Resolve



Source: GAO analysis of state child welfare survey responses.

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.

Contents

Letter		1
	Results in Brief	3
	Background	5
	States Identified Several Long-standing and Emerging Challenges to Ensuring Child Safety, Well-Being, and Permanency	7
	Emerging Challenges Include Children's Exposure to Illegal Drugs, Caring for Special Needs Children, and Responding to Changing Demographics of the Child Welfare Population	19
	State Initiatives Insufficiently Address State Challenges to Improve Child Outcomes, and Evaluations Showed Mixed Results	20
	States Generally Found HHS Reviews and Technical Assistance Helpful, but HHS's Monitoring System Has Limitations	26
	Conclusions	29
	Recommendations for Executive Action	30
	Agency Comments and Our Evaluation	30
Appendix I	Objectives, Scope, and Methodology	33
Appendix II	Federal Funding for State Child Welfare Programs	36
Appendix III	Type, Description, and Status of Title IV-E Waiver Demonstration Programs, as of August 2006	38
Appendix IV	Department of Health and Human Services Child Welfare National Resource Centers and whether They Are Included in the Technical Assistance Tracking Internet System Database	41
Appendix V	Comments from the Department of Health and Human Services	42

Appendix VI	GAO Contacts and Staff Acknowledgments	47
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Related GAO Products		48
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Tables

Table 1: Child and Family Services Review Results Related to the Three Most Important Child Welfare Challenges Reported by States	10
Table 2: State-Reported Use and Assessment of HHS Training and Technical Assistance	28

Figures

Figure 1: Child Welfare Challenges Reported by States as the Three Most Important Challenges to Resolve	8
Figure 2: States Reporting Dissatisfaction with the Level of Services Provided to Children in the Child Welfare System	11
Figure 3: States Reporting Dissatisfaction with the Level of Services Provided to Parents of At-Risk Families in the Child Welfare System	12
Figure 4: States Reporting Dissatisfaction with the Level of Services Provided to Children and to Parents of At-Risk Families in the Child Welfare System	13
Figure 5: States Reporting Dissatisfaction with Factors That Could Affect the State's Ability to Recruit and Retain Caseworkers	15
Figure 6: States Reporting Factors of Greatest Concern in Making Appropriate Placements for Children	17
Figure 7: State-Reported Emerging Issues That Are Likely to Affect Children in Child Welfare System over the Next 5 Years	19
Figure 8: State-Reported Initiatives to Improve Services to Children and Families	22
Figure 9: State-Reported Initiatives to Recruit and Retain Caseworkers	23
Figure 10: State-Reported Initiatives to Find Appropriate Homes for Children	25

Abbreviations

ACF	Administration for Children and Families
CAPTA	Child Abuse Prevention and Treatment Act
CFDA	Catalog of Federal Domestic Assistance
CFSR	Child and Family Services Reviews
CHA	Children's Health Act
CPS	Child Protective Services
CWLA	Child Welfare League of America
HHS	Health and Human Services
NRC	national resource center
PIP	program improvement plan
TANF	Temporary Assistance for Needy Families
TATIS	Technical Assistance Tracking Internet System
VCAA	Victims of Child Abuse Act

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United States Government Accountability Office
Washington, DC 20548

October 6, 2006

The Honorable Jim McDermott
Ranking Minority Member
Subcommittee on Human Resources
Committee on Ways and Means
House of Representatives

Despite substantial federal and state investment in various social services, states continue to receive more than 2 million reports of child maltreatment each year and report having more than half a million children in state foster care systems. While children in foster care were removed from their homes to protect them from harm or neglect, states have struggled to meet established federal child welfare standards for ensuring the safety and well-being of these children in their care. Between March 2001 and March 2004, in its first round of Child and Family Services Reviews (CFSR) evaluating each state's¹ child welfare program, the U.S. Department of Health and Human Services (HHS) found that no state had achieved all of the federal outcome measures for ensuring the safety, well-being, and permanency² of children.

For fiscal year 2006, Congress appropriated about \$8 billion to support the ability of state child welfare systems to provide services that protect children from abuse and neglect, promote their physical and mental well-being, find them a permanent home, and enable families to successfully care for their children, including those children with special needs.³ At the federal level, HHS's Children's Bureau under the Administration for Children and Families (ACF) establishes federal policy, oversees states' child welfare programs in part through its CFSRs, and provides technical assistance to states primarily through its national resource centers (NRCs) and HHS regional offices. State child welfare agencies administer the programs and monitor the children and their families. States use federal

¹In this report, we use the term *states* to refer collectively to the 50 states plus the District of Columbia and Puerto Rico.

²*Permanency* is defined as providing a lifetime commitment to a child in a setting where he or she is safe, can have a sense of belonging and well-being, and can live to adulthood.

³Special needs are factors that can include medical, emotional, mental, or behavioral needs that will require ongoing assistance and support, age, or membership in a minority group.

funds to support all aspects of the child welfare program, including helping families stay together; providing financial support for families fostering children who had been removed from their homes; finding adoptive or other permanent homes for children; and recruiting, hiring, and training child welfare employees.

Given the complexity of the challenges facing state child welfare agencies, you asked us to determine (1) the primary challenges state child welfare agencies face in their efforts to ensure the safety, well-being, and permanency of the children under their supervision; (2) the changes states have made since January 1, 2002⁴, to improve the outcomes for children in the child welfare system; and (3) the extent to which states participating in HHS's Child and Family Services Reviews and technical assistance efforts find the assistance to be helpful. As part of this work, GAO also examined the extent to which states had developed written child welfare disaster plans for dealing with the dispersion of children under state care to other counties or states, because of disasters. In July 2006, GAO issued the report *Child Welfare: Federal Action Needed to Ensure States Have Plans to Safeguard Children in the Child Welfare System Displaced by Disasters* (GAO-06-944) in response to the disaster planning part of your request.

We used multiple data collection methods to obtain this information. First, we surveyed state child welfare directors in 50 states, the District of Columbia, and Puerto Rico to obtain information on the most important challenges that their agencies faced, the changes that their agencies had made since 2002 to improve the outcomes for children, the extent to which their states participated in HHS's oversight and technical assistance efforts, and the extent to which they viewed the assistance as helpful. We achieved a 96 percent response rate. Second, we interviewed child welfare officials in five states: California, New York, North Carolina, Texas, and Utah. These states were selected for variance in program administration (state-administered, state-supervised/county-administered, state- and county-administered), the predominance of urban or rural characteristics, the achievement of child welfare standards on the CFSRs, changes in the number of children reported to be in foster care, and geographic location. We interviewed federal child welfare officials and representatives from

⁴The first round of HHS's Child and Family Services Reviews began in March 2001. By January 2002, states had begun to develop programs improvement plans and implement changes to address the child welfare areas that were identified as needing improvement during the reviews.

national child welfare organizations concerning state child welfare programs, the changes that states had made since 2002 to improve the outcomes for children, and the extent to which states participated in HHS's CFRs and technical assistance efforts. In addition, we reviewed several national studies and our previous child welfare reports to determine the challenges that states face in their efforts to ensure the safety, well-being, and permanency of the children under their supervision. Finally, we analyzed agency documentation, legislation, and other documentation related to child welfare programs and requirements. We conducted our work between October 2005 and August 2006 in accordance with generally accepted government auditing standards.

Results in Brief

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. Specifically, most states expressed dissatisfaction with the level of mental health and substance abuse services for both parents and children, the high average number of child welfare cases per worker, and their ability to find homes for children with special needs, such as those with developmental disabilities. GAO, child welfare organizations, and the Administration have consistently shown these issues to be long-standing challenges for most states and have pointed to the need for a multi-agency approach to addressing them. For example, to address the lack of information on available services, the White House Task Force for Disadvantaged Youth recommended in 2003 that the Catalog of Federal Domestic Assistance (CFDA)—a repository of information on all federal assistance programs—be modified to provide a search function of the locations where more than 300 federal programs are operating to assist youth and families. State officials also identified three challenges of increasing concern: 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. The frequency of these initiatives, however, did not always mirror the levels of dissatisfaction with the major challenges. For example, with respect to services, state child welfare agencies responding to our survey 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 states reporting dissatisfaction in these areas also reported having initiatives to improve the level of these services. One reason may be that these services are typically provided outside of the child welfare system, and about half of the states reporting this challenge also reported initiatives to improve collaboration with other agencies. Most states reported that they had implemented initiatives to improve recruitment and retention of child welfare caseworkers, but states reported little or no action to address two of the most frequently reported factors underlying this challenge. For example, while most states reported dissatisfaction with caseworker supervision, only two states reported specific initiatives to address this challenge, and no states reported initiatives to address caseworker administrative burden. Similarly, most states reported initiatives to find appropriate homes for children, including finding and supporting kinship homes, but only three states had initiatives to find appropriate homes for older youth and four to find homes for children with special needs. 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's Child and Family Services Reviews and training and technical assistance efforts helped them assess their efforts and ability to achieve safety, permanence, and well-being for the children and families under their care and develop the necessary program improvement plans to meet federal requirements for improving 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. Nearly all states in our survey reported that HHS-sponsored technical assistance was helpful to some degree. However, HHS officials said that its technical assistance tracking system has several limitations that hinder its use as a management tool. For example, only 8 of the 11 NRCs are required to report to the tracking system, and those that do inconsistently enter information into the system. As a result, HHS officials told us that it is difficult to determine how best to allocate technical assistance resources to help maximize states' ability to address child welfare issues.

We are making three recommendations to the Secretary of Health and Human Services for improving awareness of, and access to, various social services, and improving the department's ability to manage technical

assistance. HHS agreed that technical assistance 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 effectively allocate technical assistance to states. GAO continues to believe that implementing these recommendations would help states address their long-standing child welfare challenges.

Background

The well-being of children and families has traditionally been understood as a primary duty of state governments, and state and local governments are the primary administrators of child welfare programs designed to protect children from abuse or neglect. Child welfare caseworkers investigate allegations of child maltreatment and determine what services can be offered to stabilize and strengthen a child's own home. If remaining in the home is not a safe option for the child—he or she may be placed in foster care while efforts to improve the home are made. In these circumstances, foster care may be provided by a family member, also known as kinship care; caregivers previously unknown to the child; or a group home or institution. In those instances where reuniting the child with his or her parents is found not to be in the best interest of the child, caseworkers must seek a new permanent home for the child, such as an adoptive home or guardianship. Some children remain in foster care until they “age out” of the child welfare system. Such children are transitioned to independent living, generally at the age of 18 years.

Federal Funding for State Child Welfare Programs

States use both dedicated and nondedicated federal funds for operating their child welfare programs and providing services to children and families. In fiscal year 2006, the federal government provided states with about \$8 billion in dedicated child welfare funds, primarily authorized under Title IV-B and Title IV-E of the Social Security Act. (See app. II.) Nearly all of this funding is provided under Title IV-E, which provides matching funds to states for maintaining eligible children in foster care, providing subsidies to families adopting children with special needs, and for related administrative and training costs.⁵ About 9 percent of funding is provided under Title IV-B, which provides grants to states primarily for

⁵Title IV-E also provides grants to states for providing independent living services to youth who are expected to age out of foster care or who have already aged out of care. Grants are also provided to states for providing education and training vouchers for youth aging out of care.

improving child welfare services, including a requirement that most funds be spent on services to preserve and support families.

A significant amount of federal funding for child welfare services also comes from federal funds not specifically dedicated for child welfare—including the Temporary Assistance for Needy Families (TANF) block grant, Medicaid, and the Social Services Block Grant. These and hundreds of other federal assistance programs for children and families, including many that serve low-income populations, are listed in a centralized database administered by the General Services Administration that has a search feature by type of assistance and eligible population. The Congressional Research Service conservatively estimated that the median share of total federal child welfare spending derived from nondedicated federal funding equaled nearly half of all the federal dollars (47 percent) expended by state child welfare agencies,⁶ based on state child welfare agency data reported to the Urban Institute for state fiscal year 2002.⁷

Despite the large amount of federal funds spent on child welfare from nondedicated sources, the Congressional Research Service reported that attention to federal child welfare financing has focused almost exclusively on dedicated child welfare funding streams and is driven in part by the belief that the current structure hampers the ability of state child welfare agencies to achieve positive outcomes for children. Common charges are that the current structure does not grant states the flexibility needed to meet the needs of children and their families, and encourages states to rely too heavily on foster care. Congress authorized HHS to conduct demonstration projects whereby states were allowed to waive certain funding restrictions on the use of Title IV-B and Title IV-E funds under the condition that the flexible use of funds would be cost-neutral to the federal government. HHS reported that 24 states had participated in demonstration projects across eight child welfare program areas, such as caseworker training and services to caretakers with substance abuse disorders. States were required to conduct an evaluation of project success in terms of both improving children and family outcomes and cost neutrality.

⁶States' use of nondedicated federal funding varied considerably from a high of 75 percent of total federal child welfare funds expended in Alabama to less than 2 percent of total federal child welfare funds expended in North Carolina.

⁷The Congressional Research Service reported that this is likely an understatement of nondedicated federal funding states used for their child welfare programs.

HHS Child and Family Services Reviews and Technical Assistance

As Congress authorized funds for state child welfare programs, it has also required states to enact policies and meet certain standards related to those programs. HHS evaluates how well state child welfare systems achieve federal standards for children through its child and family services reviews. The CFSR process begins with a state assessment of its efforts, followed by an on-site review by an HHS team that interviews various stakeholders in the child welfare system and usually reviews a total of 50 child welfare case files for compliance with federal requirements. After receiving the team's assessment and findings, the state develops a program improvement plan (PIP) to address any areas identified as not in substantial conformity. Once HHS approves the PIP, states are required to submit quarterly progress reports. Pursuant to CFSR regulations, federal child welfare funds can be withheld if states do not show adequate PIP progress, but these penalties are suspended during the PIP implementation term.

HHS provides training and technical assistance to help states develop and implement their PIPs through its training and technical assistance network. This training and technical assistance focuses on building state agency capacity and improving the state child welfare system. Technical assistance providers in this network include HHS's Children's Bureau and regional offices, as well as NRCs and the department's Child Welfare Information Gateway.⁸

States Identified Several Long-standing and Emerging Challenges to Ensuring Child Safety, Well-Being, and Permanency

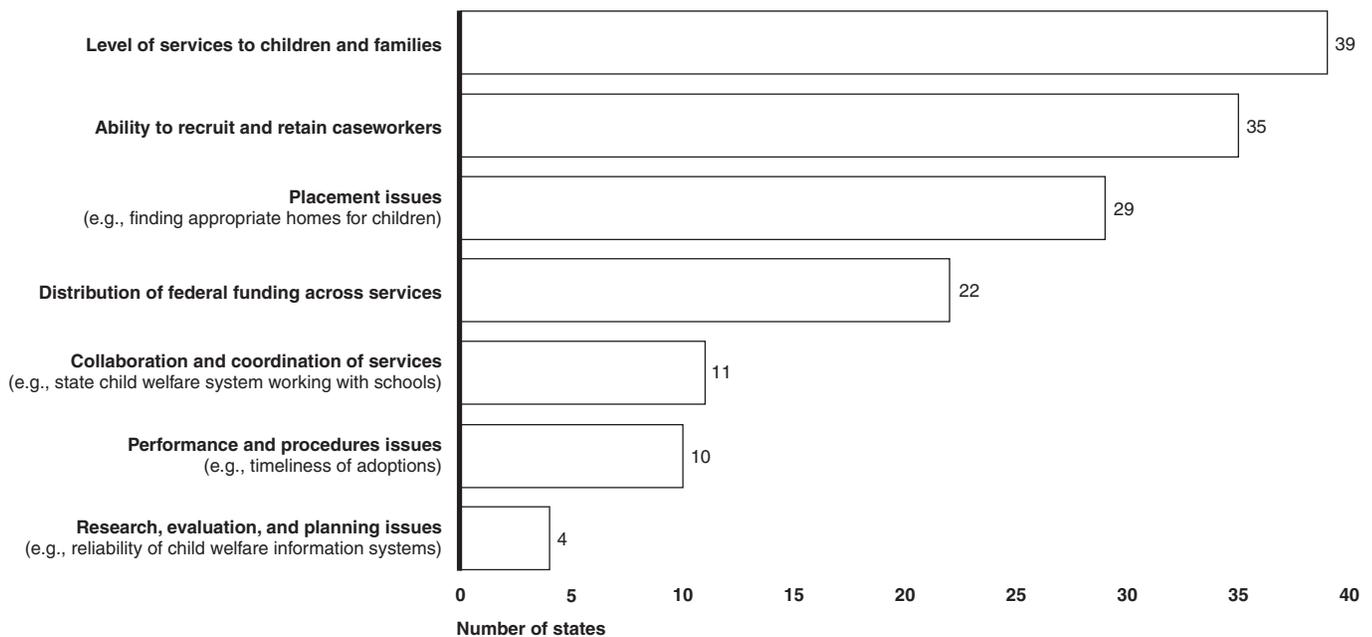
State child welfare agencies identified three primary challenges as the most important to resolve to improve outcomes for children under their supervision: providing an adequate level of services for children and families, recruiting and retaining caseworkers, and finding appropriate homes for children. HHS, GAO, and child welfare organizations have consistently shown these issues to be long-standing challenges for most states. In addition, state officials identified three challenges of increasing concern: children's exposure to illegal drugs; increased demand to provide services for children with special needs, such as those with developmental disabilities; and changing demographic trends or needs for cultural sensitivity for some groups of children in care and their families.

⁸The Information Gateway provides consolidated access to information on a Web site about a range of child welfare topics, including international adoption, foster care, family preservation, and child abuse.

Long-standing Challenges Include Providing Adequate Services, Recruitment and Retention of Caseworkers, and Placement Issues

In responding to our survey, states most frequently identified the following three child welfare challenges as the most important to resolve in order to improve the safety, permanency, and well-being of children under states' care: providing adequate services to children and families, recruiting and retaining caseworkers, and finding appropriate homes for children. (See fig. 1.)

Figure 1: Child Welfare Challenges Reported by States as the Three Most Important Challenges to Resolve



Source: GAO analysis of state child welfare survey responses.

GAO and child welfare organizations have previously reported on the long-standing nature of these challenges. For example, GAO previously reported that gaps in the availability and access to services delayed states' ability to file for a petition to terminate parental rights—a necessary step in obtaining a permanent home for children who cannot live with their parents—because parents were unable to obtain timely access to substance abuse treatment and other services, such as mental health

services and housing.⁹ GAO and other organizations have also previously reported that public and private child welfare agencies face a number of challenges recruiting and retaining qualified caseworkers and supervisors.¹⁰ For example, we reported that high caseloads, poor supervision, and the burden of administrative responsibilities have, in some cases, prompted caseworkers to voluntarily leave their employment with child welfare agencies. We also reported difficulties in recruiting adoptive parents for children with special needs.¹¹

The most important challenges identified by state child welfare agencies are consistent with HHS's CFSR findings and states' self-assessments of their programs. For example, according to the Congressional Research Service, HHS reviewers found that 43 states needed improvement in providing accessible services to children and at-risk families in all jurisdictions of the state and 31 states needed improvement in conducting diligent recruitment of foster and adoptive parents.¹² The number of states needing improvement in performance indicators related to child welfare services, recruitment and retention of caseworkers, and placement of children in appropriate homes is shown in table 1.

⁹One provision of the Adoption and Safe Families Act of 1997 requires states to file a termination of parental rights with the courts if the child has been in foster care for 15 of the most recent 22 months unless, among other reasons, the state has not provided services needed to make the home safe for the child's return. For additional information, see GAO, *Foster Care: Recent Legislation Helps States Focus on Finding Permanent Homes for Children, but Long-Standing Barriers Remain*, [GAO-02-585](#) (Washington, D.C.: June 28, 2002).

¹⁰See GAO, *D.C. Child and Family Services Agency: More Focus Needed on Human Capital Management Issues for Caseworkers and Foster Parent Recruitment and Retention*, [GAO-04-1017](#) (Washington, D.C.: Sept. 24, 2004), and *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).

¹¹See [GAO-02-585](#), and GAO, *Child Welfare: Better Data and Evaluations Could Improve Processes and Programs for Adopting Children with Special Needs*, [GAO-05-292](#) (Washington, D.C.: June 13, 2005).

¹²See Congressional Research Service, *Child Welfare: State Performance on Child and Family Services Reviews*, (Washington, D.C.: June 29, 2005).

Table 1: Child and Family Services Review Results Related to the Three Most Important Child Welfare Challenges Reported by States

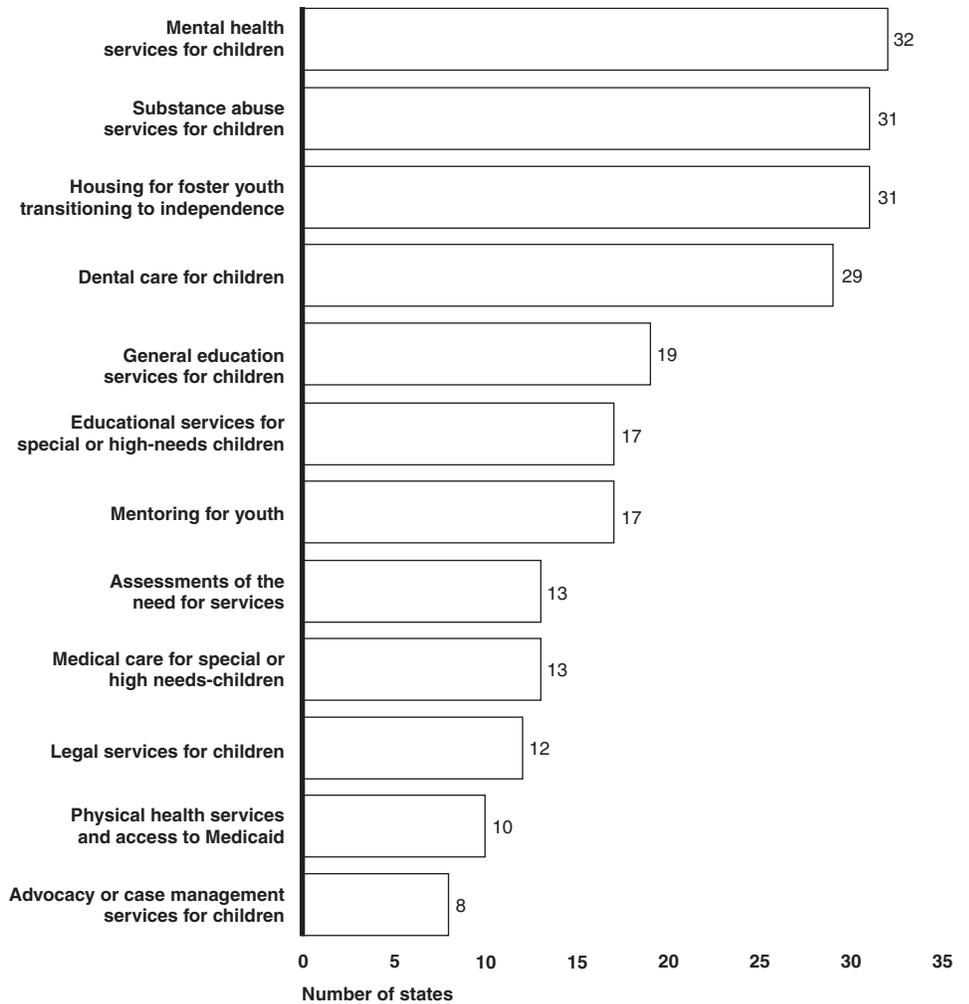
Child welfare challenge	Performance Indicator	Number of states needing improvement
Services	Providing accessible services to children and at-risk families in all jurisdictions within a state	43
Services	Responsiveness of services to the needs of children and at-risk families	27
Services	Tailoring services to the unique needs of children and at-risk families	22
Recruitment and retention of caseworkers	Providing ongoing training for staff that addresses the skills and knowledge needed to carry out their duties	25
Recruitment and retention of caseworkers	Providing initial training for all staff who provide child welfare services	18
Placement of children in appropriate homes	Ensuring the diligent recruitment of foster and adoptive parents	31

Source: GAO analysis of Congressional Research Service data.

A Large Array of Specific Services Needed by Children and Families, Especially in the Area of Mental Health and Substance Abuse, Underlie the Challenge

State child welfare agencies identified specific services underlying their challenge to serve children and families, citing constraints on federal funding and limited awareness of services among eligible families as contributing factors. Regarding children, more than half of states reported that they were dissatisfied with the level of mental health services, substance abuse services, housing for foster youth transitioning to independence, and dental care. (See fig. 2.)

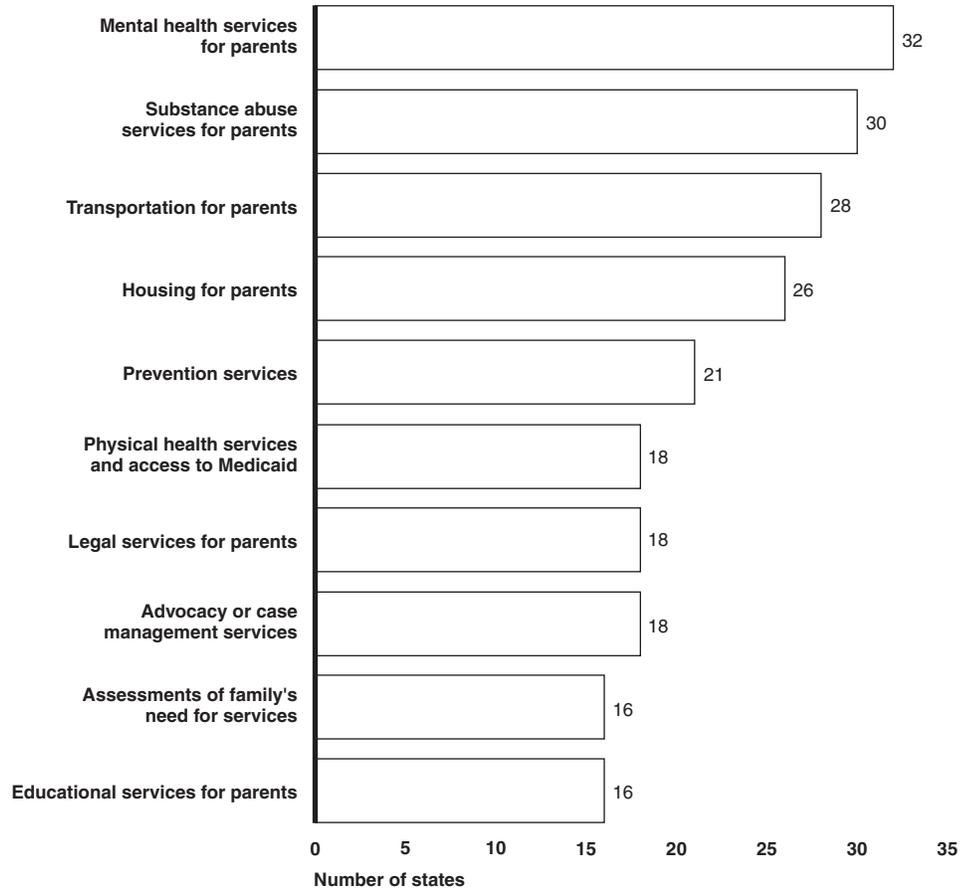
Figure 2: States Reporting Dissatisfaction with the Level of Services Provided to Children in the Child Welfare System



Source: GAO analysis of state child welfare survey responses.

States also reported that they were dissatisfied with the level of services provided to at-risk families in the child welfare system. These services are needed to help prevent the removal of children from their homes or help facilitate the reunification of children with their parents after removal. Specifically, more than half of states responded that they were dissatisfied with mental health services, substance abuse services, transportation services, and housing for parents of at-risk families. (See fig. 3.)

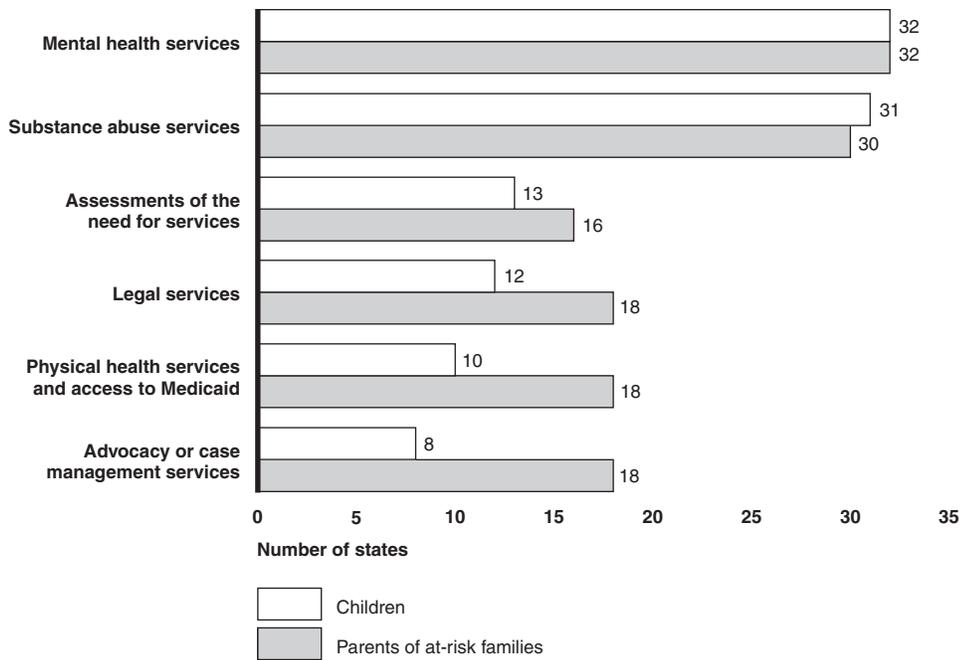
Figure 3: States Reporting Dissatisfaction with the Level of Services Provided to Parents of At-Risk Families in the Child Welfare System



Source: GAO analysis of state child welfare survey responses.

For some types of services, states expressed more dissatisfaction with services available to at-risk families than with services available to children. For example, more states reported dissatisfaction with the level of at-risk family services than with children's services in the areas of assessment of their service needs, legal services, and advocacy or case management. (See fig. 4.)

Figure 4: States Reporting Dissatisfaction with the Level of Services Provided to Children and to Parents of At-Risk Families in the Child Welfare System



Source: GAO analysis of state child welfare survey responses.

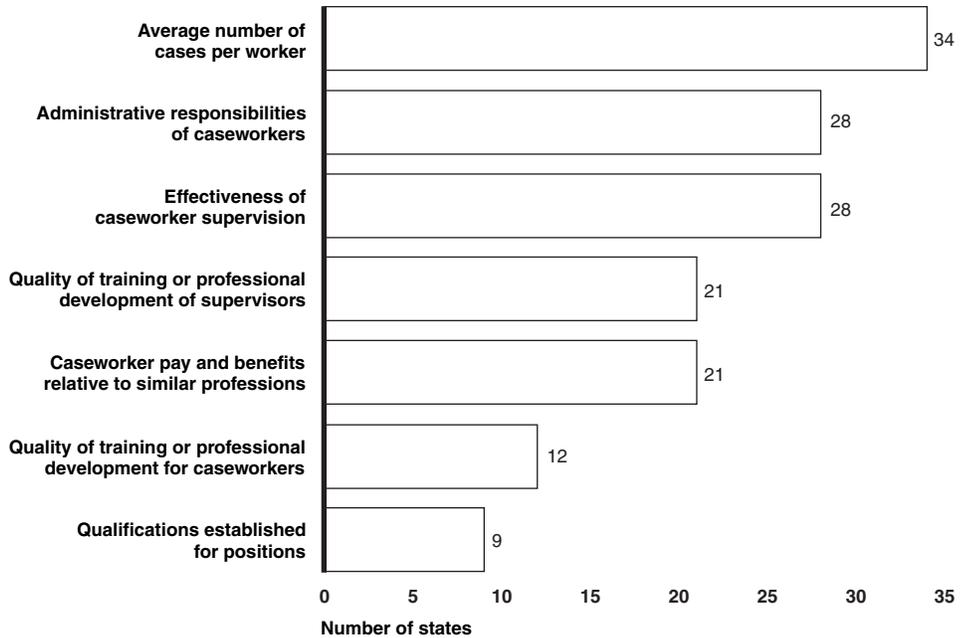
States we visited reported that funding constraints were among the reasons maintaining an adequate level of services was difficult. For example, while maintenance payments to foster families for children under state care is provided as an open-ended entitlement for federal funding under Title IV-E, federal funding for family support services is capped at a much lower level under Title IV-B. In addition, because the proportion of children in foster care who are eligible for federal support has been declining, states had to provide a greater share of funding at a time when many states were experiencing budget deficits that adversely affected overall funding for social services. In prioritizing funding needs, child welfare officials in 40 states responding to our survey reported that family support services, such as those that could prevent removal of a child or help with reunification of a family, were the services most in need of greater federal, state, or local resources. Officials from 29 states responded that child protective services such as investigation, assessment of the need for services, and monitoring were next in need of additional resources.

Officials in a state we visited indicated that some caseworkers and families may be unaware of the array of existing services offered by numerous public and private providers. In North Carolina, for example, state officials reported that about 70 percent of children and families in the child welfare system received services from multiple public agencies, and the CFDA—a repository of information on all federal assistance programs that is periodically updated—lists over 300 federal programs that provide youth and family services. However, caseworkers and families are not always aware of the range of services that are available to support them, and child welfare officials cited the need for additional information to help link children and families with needed services. In October 2003, the White House Task Force for Disadvantaged Youth recommended that the CFDA be modified to provide a search feature linked to locations where federally funded programs were operating. A similar model may be found on an HHS Web link, <http://ask.hrsa.gov/pc/>, where users can enter a ZIP code to find the closest community health center locations offering medical, mental, dental, and other health services on a sliding fee scale.

**Large Caseloads,
Administrative Burden,
and the Effectiveness of
Supervision Underlie the
Caseworker Recruitment
and Retention Challenge**

State child welfare officials most frequently reported dissatisfaction with the current status of three underlying factors that affect the state's ability to recruit and retain caseworkers. Specifically, more than half of the states reported dissatisfaction with the average number of cases per worker, administrative responsibilities of caseworkers, and effectiveness of caseworker supervision. (See fig. 5.)

Figure 5: States Reporting Dissatisfaction with Factors That Could Affect the State’s Ability to Recruit and Retain Caseworkers



Source: GAO analysis of state child welfare survey responses.

Child welfare officials in each of the states we visited reported having trouble recruiting and retaining caseworkers because many caseworkers are overwhelmed by large caseloads. According to a 2006 Child Welfare League of America (CWLA) report, some programs lack caseload standards that reflect time needed to investigate allegations of child maltreatment, visit children and families, and perform administrative responsibilities. The report also cites CWLA’s caseload standards of no more than 12 cases per caseworker investigating allegations of child maltreatment, and no more than 15 cases for caseworkers responsible for children in foster care. However, according to the report, most states, average caseloads in some areas are often more than double the CWLA standards.

State child welfare officials we interviewed also reported that increasing amounts of time spent on administrative duties made it difficult to recruit and retain staff and limiting the amount of time caseworkers could spend visiting families. For example, child welfare officials in three states we visited estimated that some caseworkers spent a significant amount of time on administrative duties such as entering case data in automated systems, completing forms, and providing informational reports to other

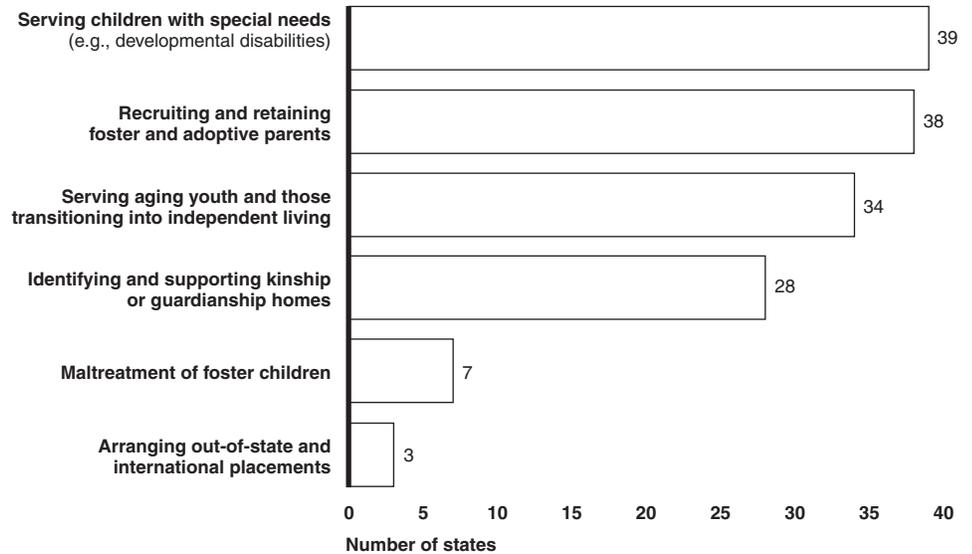
agencies. This administrative burden has limited caseworker ability to ensure timely investigations of child maltreatment and to make related decisions concerning the removal of children from their homes, according to officials, and influenced caseworker decisions to seek other types of employment.

Some states we visited reported that the lack of effective supervision also adversely affected staff retention and sometimes resulted in delays providing appropriate services to children and families. Lack of supervisory support was cited as a problem in terms of supervisor inexperience and inaccessibility. For example, a Texas state official said that because of high turnover, caseworkers are quickly promoted to supervisory positions, with the result that the caseworkers they supervise complain of poor management and insufficient support. In Arizona, caseworkers have expressed dissatisfaction in the support they received from their supervisors, and this has negatively affected recruitment and retention. Child welfare officials reported that lack of access to supervisors was frustrating to caseworkers because it delayed their ability to specify appropriate permanency goals for children and to develop case plans to meet the needs of children and families in their care.

Recruiting and Retaining Foster Parents for All Kinds of Children, but Especially for Children Who Are Older or Have Special Needs, Are Some of the Underlying Placement Challenges for States

Relative to other challenges, state child welfare officials most frequently identified four factors underlying the challenge to find appropriate homes for children. (See fig. 6.) Recruiting and retaining foster parents and serving children with special needs were at the top of the list. Also, more than half of the states reported that finding homes for children with special needs, older youth, and youth transitioning into independent living, and finding and supporting kinship homes, were among their greatest concerns.

Figure 6: States Reporting Factors of Greatest Concern in Making Appropriate Placements for Children



Source: GAO analysis of state child welfare survey responses.

Child welfare officials in two states we visited said that the lack of therapeutic foster care homes that can properly care for children who have significant physical, mental, or emotional needs makes it challenging to find them an appropriate home. In addition, these officials said that some of the existing facilities are inappropriate for child placement because they are old and in poor condition or provide outmoded treatment services. Because of the absence of high-quality therapeutic settings, child welfare officials said that it has become increasingly difficult to place children in homes that can appropriately address their individual needs.

Recruiting and retaining foster and adoptive parents has become an increasingly difficult aspect of placement for a variety of reasons, such as the lack of a racially and ethnically diverse pool of potential foster and adoptive parents, and inadequate financial support. For example, child welfare officials said that some locations have relatively small populations of certain races and ethnicities, making it difficult to recruit diverse foster and adoptive parents.¹³ Inadequate financial support also hinders

¹³Generally, states and other entities involved in adoption or foster care are prohibited by law from delaying or denying the placement of a child for adoption or into foster care, on the basis of the race, color, or national origin of the adoptive or foster parent, or the child, involved. 42 U.S.C. § 1996b.

recruiting and retaining foster and adoptive families. Financial support for foster and adoptive families varies widely among states and local areas, and may not keep up with inflation. According to a California child advocacy organization, for example, the state's payments to foster parents of \$450 per month per child have not been adjusted for inflation since 2001. As a result, according to the organization, the supply of foster care providers has not increased markedly during this time.

Obtaining permanent homes for older youth and for youth aging out of foster care is a continuing placement challenge for states. For example, Texas child welfare officials said that it is difficult to place adolescents with adoptive parents because older youth can choose not to be adopted. Finding housing for youth transitioning into independence also can be difficult in high-cost areas or in areas where special arrangements have not been made with housing agencies and landlords that typically require a cosigner on the rental application or a large deposit before moving in.¹⁴

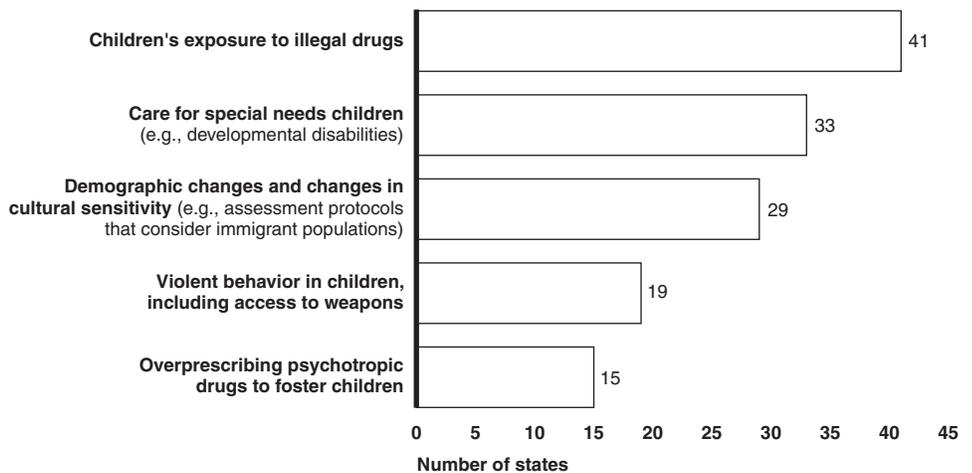
More than half of the states also reported that limitations in their ability to identify and support placements with family members or legal guardians limited opportunities to place children in appropriate homes. For example, child welfare officials in Ohio reported a lack of resources to conduct outreach to family members that may be able to provide a stable home for children in foster care with less disruption to the child. Michigan officials also reported that the lack of financial resources made it difficult for the state to meet its placement goals for those children who had been removed from their home and who had been directed by the court to be placed with other family members.

¹⁴See GAO, *Foster Youth: HHS Actions Could Improve Coordination of Services and Monitoring of States' Independent Living Programs*, [GAO-05-25](#) (Washington, D.C.: Nov. 18, 2004).

Emerging Challenges Include Children's Exposure to Illegal Drugs, Caring for Special Needs Children, and Responding to Changing Demographics of the Child Welfare Population

While states have experienced child welfare challenges for many years, states identified several emerging issues that are of increasing concern because of their impact on the well-being of children in the child welfare system. Most states reported a high likelihood that three issues will affect their systems over the next 5 years: children's exposure to illegal drugs, caring for special or high-needs children, and changing demographics and cultural sensitivities. (See fig. 7.)

Figure 7: State-Reported Emerging Issues That Are Likely to Affect Children in Child Welfare System over the Next 5 Years



Source: GAO analysis of state child welfare survey responses.

Although the overall percentage of drug-related child welfare cases has not increased, officials in the states we visited reported that the type and location of drug abuse underlying maltreatment cases is changing, requiring increased attention by child welfare agencies in certain areas. For example, child welfare officials reported an increasing number of children entering state care as a result of methamphetamine use by parents, primarily in rural areas. Child welfare agencies in these areas may need to train caseworkers on how this drug is likely to affect parents or caregivers who use it in order to safely investigate and remove children from homes, as well as assess the service needs of affected families to develop an appropriate case plan.¹⁵

¹⁵Methamphetamine users often exhibit poor judgment, confusion, irritability, paranoia, and increased violence.

State child welfare officials in all five states we visited said that finding homes for special needs children is a growing issue because it is hard to find parents willing to foster or adopt these children and who live near the types of services required to meet the children's needs. For example, child welfare officials in one of the states we visited reported that the state does not have a sufficient number of adoptive homes for children with special needs. As a result, these children generally stay in foster care for longer periods of time.

Child welfare officials we interviewed also said that the growing cultural diversity of the families who come in contact with the child welfare system has prompted the need for states to reevaluate how they investigate allegations of maltreatment and the basis on which they make decisions that could result in the removal of children from their homes. Child welfare officials in several states reported that the current protocols for investigating and removing children from their homes do not necessarily reflect the cultural norms of some immigrant and other minority families. These differences include limitations in family functioning that may be caused by poverty, the environment, or culture as opposed to those that may be due to unhealthy family conditions or behaviors. In response to growing cultural diversity, several states we visited stated that they are revising their protocols to account for religious and language differences among families who come in contact with the child welfare system.

State Initiatives Insufficiently Address State Challenges to Improve Child Outcomes, and Evaluations Showed Mixed Results

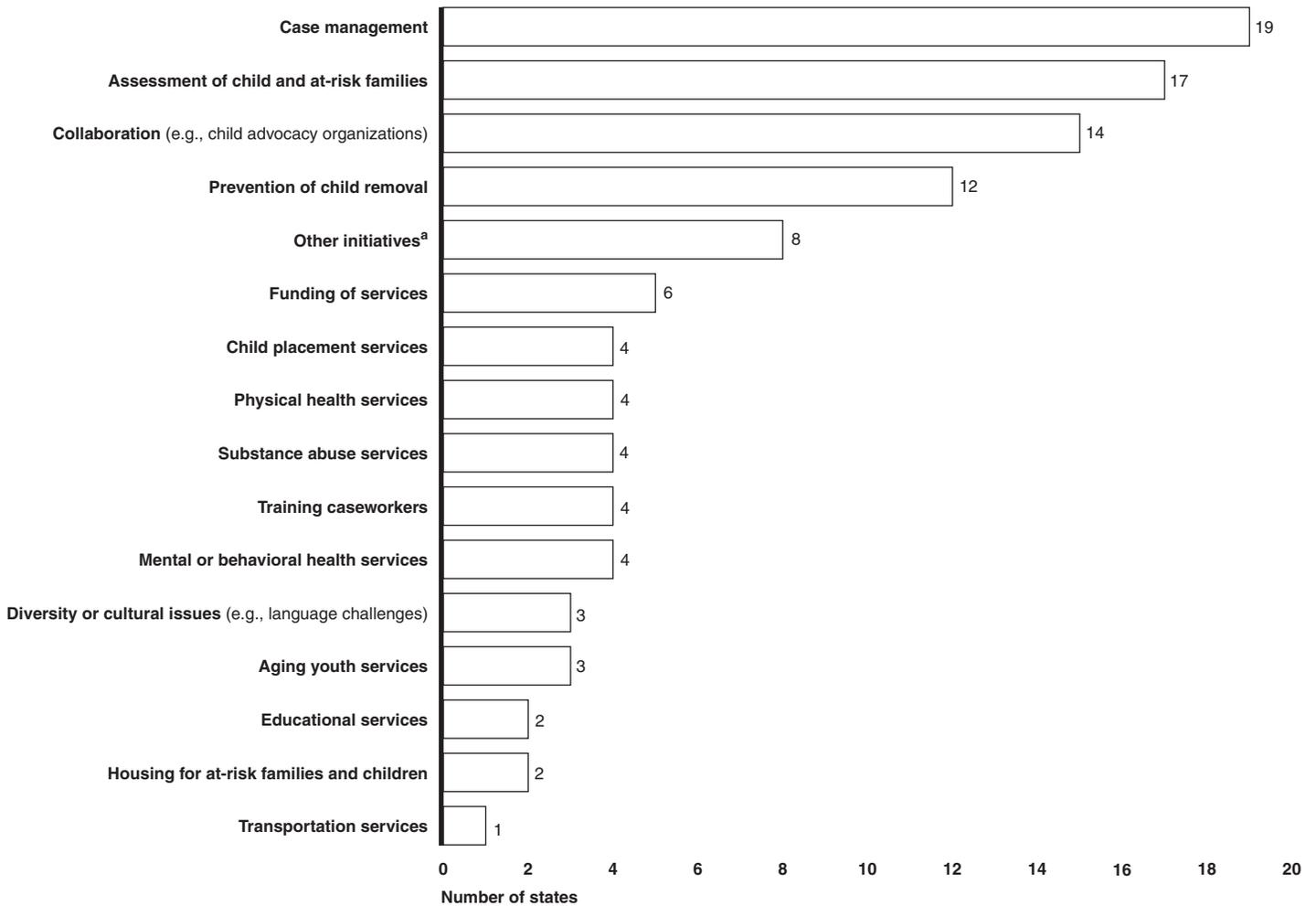
Most states reported that they had implemented initiatives since January 2002 to address challenges associated with maintaining an adequate level of services, recruiting and retaining caseworkers, and finding appropriate homes for children. However, these initiatives did not address all of the key factors states reported being associated with these challenges. 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.

State Initiatives Did Not Address All the Key Factors Related to the Three Challenges Cited as Most Important to Improve Child Outcomes

States reported implementing various initiatives to improve child outcomes, but these initiatives did not always mirror those factors states reported as most necessary to address in overcoming their primary 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 32 states dissatisfied with these services reported having initiatives to improve the level of these services. (See fig. 8.) This may be because these services are typically provided outside the child welfare system by other agencies. About half of the states reporting dissatisfaction also reported initiatives to improve collaboration with other agencies.¹⁶

¹⁶We previously reported on how problems requiring interagency solutions often go unaddressed in such areas as transportation and housing. See [GAO-05-25](#) and GAO, *Child Welfare: Improved Federal Oversight Could Assist States in Overcoming Key Challenges*. [GAO-04-418T](#) (Washington, D.C.: Jan. 28, 2004).

Figure 8: State-Reported Initiatives to Improve Services to Children and Families



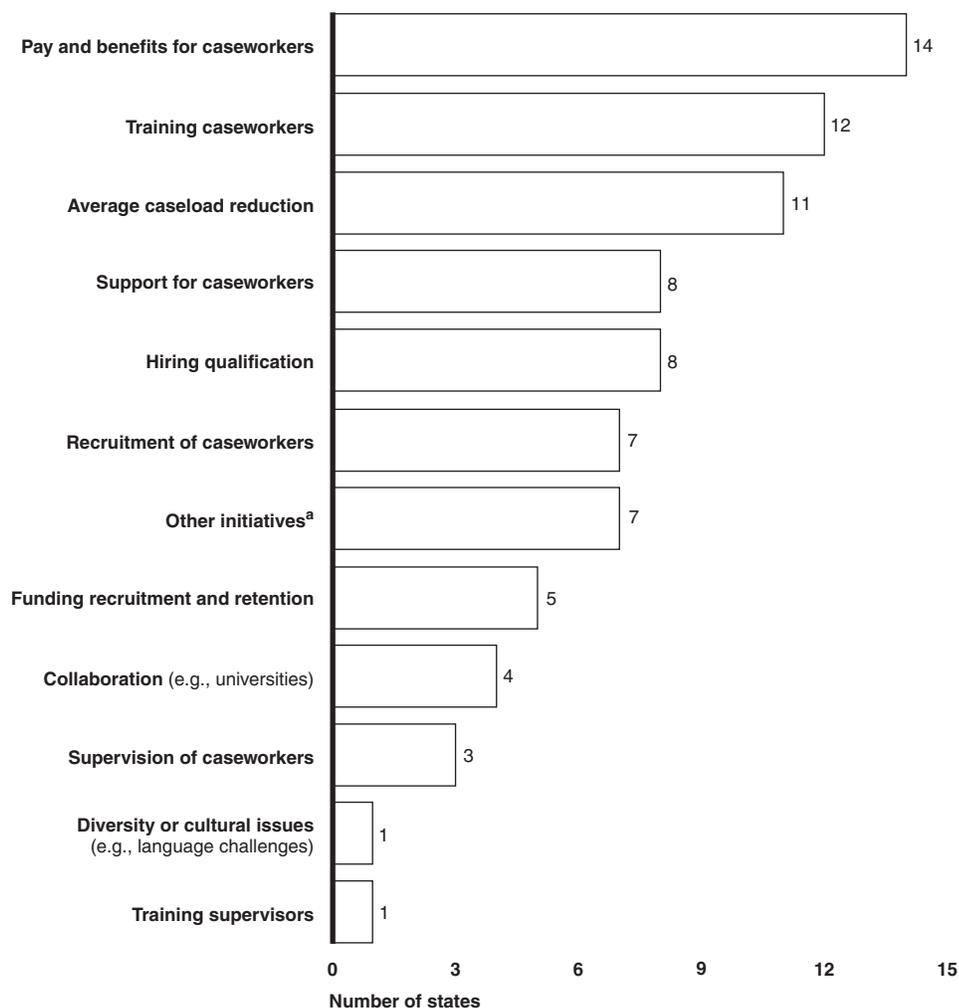
Source: GAO analysis of state child welfare survey responses.

^aOther initiatives include court-required changes of services, focusing on children 0-3 years of age, and creating a family division in the court system.

Similarly, most states reported that they had implemented initiatives to improve recruitment and retention of child welfare caseworkers, but states reported little or no action to address two of the most frequently reported factors underlying this challenge. (See fig. 9.) While most states reported dissatisfaction with the supervision of caseworkers, only two reported specific initiatives to address this challenge. Similarly, while over half of the states reported dissatisfaction with the administrative responsibilities of caseworkers, no state reported an initiative to address

this challenge. One way of streamlining administrative responsibilities—through new technology—may be difficult for many states because nearly half of the states reported that they did not have an operational statewide automated child welfare information system.

Figure 9: State-Reported Initiatives to Recruit and Retain Caseworkers



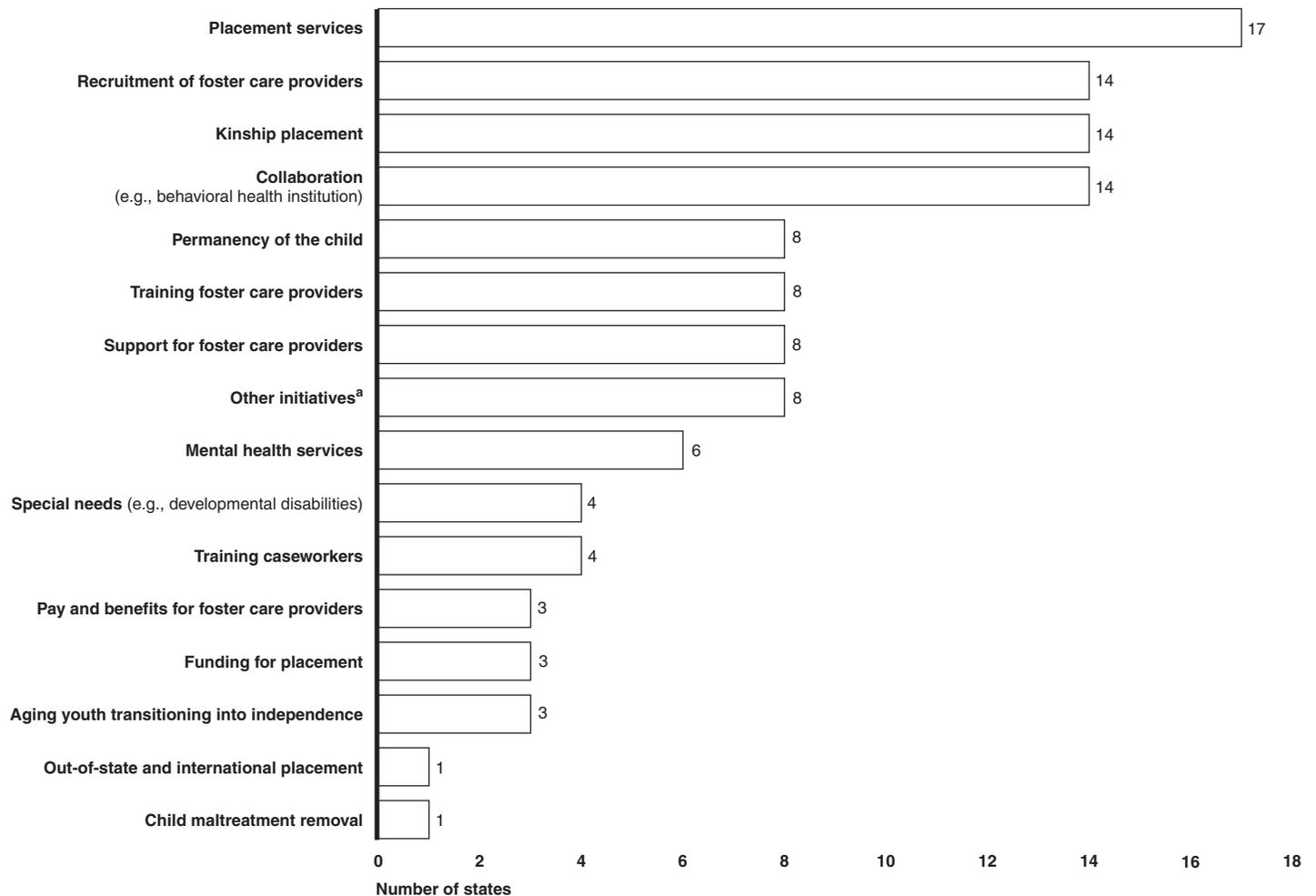
Source: GAO analysis of state child welfare survey responses.

^aOther initiatives include developing a child welfare leadership program, centralizing hiring processes, and expanding community-based services.

Almost all states reported implementing initiatives to improve their ability to find appropriate homes for children, but few states addressed two of the three most frequently reported factors underlying this challenge (see fig. 10). For example, three states reported initiatives to find appropriate homes for older youth transitioning to independence and four states reported initiatives to find appropriate homes for children with special needs.¹⁷

¹⁷GAO previously reported that child welfare agencies focused on preparing youth for independent living while they were in foster care, but were less apt to work with other agencies—such as the local housing authority—to transition youth out of care because of conflicting policies and a lack awareness about needed services. See [GAO-05-25](#).

Figure 10: State-Reported Initiatives to Find Appropriate Homes for Children



Source: GAO analysis of state child welfare survey responses.

^aOther initiatives include working with Native American groups on child placement, implementing team decision making, and ensuring that children in out-of-region placements are seen regularly.

States implementing initiatives under federal demonstration projects were required to conduct evaluations, and these evaluations showed mixed results. In general, the demonstration projects offered states the flexibility to use federal funding under Title IV-B and Title IV-E in eight different program areas in an effort to improve services and placements—addressing the three primary challenges reported by states (see app. III). As of 2006, 24 states had implement 38 child welfare waiver demonstrations. However, evaluation results were mixed across child

welfare outcomes. For example, while Illinois found strong statistical support for the finding that funding for assisted guardianships increased attainment of permanent living arrangements, none of the other four reporting states found similar conclusive evidence of this finding. Similarly, among four states using Title IV-E funds to fund services and supports for caregivers with substance abuse disorders, Illinois was the only state that demonstrated success in connecting caregivers to treatment services. States can no longer apply for participation in federal demonstration projects because the program authorization expired in March 2006.

States Generally Found HHS Reviews and Technical Assistance Helpful, but HHS's Monitoring System Has Limitations

States we interviewed reported that HHS's CFSR and technical assistance efforts were helpful in implementing federal child welfare requirements. Similarly, nearly all states in our survey reported that HHS-sponsored technical assistance was helpful to some degree. However, HHS officials said that limitations in their technical assistance tracking system made it difficult to maximize its use as a management tool.

HHS Child and Family Services Reviews Helped States Assess Needs and Make Improvements

State child welfare officials generally reported that HHS's CFSR reviews have assisted them in assessing their efforts and ability to achieve the safety, permanence, and well-being for the children under their care and develop the necessary program improvement plans to meet federal requirements in this regard. Specifically, state officials responding to our survey reported that the reviews had helped them to implement system wide child welfare reform, improve their quality assurance systems, and increase their collaboration with other child welfare-related agencies. Additionally, child welfare officials in three of the five states we visited reported that the reviews prompted them to develop interagency strategies for providing an array of needed services, such as mental health services and education for children and families.

Most states reported that there was not much need to improve the usefulness of the CFSR process to help the state ensure safety, permanence, and well-being of children in the child welfare system, but some state officials expressed concern about the outcome measures used. Of the 48 states responding to our survey question about the CFSR process, 33 states reported that the usefulness of the CFSR process needed little to none or some improvement. Some state officials we

interviewed were concerned, however, that the outcomes being measured in the reviews may not accurately reflect their child welfare program performance. In addition, officials in three of the five of the states we visited expressed concern about the small number of sample cases used by the reviewers to evaluate their state's performance. Specifically, officials in one state reported that evaluating only 50 cases left the state with uncertainty about how pervasive problems are in the state and what its priority areas should be.¹⁸

Although the first round of HHS's reviews showed that no state had reached substantial conformity on all of the federal outcome goals for state child welfare systems, HHS officials said that states had made progress in implementing federal requirements and improving their child welfare systems. For example, HHS officials said that the quality of data has improved because states have put a greater focus on having accurate and reliable data and many states are examining their data in greater detail than before in an effort to identify problems in their child welfare systems and to figure out how to meet the CFSR requirements. The next round of reviews is scheduled to begin at the end of fiscal year 2006, when HHS officials will once again measure states' progress in meeting federal child welfare requirements.

States Generally Viewed Federal Technical Assistance as Helpful, but HHS's Monitoring System Has Limitations as a Management Tool

Nearly all states reported in our survey that the federal technical assistance they received to improve their child welfare programs was helpful to some degree,¹⁹ although some resources were given higher ratings than others, as shown in table 2. States generally reported the highest levels of satisfaction with assistance provided by two of HHS's national resource centers that had primary responsibility for helping with child protective service and organizational improvement. The federal resources providing technical assistance in the areas of substance abuse, community-based child abuse prevention, and abandoned infants received the fewest requests from states.

¹⁸See GAO, *Child and Family Services Reviews: Better Use of Data and Improved Guidance Could Enhance HHS's Oversight of State Performance*. [GAO-04-333](#) (Washington, D.C.: Apr. 20, 2004).

¹⁹States responded to a survey question and said that HHS technical assistance was most often either helpful, very helpful, or extremely helpful.

Table 2: State-Reported Use and Assessment of HHS Training and Technical Assistance

	Number of states using technical assistance	Number of states finding assistance very or extremely helpful	Number of states finding assistance somewhat or moderately helpful
National child welfare resource centers			
Center for Child Protective Services	33	31	2
Center for Organizational Improvement	36	32	3
Center for Youth Development	27	22	5
Collaboration to AdoptUsKids	37	30	6
Center for Family-Centered Practice and Permanency Planning	34	26	8
Center for Adoption	24	18	5
Center on Legal & Judicial Issues	26	19	5
Center for Child Welfare Data & Technology	31	20	11
Other federal resources			
National Adoption Information Clearinghouse	29	23	6
National Clearinghouse on Child Abuse and Neglect Information	33	22	11
HHS regional offices	47	31	16
Center on Substance Abuse and Child Welfare	17	11	4
Center for Community-Based Child Abuse Prevention Programs	11	7	4
National Abandoned Infants Assistance Resource Center	6	1	4

Source: GAO analysis of state child welfare survey responses.

HHS's Technical Assistance Tracking Internet System (TATIS) monitors federal training and technical assistance requested and provided to states,

but several limitations that hinder its use as a management tool. One limitation is that the system was designed to capture only assistance provided by eight NRCs. (See app. IV.) Because TATIS does not capture training and technical assistance provided by the remaining three NRCs, other federal resource centers, and HHS's regional offices, HHS officials do not have a complete picture of the assistance requested by states and provided to them. For example, the NRC for substance abuse is not required to enter data into TATIS, but NRC records show that it provided 47 on-site technical assistance visits to 16 states in fiscal year 2005, making it among one of the most frequent providers of on-site federal assistance. A second limitation is that the eight NRCs do not always enter information into TATIS as required, raising concerns about the ability of HHS to determine how often states use its various resources and for what purpose. For example, an official from one of the eight NRCs we interviewed said that his center is not as conscientious as it should be about entering all of the required data into TATIS. HHS officials said that without this information, it is difficult to determine how best to allocate technical assistance resources to help maximize states' ability to address child welfare issues.

Conclusions

States have been facing some of the same child welfare challenges for many years, and predict that some emerging challenges will have impacts in the next several years. The federal government has funded hundreds of programs to meet families' mental health, substance abuse treatment, and other social service needs that could help prevent child maltreatment and keep families together. However, the inability to query the federal government's central source of information—the CFDA—to identify which services across program and agencies are available in various locations makes it difficult to determine the extent of services available at the local level to serve children and families in the child welfare system.

HHS has provided state child welfare systems an array of training and technical assistance that states report as helpful for improving their child welfare programs. Maximizing the value of its training and technical assistance is compromised, however, because HHS's information system does not capture all training and technical assistance provided to states from various HHS-sponsored providers, and compliance with the reporting requirements has not been enforced. In the absence of complete and timely information, 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.

Recommendations for Executive Action

We are making the following three recommendations to the Secretary of Health and Human Services for improving awareness of and access to various social services, and improving the department's ability to manage technical assistance provided to state child welfare agencies.

- Develop a strategy to centralize information on federal assistance programs that are available to meet child welfare program and service needs and that can be accessed by state and local child welfare staff and providers. This strategy could follow a previous Administration recommendation to develop an Internet-based search for services through the Catalog of Federal Domestic Assistance (CFDA) that is linked to grantees by ZIP code.
- Require all HHS technical assistance providers, including HHS regional offices and all national resource centers, to enter training and technical assistance data into the department's Technical Assistance Tracking Internet System.
- Establish policies and procedures to ensure that complete and accurate data are timely reported to the Technical Assistance Tracking Internet System.

Agency Comments and Our Evaluation

We provided a draft of this report to HHS for review and comment. HHS's written comments are reprinted in appendix V, and the Department's technical comment was incorporated into the report. In its written comments, HHS stated that the report substantially supports many of the findings of the CFSRs, and agreed with one of our three recommendations. The department agreed with our recommendation to establish policies and procedures to ensure complete and accurate reporting of data into TATIS and said it intended to provide written guidance to the resource centers requiring this reporting. However, the department stated that the report misconstrued the intent of the CFSRs and that the remaining recommendations do not adequately match the articulated needs of state welfare agencies.

HHS disagreed with GAO's reference that no state had achieved all of the federal outcome measures for ensuring the safety, well-being, and permanency of children. The department stated that it makes separate determinations regarding substantial conformity for each of the seven outcome measures and each of the seven systemic factors reviewed. We revised the text to reflect that no state had reached substantial conformity on all of the federal outcome goals for state child welfare systems in lieu of stating that no state had achieved all of the federal performance goals.

HHS disagreed with our recommendation to increase awareness of federal assistance programs by modifying the CFDA, stating that it was misleading to assume that state challenges could be significantly met or appreciably altered by a list of resources, in part because the recommendation incorrectly implies that local child welfare agencies are not aware of many valuable services; underestimates the substantive knowledge of resources currently being utilized by caseworkers; child welfare staff need access to actual services or service providers rather than general information on federal assistance programs; resource lists quickly become outdated with state and county programs and service providers changing annually based on their budgets; and certain federal programs are designed to meet the needs of very specific, and sometimes very small, populations.

We acknowledge that increasing awareness of available federal resources is not the only action needed to address the various challenges facing state child welfare agencies, but believe that caseworker awareness and referral of children and families to existing resources is an important first step in meeting the challenge to provide an adequate level of services to them. As our report states, our current and past work has found that some caseworkers were unaware of the full array of federal resources, such as health and housing services, available in their locales, or had not coordinated with other agencies and organizations to access them. We continue to support the view that modifying the CFDA would allow caseworkers and others to more easily identify services and service providers funded by federal agencies in closest proximity to the families they serve. As the department points out, modifying the CFDA would not address issues related to outdated listings of state or local resources; however, the CFDA is updated biweekly or more often in response to new or changing information regarding federal assistance. Further, while it is true that some federal programs target specific populations, these populations are often low-income or minority groups that are also served by the child welfare system.

The department also disagreed with our recommendation to require all HHS technical assistance providers to enter data into TATIS, stating that the system was not designed to monitor all technical assistance provided to states, nor would it be an effective stand-alone mechanism to determine how best to allocate technical assistance resources to states; the recommendation does not give sufficient weight to the CFSR process; including training and technical assistance by regional offices in TATIS would be superfluous as these activities are in regional office job descriptions; and the recommendation does not recognize that training and technical assistance is provided to a variety of audiences beyond the

state child welfare agencies, and including more information would confuse the tracking of technical assistance.

Our report recognizes that TATIS was designed to monitor on-site training and technical assistance provided by 8 of the 11 resource centers. However, we continue to believe that expanding TATIS to capture the substantial on-site assistance provided by the remaining resource centers and other HHS providers would enhance its contribution to the department in determining how best to allocate training and technical assistance resources to states. We acknowledge the benefit of the CFSRs in identifying states' technical assistance needs. However, state implementation of program improvement plans in response to the CFSR findings is only a part of training and technical assistance requested and provided to states. In addition, while regional office job descriptions may include training and technical assistance responsibilities, we do not believe that capturing the amount and type of this assistance actually provided to states would be superfluous, but rather provide a more complete picture of the on-site assistance received by states. Further, our recommendation was not intended to include training and technical assistance provided to audiences beyond the state child welfare agencies, and we modified the report text to clarify this point.

Copies of this report are being sent to the Secretary of Health and Human Services, relevant congressional committees, and other interested parties. We will also make copies available to others upon request. In addition, the report will be made available at no charge on GAO's Web site at <http://www.gao.gov>. Please contact me on (202) 512-7215 if you or your staff have any questions about this report. Other contacts and major contributors are listed in appendix VI.

Sincerely yours,



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

Appendix I: Objectives, Scope, and Methodology

We were asked to examine (1) the primary challenges state child welfare agencies face in their efforts to ensure the safety, well-being, and permanency of the children under their supervision; (2) the changes states have made since January 1, 2002, 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. As part of this work, GAO also examined the extent to which states had developed written child welfare disaster plans for dealing with the dispersion of children under state care to other counties or states, because of disasters. In July 2006, GAO issued the report *Child Welfare: Federal Action Needed to Ensure States Have Plans to Safeguard Children in the Child Welfare System Displaced by Disasters* ([GAO-06-944](#)) in response to the disaster planning part of your request.

To learn more about these objectives, we conducted a Web-based survey of state child welfare directors and conducted site visits in five states where we interviewed state officials. We also interviewed federal child welfare officials and representatives from national child welfare organizations concerning state child welfare programs, the changes that states had made since 2002 to improve the outcomes for children, and the extent to which states participated in HHS's CFSR and technical assistance efforts. In addition, we reviewed several national studies and our previous child welfare reports to determine the challenges that states face in their efforts to ensure the safety, well-being, and permanency of the children under their supervision. Finally, we analyzed agency documentation, legislation, and other documentation related to child welfare programs and requirements. We conducted our work between October 2005 and August 2006 in accordance with generally accepted government auditing standards.

Web-Based Survey

To obtain state perspectives on our objectives and the relative priority state child welfare agencies place on the challenges they face, we conducted a Web-based survey of child welfare directors in the 50 states, the District of Columbia, and Puerto Rico. The survey was conducted using a self-administered electronic questionnaire posted on the Web. We contacted directors via e-mail announcing the survey and sent follow-up e-mails to encourage responses. The survey data were collected between February and May 2006. We received completed surveys from 48 states, the District of Columbia, and Puerto Rico (a 96 percent response rate).

The states of Massachusetts and Nebraska did not return completed surveys.

To develop the survey questions, we reviewed several national studies and our previous child welfare reports to determine the challenges that states face in their efforts to ensure the safety, well-being, and permanency of the children under their supervision. We analyzed agency documentation to identify HHS's oversight and technical assistance efforts. In November 2005, we also held two discussion groups with representatives from child welfare stakeholder groups to identify any additional issues that may not be covered in the published documents we reviewed. The stakeholders included representatives from the Association of Administrators of the Interstate Compact on the Placement of Children, the Child Welfare League of America, the National Association of Public Child Welfare Administrators, the AARP Grandparent Information Center, the Pew Commission on Children in Foster Care, the Urban Institute, American Bar Association Center on Children and the Law, the Center for the Study of Social Policy, the American Public Human Services Association, and Casey Family Services.

We worked to develop the questionnaire with social science survey specialists. Because these were not sample surveys, there are no sampling errors. However, the practical difficulties of conducting any survey may introduce errors, commonly referred to as nonsampling errors. For example, differences in how a particular question is interpreted, in the sources of information that are available to respondents, or how the data are entered into a database can introduce unwanted variability into the survey results. We took steps in the development of the questionnaires, the data collection, and data analysis to minimize these nonsampling errors. For example, prior to administering the survey, we pretested the content and format of the questionnaire with several states to determine whether (1) the survey questions were clear, (2) the terms used were precise, (3) respondents were able to provide the information we were seeking, and (4) the questions were unbiased. We made changes to the content and format of the final questionnaire based on pretest results. In that these were Web-based surveys in which respondents entered their responses directly into our database, there was a reduced possibility of data entry error. We also performed computer analyses to identify inconsistencies in responses and other indications of error. In addition, an independent analyst verified that the computer programs used to analyze the data were written correctly.

Site Visits

We visited five states—California, New York, North Carolina, Texas, and Utah. We selected these states because they represent different types of program administration (state-administered, state-supervised and county-administered, state- and county-administered), the predominance of urban or rural characteristics, the achievement of child welfare standards on the CFSR, changes in the number of children reported to be in foster care, and are geographically diverse. During these visits, we interviewed state child welfare officials and collected relevant state agency policies and procedures and reports.

Information that we gathered on our site visits represents only the conditions present in the states and local areas at the time of our site visits. We cannot comment on any changes that may have occurred after our fieldwork was completed. Furthermore, our fieldwork focused on in-depth analysis of only a few selected states. On the basis of our site visit information, we cannot generalize our findings beyond the states we visited.

Appendix II: Federal Funding for State Child Welfare Programs

Program	Final funding (in millions of dollars)			President's budget request
	2004	2005	2006	2007
Child welfare total	7,756	7,764	7,676	7,989
Title IV-E of the Social Security Act				
Title IV-E subtotal	6,866.2	6,861.9	6,772	7,048.9
Foster care —Open-ended reimbursement of eligible state claims for maintaining children in foster care and for related administrative and training costs	4,974	4,896	4,685	4,786
Adoption assistance —Open-ended reimbursement of eligible state claims for providing subsidies to special needs adoptees and for related administrative and training costs	1,700	1,770	1,883	2,047
Foster care independence —Formula grants to states for provision of independent living services to youth expected to age out of foster care and to youth who have aged out of care	140	140	140	140
Education and training vouchers —Formula grants to states to provide education and training vouchers to youth who have aged out of foster care	44.7	46.6	46.2	46.2
Adoption incentives —Bonus funds to states that increase the number of foster children adopted	7.5	9.3	17.8	29.7
Title IV-B of the Social Security Act				
IV-B subtotal	700.4	701.4	708.3	748.3
Promoting safe and stable families —Formula grants to states for four kinds of services: family preservation, family support, time-limited reunification, and adoption promotion and support	404	404	394	434
Child welfare services —Formula grants to states to improve public child welfare services	289	290	287	287
Court improvement —Formula grants to states' highest courts to strengthen handling of court child welfare proceedings	NA	NA	20	20.0
Child welfare training —Competitive grants to private nonprofit institutions of higher education to develop and improve education and training programs for child welfare workers	7.4	7.4	7.3	7.3
Child Abuse Prevention and Treatment Act (CAPTA)				
CAPTA subtotal	89.5	101.8	95.2	95.2
Community-based grants for child abuse prevention —Formula grants to lead entity in each state to support community-based services designed to prevent child abuse and neglect	33.2	42.9	42.4	42.4
Basic state grants —Formula grants to states to improve their child protection services	21.9	27.3	27.0	27.0
Discretionary activities —Competitive grants for research and demonstration programs related to preventing or treating child maltreatment	34.4	31.6	25.8	25.8

Appendix II: Federal Funding for State Child Welfare Programs

Program	Final funding (in millions of dollars)			President's budget request
Victims of Child Abuse Act (VCAA)				
VCAA subtotal	26.9	28.6	28.8	25.8
Court-appointed special advocates —Competitive grants to support advocacy in court for child victims of abuse and neglect	11.6	11.7	11.7	11.8
Children's advocacy centers —Competitive grants for services to child victims of abuse (and nonoffending family members), to coordinate child abuse investigations in ways that reduce their trauma, and for related training and technical assistance	13.0	15.0	14.8	11.7
Training for judicial practitioners and personnel —Competitive grant to improve court handling of child abuse and neglect cases	2.3	1.9	2.3	2.3
Children's Health Act (CHA)				
CHA subtotal	12.8	12.8	12.7	12.7
Infant adoption awareness —Competitive grants to train staff in non-profit health centers about adoption	9.8	9.8	9.7	9.7
Special needs adoption awareness —Competitive grants for a public campaign about adoption of children with special needs	3.0	3.0	3.0	3.0
Other programs				
Subtotal (other)	59.3	59.1	58.6	58.6
Adoption opportunities —Competitive grants to eliminate barriers to adoptions—especially to special needs adoptions	27.2	27.1	26.8	26.8
Children's Justice Act grants —Formula grant to states to improve the handling, investigation, and prosecution of child abuse and neglect cases	20.0	20.0	20.0	20.0
Abandoned infants assistance —Competitive grants to prevent abandonment of infants exposed to HIV/AIDS or drugs and for services and programs to address needs of abandoned children	12.1	12.0	11.8	11.8

Source: Congressional Research Service documents.

Appendix III: Type, Description, and Status of Title IV-E Waiver Demonstration Programs, as of August 2006

Project type and description	Status of demonstration by state						
	Active demonstrations			Completed demonstrations			
	Under original waiver	Under short-term extension	Under 5-year extension ^a	On time	Terminated early	Approved, not implemented	Evaluation progress
Assisted guardianship/kinship permanence: Relatives/other caregivers who assume legal custody of children are eligible for a monthly subsidy equal or comparable to foster care payments.	Montana (2006)		Illinois (2008)	Delaware (2002)		Minnesota	Completed: Delaware, Illinois, Maryland, North Carolina, Oregon, New Mexico Expected: Montana March 2007
	New Mexico (2005)		North Carolina, Oregon (2009)	Maryland (2004)		Wisconsin	
Capped IV-E allocations and flexibility to local agencies: States give counties or other local entities flexibility in spending child welfare dollars for new services and supports in exchange for a capped per child/per family allocation of Title IV-E funds.		Indiana (2005)	North Carolina, Ohio, Oregon (2009)				Completed: Indiana, North Carolina, Ohio, Oregon
Services to caretakers with substance use disorders: States use Title IV-E dollars to fund services and supports for caregivers with substance abuse disorders.	Illinois (2005)	New Hampshire (2005)		Delaware (2002)	Maryland (2002)		Completed: Delaware, Illinois Expected: New Hampshire Pending Exemption: Maryland

**Appendix III: Type, Description, and Status of
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Project type and description	Active demonstrations			Completed demonstrations			
	Under original waiver	Under short-term extension	Under 5-year extension ^a	On time	Terminated early	Approved, not implemented	Evaluation progress
Managed care payment systems: States use alternative managed care financing mechanisms to reduce child welfare costs while improving permanency, safety, and well-being outcomes for targeted families.				Michigan (2003)	Colorado, Washington (2003) Connecticut, Maryland (2002)		Completed: Colorado, Connecticut, Michigan, Washington Exemption: Maryland
Intensive service options: States increase the variety and intensity of services and supports to reduce out-of-home placement rates and improve other permanency and safety outcomes.		California (2005)			Mississippi (2004)		Completed: California, Mississippi
Adoptions and post-permanency services: States strengthen existing or provide new post-adoption and postpermanency services and supports.				Maine (2004)		Minnesota	Completed: Maine

**Appendix III: Type, Description, and Status of
Title IV-E Waiver Demonstration Programs, as
of August 2006**

Status of demonstration by state							
Project type and description	Active demonstrations			Completed demonstrations			
	Under original waiver	Under short-term extension	Under 5-year extension^a	On time	Terminated early	Approved, not implemented	Evaluation progress
Tribal administration of IV-E funds: Tribes develop administrative and financial systems to administer Title IV-E foster care programs independently and directly claim federal reimbursement.	New Mexico (2005)						Completed: New Mexico
Enhanced training for child welfare staff: Training for public and private sector child welfare professionals serving children and their families to improve permanency and safety outcomes.	Illinois (2007)						Expected: Illinois June 2008

Source: GAO analysis of HHS information on child welfare waiver demonstrations.

^aEvaluations will be submitted by the four states with 5-year extensions.

Appendix IV: Department of Health and Human Services Child Welfare National Resource Centers and whether They Are Included in the Technical Assistance Tracking Internet System Database

National resource center	Description	Web site
National Resource Centers Included In the Technical Assistance Tracking Internet System Database (TATIS)		
National Child Welfare Resource Center for Organizational Improvement	Assists with strategic planning, CFSTRs, outcome evaluation and workforce training and development; facilitates the involvement of stakeholders; and monitors the technical assistance progress.	http://www.nrcoi.org
National Resource Center for Child Protective Services (CPS)	Works to build state and local CPS capacity, assists in determining eligibility for the Child Abuse Prevention and Treatment Act (CAPTA) grant, and provides support to state liaison officers.	http://www.nrc cps.org
National Child Welfare Resource Center on Legal and Judicial Issues	Provides states legal and judicial issue analysis for the CFSTRs, assists in action planning and implementation of program improvement plans.	http://www.abanet.org/child/rciji
National Resource Center for Family-Centered Practice and Permanency Planning	Provides assistance through all stages of the CFSTRs, emphasizes family-centered principles and practices, and builds knowledge of foster care issues.	http://www.nrcfcppp.org
National Resource Center for Child Welfare Data and Technology	Provides support for technical issues, conducts data use and management training, and helps in preparation and use of state data profiles.	http://www.nrcwdt.org
National Child Welfare Resource Center for Adoption	Analyzes adoption and permanency options, provides support for increasing cultural competency, and examines systematic problems and solutions.	http://www.nrcadoption.org
National Child Welfare Resource Center for Youth Development	Supports youth participation in child welfare policy, program development and planning, offers assistance for foster care independence and education voucher program implementation.	http://www.nrcys.ou.edu/nrcyd
The Collaboration to AdoptUsKids	Provides training and technical assistance on quality recruitment and retention services for foster and adoptive families.	http://www.adoptuskids.org
National resource centers not included in TATIS		
National Center on Substance Abuse and Child Welfare (cosponsored with the Substance Abuse and Mental Health Services Administration)	Works to develop knowledge and provides assistance to child welfare agencies on substance abuse related disorders in the child welfare and family court systems.	http://www.ncsacw.samhsa.gov
National Abandoned Infants Assistance Resource Center	Works to enhance the quality of social and health services for children abandoned because of the presence of drugs or HIV in the family.	http://aia.berkeley.edu/
National Resource Center for Community-Based Child Abuse Prevention Programs	Focuses on primary child abuse and neglect prevention, assists in implementation for family support strategies.	http://www.friendsnrc.org

Source: HHS training and technical assistance documents.

Appendix V: Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
for Legislation

Washington, D.C. 20201

SEP 22 2006

Cornelia M. Ashby
Director, Education, Workforce,
and Income Security Issues
U.S. Government Accountability Office
Washington, DC 20548

Dear Ms. Ashby:

Enclosed are the Department's comments on the U.S. Government Accountability Office's (GAO) draft report entitled, "*CHILD WELFARE: Access to Information About Federal Social Service Programs Needed to Help States Address Long-Standing Challenges*" (GAO-06-964), before its publication.

The Department provided several technical comments directly to your staff.

These comments represent the tentative position of the Department of Health and Human Services and are subject to reevaluation when the final version of this report is received.

Sincerely,

A handwritten signature in cursive script that reads "Rebecca Hummel".

for Vincent J. Ventimiglia, Jr.
Assistant Secretary for Legislation

COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ON THE U.S.GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED, "CHILD WELFARE: ACCESS TO INFORMATION ABOUT FEDERAL SOCIAL SERVICE PROGRAMS NEEDED TO HELP STATES ADDRESS LONG-STANDING CHALLENGES" (GAO-06-964)

The Department appreciates the opportunity to comment on the Government Accountability Office (GAO) draft report, which addresses the challenges faced by Child Welfare Agencies and substantially supports many of the findings of the Child and Family Services Reviews (CFSRs). The report clearly outlines in the findings three key challenges facing State agencies: lack of adequate child and family services, difficulties with recruitment and retention of caseworkers, and the struggle to identify appropriate placement for children. However, the recommendations fail to adequately match the articulated needs.

The Department appreciates GAO's acknowledgement of the importance of the CFSRs in assisting States to focus funding, resources and long-term planning to address the barriers States face in providing effective services to families and children in the Child Welfare system. However, the intent of the first round of CFSRs is misconstrued in the repeated reference that no State had achieved all of the Federal outcome measures for ensuring the safety, well-being and permanency of children.

It should be noted that the CFSR is not a pass or fail review. The Department makes separate determinations regarding substantial conformity for each of the seven outcomes and each of the seven systemic factors reviewed. All States reviewed during the first round of CFSRs were found to be in substantial conformity on some of these areas, and not in substantial conformity on others. The design of the reviews provides an opportunity for States to enter into Program Improvement Plans (PIPs) to move towards improving performance in identified outcomes and systemic factors. It is by focusing States on long-term strategic and active program improvement that the reviews achieve their objective. The awareness cited in the GAO report on the part of State Administrators of the challenges faced by their States and the need to vigorously address these challenges also demonstrates the positive impact of the reviews.

GAO Recommendations

We are making the following two recommendations to the Secretary of Health and Human Services for improving awareness of and access to various social services, and improving the Department's ability to manage technical assistance.

- Develop a strategy to centralize information on Federal assistance programs that are available to meet child welfare program and service needs and that can be accessed by state and local child welfare staff and providers. This strategy could follow a previous Administration recommendation to develop an Internet-based search for services through the Catalog of Federal Domestic Assistance that is linked to grantees by ZIP code.

COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ON THE U.S.GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED, "CHILD WELFARE: ACCESS TO INFORMATION ABOUT FEDERAL SOCIAL SERVICE PROGRAMS NEEDED TO HELP STATES ADDRESS LONG-STANDING CHALLENGES" (GAO-06-964)

HHS Comment

We do not believe that cataloging and making available Federal resources would be a primary solution to the Child Welfare Agencies' current concerns, nor would it help States address their increasing concerns of changing demographic trends in the Child Welfare system, or the needs of children with special needs or those exposed to illegal drugs. To assume that these expressed challenges or concerns could be significantly met or appreciably altered by a list of resources is misleading. What Child Welfare Agencies might tell you would be that resource lists quickly become outdated or services unavailable due to fiscal restraints. In addition, certain Federal programs are designed to meet the needs of very specific, and sometimes very small, populations. The recommendation also appears to underestimate the substantive knowledge of resources currently being utilized by caseworkers, and incorrectly implies that local Child Welfare Agencies are not aware of many valuable services in their own districts or within the Federal system.

It is not clear how this recommendation could be achieved effectively at the Federal level since State and county programs and service providers change annually based on their budgets. Many localities maintain their own listing of service providers, which must be updated regularly. Individual Child Welfare staff generally need access to the actual services or service providers rather than general information on Federal assistance programs.

GAO Recommendation

- Require all HHS technical assistance providers, including HHS regional offices and all national resource centers, to enter training and technical assistance data into the department's Technical Assistance Tracking Internet System.

HHS Comment

The GAO report incorrectly states that the Technical Assistance Tracking Internet System monitors Federal training and technical assistance (T/TA) requested and provided to States. There is a Technical Assistance Tracking Information System (TATIS) developed specifically to track the days that the Children's Bureau-funded National Resource Centers are on-site in States providing technical assistance on a specific Federal requirement. This system was never meant to monitor all technical assistance provided to States, nor would TATIS be an effective stand-alone mechanism to determine how best to allocate technical assistance resources to maximize States' ability to address Child Welfare issues.

COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ON THE U.S.GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED, "CHILD WELFARE: ACCESS TO INFORMATION ABOUT FEDERAL SOCIAL SERVICE PROGRAMS NEEDED TO HELP STATES ADDRESS LONG-STANDING CHALLENGES" (GAO-06-964)

TATIS was designed to be one of many management tools in responding to and coordinating technical assistance needs. A complex multi-level strategy brings together the knowledge of the Federal project officers and regional office representatives in regular meetings to address technical assistance needs and resources. The decisions involved in the design and current distribution of T/TA responsibilities was the result of a two-year project with multiple subcommittees reviewing technical assistance use, needs and availability. There is currently a specific evaluation of the technical assistance of the Children's Bureau-funded National Resource Centers, which has been funded for the current grant cycle that will inform future allocations of T/TA resources. Additionally, the CFSR findings are invaluable in pointing out States' T/TA needs and challenges.

The recommendation is targeted at increasing technical assistance training and implementation of policies and procedures for ensuring the accuracy of data entry, but by doing so, it fails to give sufficient weight to the work of the regional offices and the CFSR process. Through the CFSRs, the Children's Bureau is able to tailor any subsequent PIP to the individual State findings; specifically, matching those findings to technical assistance needs. In fact, the GAO report documents that the Department of Health and Human Services (HHS) officials agree that the quality of data has improved since the first round of CFSRs. A trend that we expect will continue.

The recommendation suggests that HHS regional offices should enter T/TA into TATIS. In the course of daily work activities, HHS regional staff provides extensive program guidance to States in meeting Federal requirements. The staff frequently provide clarification of laws and regularly monitor States' compliance with Federal requirements. These activities are a regular part of their job descriptions and would be superfluous to TATIS.

The GAO report acknowledged the need for coordination across program lines in order to develop adequate services for children and families. Specifically, actual direct services such as mental health, health, education and substance-abuse treatment are not actually provided by Child Welfare Agencies on a broad scale. Instead the Child Welfare Agencies refer to community services, contract for some limited specialized services and utilize existing Medicaid and insurance to pay providers for services. ACF's Children's Bureau is actively involved in collaborative activities with other HHS programs to provide a wide variety of technical assistance to respond to the needs of children and families who require Child Welfare Agency intervention for the children's safety and well-being. The Children's Bureau directly funds T/TA entities to provide assistance directly to the State Child Welfare Agencies and to the court systems that oversee those agencies. However, the Children's Bureau maximizes impact by entering into Memorandums of Understanding with other HHS programs to ensure that as service systems are developed by other Federal programs; those systems maintain an awareness of the service needs of families and children who are served by the State Child Welfare systems.

COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ON THE U.S.GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED, "CHILD WELFARE: ACCESS TO INFORMATION ABOUT FEDERAL SOCIAL SERVICE PROGRAMS NEEDED TO HELP STATES ADDRESS LONG-STANDING CHALLENGES" (GAO-06-964)

By stating that all technical assistance that may benefit Child Welfare populations and outcomes be entered into one central TATIS, there is a failure to recognize that T/TA is provided to a variety of audiences beyond the State Child Welfare Agencies.

In the GAO report T/TA providers that respond to different audiences are compiled in one list. For example, the National Clearinghouses respond not only to requests from State Child Welfare Agencies but also to individuals. It would only confuse the tracking of technical assistance to include their responses to the general public or specific caseworkers in TATIS.

GAO Recommendation

- Establish policies and procedures to ensure that complete and accurate data are timely reported to the Technical Assistance Tracking Internet System.

HHS Comment

The Department agrees with this GAO recommendation for the Children's Bureau-funded National Resource Centers that currently enters information into the TATIS, and intends to provide written guidance to the resource centers requiring this reporting.

Appendix VI: GAO Contacts and Staff Acknowledgments

GAO Contact

Cornelia M. Ashby, (202)512-7215, ashbyc@gao.gov

Staff Acknowledgments

Cindy Ayers (Assistant Director) and Arthur T. Merriam Jr. (Analyst-in-Charge) managed all aspects of the assignment. Mark E. Ward made significant contributions to this report, in all aspects of the work. Christopher T. Langford and Kathleen L. Boggs analyzed the results of the GAO survey of child welfare challenges and assisted in the report development. In addition, Carolyn M. Taylor contributed to the initial design of the engagement, Carolyn Boyce provided technical support in design and methodology, survey research, and statistical analysis; James Rebbe provided legal support; and Charles Willson assisted in the message and report development.

Related GAO Products

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